Agenda

Te Whatu Ora
Health New Zealand
Waikato

Meeting name:	Te Manawa Taki Regional Integration Team (kanohi ki te kanohi)		
Location:	Waiora CBD, 87 Alexandra Street, Hamilton CBD, Waikato		
RIT Attendees:	Regional Wayfinder **Nicola Ehau (Co-Chair**); Regional Pacific Health Director; **Vincent Tuioti**; Interim Regional Lead Service Improvement and Innovation **Sarah Davey;** Regional Director Hospital & Specialist Services **Chris Lowry** and Regional Director National Public Health Service **Nat White.**		
Attendees:	Interim Regional Communications and Engagement Lead Te Manawa Taki **Nick Wilson;** Interim Regional Lead Data and Digital Te Manawa Taki **Garry Johnstone;** Group Manager Regional System Integration **Lisa Gestro;** Senior Adviser Te Manawa Taki **Ricky Bell;** Interim Director Te Manawa Taki West **Makarita Tangitu-Joseph** and Group Manager Office of the Regional Wayfinder Te Manawa Taki **Mike Agnew.**		
Apologies:	Regional Director Te Aka Whai Ora **Stewart Ngatai (Co-Chair)**		
Date:	Monday 30 October 2023	**Time:**	10:00am – 04:30pm
Chairperson:	Nicola Ehau	**Minutes by:**	Crystal Langton-Garde

Time	Details	Attachments/Notes	Who
9:50	Assemble at • Kotahitanga Meeting Room (Ground Floor), Waiora CBD, 87 Alexandra Street, Hamilton CBD, Waikato		All
10:00	Whakawhanaungatanga		All
Standing items			
10:30	• Health & Safety		Nicola Ehau
10:45	• System Pressures	23.09.28 - Winter Pressures Minister W	Nicola Ehau
11:00	• Immunisations	20231026 Immunisation Montl 20231024 Reimagining the fut 20230809WhanauVoiceRapidAssessmer 20230918 Immunisation Indica	Kaitlin Greenway/ Rochelle West/May Pritchard
11:30	• Planned Care		Chris Lowry
New items			

Meeting Agenda

Te Whatu Ora
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11:45	**SESSION 1:** Purpose and Function on a Page	RIT Purpose and Functions on a page	Sarah Davey
12:15	**Kai (Working Lunch)**		
12:30	**SESSION 2:** Risk Capture Session	RIT Risk Survey.docx	Guy Hobson
	SESSION 3: Waikato-based		
1:15	• Pacific Health - K'aute Pasifika		Vincent Tuioti/ Rachel Karalus
2:00	• Commissioning - Regional Health & Wellbeing Plan		Nicola Ehau/Lisa Gestro
2:45	• Te Aka Whai Ora - Toi Ora System of Care		Marama Tauranga
3:15	• **Break**		
3:30	• National Public Health Service - NPHS Waikato team		Natasha White/ Pania Te Haate/ Hinemoerangi Ngatai Tangirua
Discussion			
4:15	Final Terms of Reference	Final RIT TOR 20231023.docx	Nicola Ehau
	Follow up hui with IMPBs & Locality prototypes – two sessions - 14 November at 1pm – 3pm and 3:30pm – 4:30pm		Nicola Ehau
	IMPB quarterly meetings (Face to face) - Expected to start in December ○ What date is most convenient for everyone?		Nicola Ehau
	RIT visit to Lakes - Placeholder: Thursday, 16 November		Nicola Ehau
4:25	Wrap up		Nicola Ehau
4:30	**Whakamutunga**		

Winter Preparedness Initiatives Implementation Update

As at 28 September 2023

In place | On track | On track (minor issue) | Off track (or major issue) | N/A

Initiative	Directorate lead	Duration	Status									Delivery Plan Milestones	Comment
			Nland	Akl	CM	Tau	MidC	Wgtn	Chch	Inv	Other areas/other actions		
Clinical Telehealth to support Rural Māori and Pacific General Practices and general practices with at least 50% Māori, Pacific or quintile 5.	Commissioning	Nov 2022-Sept 2023									National initiative	Contract in place.	As of 18 September 2023 there have been: 26,135 calls made to the seasonal pressures telehealth service. Of these: - Approximately 5,708 have required consultations. - Doctor consults continue to increase and have doubled week on week from August.
Clinical Telehealth to support ambulance frontline Paramedics.	Commissioning	Nov 2022-Sept 2023									Wgtn region and Wairarapa (WFA) have other existing arrangements	Contract in place.	Whakarongorau pilot will be extended till end of October 2023. For the Auckland region – Emergency Consult and St John clinical telehealth pilot: Since the start of the calendar year there have been - 1,419 referrals into the service - 77.01% non-transfer rate to ED. (A total of 1,093 patients) For the rest of the country excluding Auckland and Wellington - St John and Whakarongorau Aotearoa pilot: Since the start of the calendar year there have been - 1,658 referrals into the service - 60.44% non-transfer rate to ED. (A total of 1,002 patients).
Remote patient monitoring prototype	Commissioning & Data & Digital	May 2023 to June 2025									x1 Te Tai Tokerau, x2 Tairawhiti, x1 Wharekauri (Chatham Islands).	Tairawhiti contract (in place). Tai Tokerau, Wharekauri provider contracts, 30 June 2023. All providers implementing, from 15 August 2023. *Note: original timeframes were contracts signed 30 May, sites operational 30 June.*	A start-up workshop with Ngati Porou Oranga is scheduled for Wednesday 27 September. The aim of the workshop is to identify conditions to be monitored, and how the lead partner will identify whānau to participate in the RPM pilot. Once whānau are identified, Te What Ora will work with each whānau to match them with RPM devices. Hoa O Te Ora O Wharekauri have appointed a kaiāwhina to lead the Chatham Islands pilot. The RPM team will work with the kaiāwhina over coming weeks to arrange meetings with participating whānau.
Pharmacies to treat minor ailments	Commissioning	Priority regions June - Sept 2023										Pharmac approval (in place). Sector engagement, 30 May 2023. Service start in new areas, June 2023.	As of 31 August: Consultations: 98,824. - Total: 13% Maori, 15% Pacific, 72% Other - Adults (14+yrs) 30% / Under 14yrs - 70% (10% Maori, 90% non Maori and Pacific) Conditions: 57% pain and fever, 28% skin conditions Pharmaceutical dispenses: 91,048 This service is due to cease as of end of September as planned.
Community radiology services	Commissioning	Priority regions June - Sept 2023										Contracts in place, 30 May 2023 Services start, from June 2023	Service is operational in all districts. Data collection and collation is in progress and will be included in evaluation of winter preparedness initiatives. This service is due to cease as of end of September as planned.
Comprehensive primary care teams	Commissioning	May 2023 - June 2025									Plus other locations.	Contracts in place for early localities and targeted Kaiawhina, 30 June. Phase 2 commences, from 1 July	Local tailoring to finalise the Comprehensive Primary Care Teams is progressing in the locality prototypes as part of phase 1 and phase 2 planning continues.
Primary Options for Acute Care	Commissioning	May 2023 - June 2024									Also Waitemata, Hutt and Waikato	Phase I one-off regional uplift acute POAC, service start 30 May. Implement Phase 2, from 1 Oct 2023.	Provisional analytics for phase 1 shows an uplift of activity for all priority areas. However, all of phase 1 allocation has not been utilised in all regions, therefore phase 1 uplift activity will be extended into Q2 for some. All regions are planning phase 2 wider application of uplift activity accross whole regions including focus on three priority pathways.
More accessible Urgent (A&M) care	Commissioning	Priority regions: May 2023									Range of extensions in these areas	Maintain current capacity (in place). Primary Care Resilience Tool introduced, from June 2023	National working group formed and scoping document is being developed. Intention to form an Advisory Group with both internal and external members. Primary Care Resilience Tool: an automatic notification alerting the wider primary care sector of any urgent care clinic closures is enabled in the Northern Region. Other regions will come on board in rolling starts as providers sign up to the Tool and build this function into their systems.
Initiatives to support ARC	Commissioning & H&SS	Pathways & virtual advice, select regions. Daily vacancy report, national.									Pathways also in Taranaki, Hawkes Bay, Whanganui, West Coast, and South Canterbury (in place) and Lakes, Waikato, Hutt and Nelson-Marlborough (impl)	Pathways: Middlemore, Tauranga, Lakes, Wellington, Hutt Valley, Nelson-Marlborough, Southern, Q1 23/24; Waikato, 30 June 2023. Daily ARC bed vacancy reporting starts, 30 June 2023	Daily ARC Bed Vacancy Reporting: reporting is in place. Work continues to transfer this information to the Primary Care Resilience Tool. Complex Care Initiative: Various initiatives are in development, depending on local needs of districts, to expedite discharge from hospital to ARC. Pathways in place in Tauranga, Lakes, Waikato.
Needs assessments appropriate and do not delay patients	Commissioning	Priority regions: June 2023									All districts, with priority to Auckland.	Removal of interNASC transfer process in Metro Auckland, 30 May 2023. Increased use of POAC, 30 May 2023. Promote use of SAT tool, ongoing.	Carer support subsidy changes live since 1 July. Use of the SAT tool has been promoted nationally. Removal of interNASC transfer process in Metro Auckland is complete.
Community Allied Health Rapid Response Services	Commissioning	Priority regions: June 2023									Home support workers funded flu vaccination is a national initiative. PCRT piloted in Auckland with HCSS.	Home support workers reimbursement contribution, in place from May. PCRT piloted with HCSS, August 2023. *Note: PCRT timeframe revised from June to August (as advised 12 July weekly update).*	Primary Care Resilience Tool pilot with HCSS Northern region is currently undertaking testing, due to finish in early October. This will inform subsequent national rollout. Community rapid response services in place as part of BAU. DIVERT tool is being promoted as part of assessments. Vaccination reimbursement is in place. Total claims and corresponding coverage will be available in late October.
Hospital in the Home	H&SS	In place in several districts, others expanding or implementing May-July 2023.									Also in place Waitemata, Whanganui and West Coast; being expanded in Waikato, Wairarapa; and impl Lakes, Hawkes Bay, Nelson-Marlborough, Taranaki and South Canterbury.	Te Tai Tokerau, 31 July 2023; Waikato, 30 June 2023; Taranaki, 30 June 2023; Lakes, 31 May 2023; MidCentral, Q1 23/24; Wairarapa; Q1 23/24; Hawkes Bay, Q1 23/24; Nelson Marlborough, Q1 23/24; South Canterbury. 30 May 2023 *Note: Te Tai Tokerau, Lakes & South Canterbury timeframes were revised to 31 July.*	HSS national office is working with Te Tai Tokerau and Bay of Plenty to progress services in those districts.
Rapid National Data Automation Project	SI&I	In place (July 2022)									National initiative	Additional ED fields added in large hospitals (and others as feasible), June 2023. Additional Radiology fields, Q1.	New ED fields are now in place and data is being being provided by all districts. Radiology fields have been deferred to later in the year.
Regional and National Escalation Pathways	H&SS	In place; enhancements ongoing									National and Regional Escalation Models in all areas.	Review, refresh and communicate district escalation plans (triggers and threshold), 30 May. PCRT implemented in priority areas, from June 2023	Plans in place.
Mental health support to EDs	H&SS	In place select districts, others implementing.									Further implementation work also in Waitemata, South Canterbury.	Auckland, 31 July 2023; Waitemata, 31 July 2023; South Canterbury, 31 May 2023; Southern, Q1 2023.	In place.
Maintaining planned care capacity	H&SS	May 2023 onwards									All regions have plans in development or in place.	Response plans in place in all districts (for review and refresh on an ongoing basis), 30 May 2023	Plans in place.
Bivalent COVID-19 boosters	NPHS	March 2023									National initiative	Underway	656,295 COVID-19 Boosters administered (between 1 April – 19 September 2023)
Influenza vaccination campaign	NPHS	April 2023									National initiative	Underway	1,249,420 Influenza vaccinations administered (between 1 April – 19 September 2023)
Concomitant vaccines for children	NPHS	February 2023									National initiative	Underway	487,787 Childhood Immunisations administered (between 1 January – 17 September 2023)
International nurse and other recruitment	Workforce Taskforce	In place (November 2022)									National initiative	Underway	Reported separately.
Earn and learn programmes for health care assistants	Workforce Taskforce	Existing hospitals: in place									Also in Waitematā, Waikato, Tairāwhiti.	Underway	Model for wider rollout has been reviewed with DoNs and final changes are being made. Next steps will be review from Regional Directors and other key SMEs, then PSA and NZNO.
Staff influenza vaccinations	NPHS & P&C	April 2023									National initiative	Underway	All districts have finished their targeted campaigns for staff influenza vaccinations. Staff can still access vaccinations via their local Occupational Health teams.
Right Care Right Time Communications Campaign	Comms	May 2023									National initiative	Communications rolled out, from late May	Communications focusing on winter continue across a range of channels, including televison, radio and internet including social media.
COVID-19-specific surveillance, response, and services	NPHS	Ongoing									National initiative	Underway	Reported separately.

Te Manawa Taki Immunisation Monthly Report

To:	Regional Integration Team
From:	Te Manawa Taki Immunisation Collaborative
Subject:	Immunisation Delivery Monthly Update
Date:	October 2023

Purpose

This monthly report provides an update to the Regional Integration Team on the following:

- Immunisation indicators for Te Manawa Taki.
- Delivery of activities in the Immunisation Work Plan 23/24.
- Risks and issues associated with either achieving 90% delivery rates and/or delivering activities in the Immunisation Work Plan.
- Progress on the Reimagining the Future State Immunisation Project.

Immunisation Indicators for Te Manawa Taki

Currently measurable indicators:

90% of tamariki Māori are fully immunised at 8-months

- Regional rate: 59.1% of tamariki Māori are fully immunised at 8-months (53% BOP, 60.4% Lakes, 61.7% Tairāwhiti, 63% Taranaki, 60.6% Waikato)

90% of Pasifika tamariki are fully immunised at 8-months

- Regional rate: 80% of Pasifika tamariki are fully immunised at 8-months (75% BOP, 75% Lakes, 100% Tairāwhiti, 60% Taranaki, 83.9% Waikato)

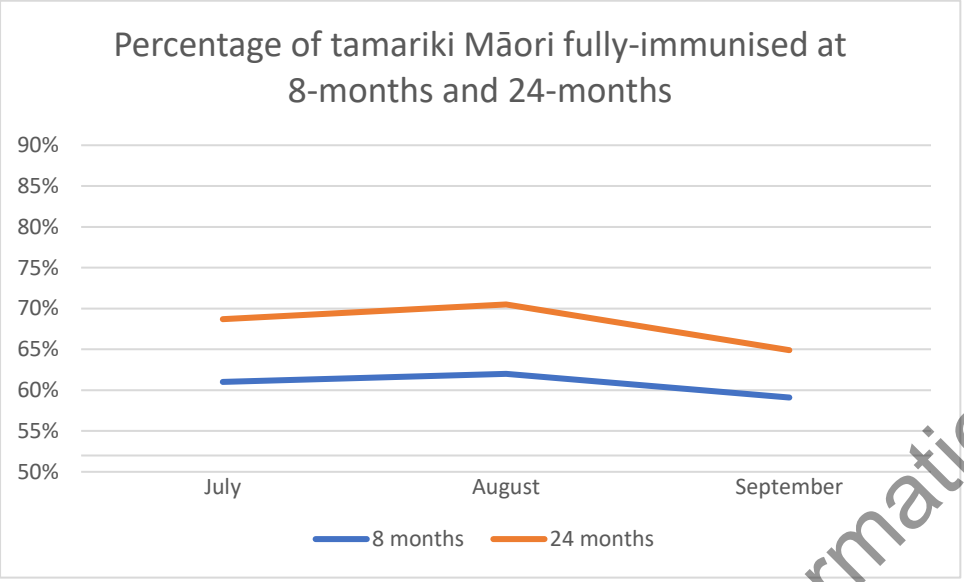
90% of tamariki Māori are fully immunised at 24-months

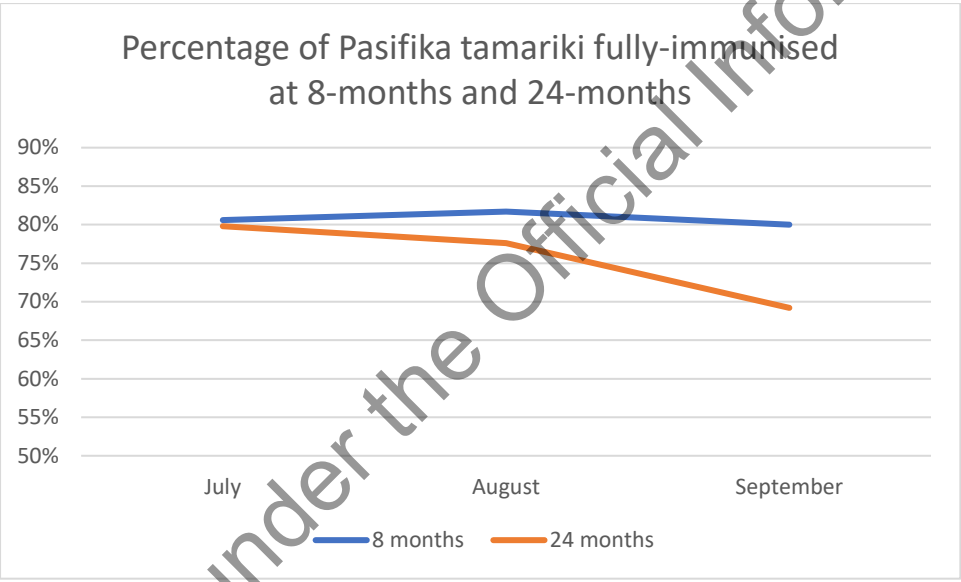
- Regional rate: 64.9% of tamariki Māori are fully immunised at 24-months (60.7% BOP, 67.6% Lakes, 64.5% Tairāwhiti, 73.8% Taranaki, 64.6% Waikato)

90% of Pasifika tamariki are fully immunised at 24-months

- Regional rate: 69.2% of Pasifika tamariki are fully immunised at 24-months (75% BOP, 58.8% Lakes, 75% Tairāwhiti, 100% Taranaki, 67.2% Waikato)

Figures 1&2: Te Manawa Taki immunisation reporting trends for 8-month and 24-month indicators (July - September 2023, all eligible vaccines excluding rotavirus)[1]





Immunisation Work Plan 23/24

Regional

In the last month a lead for progressing the development of activities and actions related to immunisation delivery for tāngata whaikaha has been identified. Our SRO from Taranaki, Rachel Court, volunteered to lead this work and will be identifying others across the region to develop activities for incorporation into the Work plan, building on the initial thinking undertaken as part of the disability and capability workshop.

More recently, across the region teams have been developing plans for the incorporation of Public Health Nurses into delivery of childhood immunisations. Weekly updates are being provided to NPHS

leadership on the implementation of this request. Our update from last week is provided as Appendix one (below).

Taranaki
All activities for Taranaki are on track and progressing. A particular focus in the last month has been the development of relationships with ECEs/kohanga reo for the purposes of delivering immunisation education and clinics for all whānau in those spaces.

Waikato
Waikato activities are all on track. In the last month a number of comprehensive campaigns for priority populations have occurred. A large amount of support is being provided across the immunisation landscape with training and relationship building. Hospital based immunisations are being improved with pre-calling being extended to all outpatient clinics with tamariki attendance. Regular immunisation clinics are happening in all birthing facilities and the team continues to attend Hapuu Waananga across the district.

Hauora a Toi
Awaiting an update for October.

Lakes
Within the last month a new SRO for immunisations has been getting up to speed with activities outlined in the work plan and how these are progressing. As part of the request to utilise Public Health Nurses, the team has been working closely with the Hauora Māori Relationship Lead for Lakes, to discuss the review and strengthening of a local operational group. The team have undertaken work around improving immunisation delivery in hospital-based settings, as well as identifying additional staff who are fully authorised vaccinators and can support with immunisation delivery.

Tairāwhiti
Awaiting an update for October.

Risks and Issues

No update for risks and issues.

Reimagining the Future State Immunisation Project

The draft project report is provided as Appendix two (attached separately) for the RIT's consideration. This was shared earlier in the week with the following review team previously agreed in the project brief:

Reviewers	Te Aka Whai Ora	Megan Tunks, Ricky Bell, Dillon Te Kani
	Pacific Health	Tamati Peni
	GMs Planning and Funding	Chloe Mercer, Tim Slow, Lisa Gestro, Ariana Roberts

Feedback received will be updated to the RIT on Monday. The project team would like approval from the RIT to share the report with all internal and external stakeholders that contributed to the project, this list is included in the report as Appendix 4. Once all feedback is received, the final report will be provided to the RIT for sign off, along with proposed changes to the Immunisation Workplan to support implementation of the recommendations, at its meeting on 27 November.

Appendix One:

Te Manawa Taki Update: Public Health Nurses Supporting Immunisations

To:	National Director, NPHS
From:	Interim Regional Immunisation Lead, Te Manawa Taki, NPHS
CC:	Regional Director Te Manawa Taki, NPHS
Subject:	Public Health Nurses Supporting Immunisation Delivery
Date:	20 October 2023

Description of Teams:

The following table outlines the total Public Health Nurse FTE in each local area and any other resource not sitting within current Te Whatu Ora immunisation delivery teams that is available to support.

Team	PHN's	Other resource available
Tairāwhiti	4.8 FTE	1 FTE Kaiawhina
Hauora a Toi	21.9 FTE	
Lakes	11.9 FTE	0.5 FTE Vaccinating Health Worker 0.6 FTE Community Health Worker
Waikato	28.6 FTE	~21 FTE Whanau Navigators
Taranaki	14 FTE	
Total	**81.2 FTE**	

Note that within these totals not all are fully authorised vaccinators, and some may need to continue with other critical BAU.

Immediate priorities and planned activities:

- The focus of conversations across the region with local teams has been how to utilise public health nurses to support the mahi of Hauora Māori Partners and Pacific Providers in a way that puts whanau at the centre and our partners as the lead. All local immunisation leads, alongside Te Aka Whai Ora Hauora Māori Relationship leads, are progressing these conversations urgently and will provide further updates next week.
- Initial plans include the immediate 'scale up' of existing outreach and opportunistic immunisation delivery (clinics, pop ups, mobile delivery, home visits) including increased flexibility for afterhours service provision where possible, the potential for expanded delivery in schools and early childhood settings, as well as new collaborations with Plunket, LMC's, WCTO etc.
- All teams have identified urgent training needs for their Public Health Nurses including training in cultural safety and clinical training to authorise delivery for tamariki aged 0-2 years.

- **Clinical training:** Teams are identifying what can be immediately supported locally. We plan to extend training opportunities to Hauora Māori Partners and Pacific providers and then coordinate opportunities regionally.
- **Cultural safety training:** Discussions are in place with cultural experts to formulate a 101 attitudes, self-awareness and bias training. This will be supported by in house whare learning with a Hauora Māori Partner to support cultural intelligence uplift and clinical uplift in a whare wananga style.

- All teams have identified that a nationally led partnership with Education, that included communications being received locally would assist greatly in the development and strengthening of those relationships. This is being progressed through the National Immunisation Programme.
- Regional Communications resource has been identified (within existing COVID-funded immunisation resource based in HSS, BoP) and will be working with local teams to develop collateral to help ensure communities are aware of increased immunisation services and opportunities in their areas.

Coordination:

- An Interim Regional Immunisation Lead has been appointed and is working closely with the Te Aka Whai Ora Regional Immunisation Lead, local SRO's (or their equivalents), Hauora Māori Relationship Leads (Te Aka Whai Ora) and Public Health Nurse Managers.
- In Te Manawa Taki, delivery of the Regional Immunisation Workplan is coordinated via the Regional Immunisation Collaborative group, which is cochaired by NPHS and Te Aka Whai Ora Regional Directors or their delegates.
- The Reimagining the Future State Immunisation project is also nearing completion so across the region we are ensuring PHN activities align with key recommendations that have emerged from stakeholder feedback, in order to ensure the increased immunisation resource is contributing to an equitable and sustainable system moving forward.
- Once planned activities for the PHN's have been confirmed, they will be incorporated into the regional workplan for monitoring.

Te Manawa Taki Immunisation Rates:

Childhood immunisation coverage at 30 Sept 2023

Ethnicity	Age	Tairāwhiti	Taranaki	Lakes	Hauora a Toi	Waikato
Māori	8 months	61.20%	61.70%	60.10%	52.80%	60.90%
	24 months	64.50%	73.80%	67.30%	60.70%	64.60%
Pacific	8 months	100.00%	60.00%	75.00%	75.00%	85.50%
	24 months	75.00%	100.00%	61.10%	75.00%	67.20%
Asian	8 months	100.00%	90.00%	93.80%	96.90%	91.10%
	24 months	100.00%	81.80%	86.50%	94.70%	88.70%
Other	8 months	81.40%	82.30%	88.20%	82.30%	82.80%
	24 months	71.40%	85.80%	80.80%	82.70%	82.40%

Eligible population (0-62 months as 29/07/23)

	Tairāwhiti	Taranaki	Lakes	Hauora a Toi	Waikato	Total
Māori	2318	2440	4327	6395	10163	**25643**
Asian	158	597	830	1946	4572	**8103**
Other	1182	5112	2774	8614	14617	**32299**
Pacific Peoples	107	155	260	462	1247	**2231**
Total	**3765**	**8304**	**8191**	**17417**	**30599**	**68276**

REIMAGINING THE FUTURE STATE IMMUNISATION PROJECT

Te Manawa Taki

Report of Findings and Recommendations

October 2023

Executive summary

There is an urgent need to invest in and reimagine the immunisation system across Te Manawa Taki. Immunisation rates in Te Manawa Taki are concerningly low and inequitably distributed, leaving communities and whanau vulnerable to the harms of vaccine preventable diseases and outbreaks.

The gaps in immunisation coverage and immunisation inequities have grown across Te Manawa Taki over the last few years. This has occurred for a range of reasons, and despite the hard work of many committed people. Importantly, there are a range of impacts from the COVID-19 pandemic, including greater levels of immunisation misinformation and a legacy of mistrust and caution from some communities and whānau due to the vaccine mandates.

The health reforms and notably the creation of Te Aka Whai Ora, and the National Public Health Service with its newly held accountability for immunisation, provide a unique opportunity to drive improvements and achieve equitable outcomes across the immunisation system.

This report sets out a picture for a reorganised and cohesive regional immunisation system. The vision is to create a system that delivers positive experiences, access and outcomes for Māori, Pacific and tāngata whaikaha and ensures that trust and partnership is woven into contracting, funding, and service design to allow Hauora Māori Partners and Pacific providers to serve and support the communities in which they work.

The guiding principles for this report include the principles of Te Tiriti o Waitangi and Pae Ora: Options, Partnership, Equity, Active Protection, Tino rangatiratanga (self-determination). It is also informed by the design features for primary and community healthcare within the reformed health system, as outlined by the cabinet paper Achieving pae ora through primary and community healthcare.

This report presents the findings of a range of activities that were undertaken to understand the current issues and challenges with the immunisation system across Te Manawa Taki, and the aspirations and solutions to improve the system. These activities were: a review of relevant literature and reports, mapping of the current landscape of immunisation services and contracts across the region, a review of 'whanau voice' on immunisation service access and experience, engagement with Hauora Maori partners and Pacific providers and other sector experts across Te Manawa Taki and finally, workshopping ideas and recommendations with contributors across the health sector.

This work has highlighted the many strengths and the resourcefulness of the workforce right across the immunisation system, from commissioners and coordinators through to outreach staff who go the extra mile to build relationships and trust with whānau. It has also highlighted the need for stronger governance and accountability across the region, clear lines for escalation and responsibility, an investment in workforce, the need for greater coordination, access to data and information and finally more investment in culturally safe and accessible service delivery.

Critically, immunisation sits within a complex landscape of multiple delivery points, many providers and in the context of misinformation and eroded trust. There is no quick fix. This report proposes a suite of activities to reorganise and improve the Te Manawa Taki immunisation system. Achieving the vision of this work will require a sustained investment and focus on immunisation.

Table of Contents

Glossary of Terms and Abbreviations

AIR – Aotearoa Immunisation Register

HSS – Hospital and Specialist Services

IMAC – Immunisation Advisory Centre

LMC – Lead Maternity Carer

PHN – Public Health Nurse

PHO – Primary Health Organisation

PPD – Pay Per Dose

NIP – National Immunisation Programme

NIR – National Immunisation Register

NPHS – National Public Health Service

RIT – Regional Integration Team

SBIP – School Based Immunisation Programme

SRO – Senior Responsible Officer

WCTO – Well Child Tamariki Ora

VHW – Vaccinating Health Worker

Purpose

The purpose of this report is to present the findings of a range of activities that were undertaken to understand the current issues and challenges with the immunisation system across Te Manawa Taki, aspirations and solutions to improve the system, and to present recommendations and next steps for an immunisation system that is sustainable into the future.

The specific objectives of this project are to:

1) Map and review current infrastructure and approaches to the delivery of immunisations across Te Manawa Taki, including provider and community context, whānau voice and aspirations.
2) Identify areas for potential improvement as well as regional efficiencies and collaboration that could be both implemented immediately and in the coming years for more equitable service delivery.
3) Propose a sustainable model, coming out of COVID-19 and aligned with our system reform.

Vision and Guiding principles

The vision for this work is to design a sustainable and equitable immunisation system that ensures all communities across Te Manawa Taki are protected from Vaccine Preventable Diseases (VPDs). Building on learnings from COVID-19, and empowering Hauora Māori Partners and Pacific providers to best serve their communities, the vision is for a highly collaborative partnership approach that will ensure equitable access to immunisation education and delivery for Māori, Pacific, and tāngata whaikaha (1).

The guiding principles for this project include the principles of Te Tiriti o Waitangi and Pae Ora:

- Options
- Partnership
- Equity
- Active Protection
- Tino rangatiratanga (self-determination) (2).

This work is also informed by the design features for primary and community healthcare within the reformed health system, as outlined by the cabinet paper *Achieving pae ora through primary and community healthcare*. These features are:

- Comprehensive
- Accessible
- Continuous
- Coordinated
- Individual and whānau centred
- Fit for purpose
- Continually improving (3).

Background

Immunisation coverage that is both adequately high, and equitable, has been a challenge for the New Zealand health system for many years. The COVID-19 pandemic exacerbated many challenges for immunisation services, including diverting resources and vaccinating workforce away from childhood immunisations (4). Despite the challenges, there were also many positive developments during this time. This includes newly created capacity and capability, such as non-regulated vaccinating health workers, an increase in iwi-led solutions, and an explicit national focus on creating accessible services for under-served populations.

Immunisation services and coverage have also been impacted by substantial change to the New Zealand health system. In 2022, the Pae Ora (Healthy Futures) Act legislated the transformation of publicly funded health services within Aotearoa, and led to the creation of Health New Zealand (Te Whatu Ora) and the Māori Health Authority (Te Aka Whai Ora). The Pae Ora Act includes greater recognition of the crown's obligation to uphold te Tiriti o Waitangi, and achieve equitable outcomes for Māori. Specifically, it outlines the responsibilities under Article 2 to uphold Tino Rangatiratanga and support Māori-leadership and Article 3, the responsibility of the Crown to deliver equitable health outcomes.

With the health reforms underway, the impacts of COVID-19 lessening and ongoing immunisation inequities, there is both an urgent need, and an opportunity to take stock and strengthen the coordination, governance and deliver of immunisation services to achieve Pae Ora.

The following sections outline the current state of immunisation coverage and inequities across Te Manawa Taki, and the wider context of work and strategic alignment into which this project fits.

Immunisation coverage

Childhood immunisation rates have continued to decline nationally since 2018, with the decline accelerating since the start of the COVID-19 pandemic in early 2020 (4). In addition, inequities have worsened with tamariki Māori and Pacific tamariki less likely to be fully vaccinated at any time point, compared to Pākehā/NZ European or Asian tamariki (2).

Of the four Te Whatu Ora regions, Te Manawa Taki has the lowest percentage of fully immunised tamariki at all milestone ages up to, and including, 5 years. (5, 6). Current childhood immunisation rates in Te Manawa Taki at 24 months are 74.4% (Māori 62.1%, Pacific 79.1%, European 80.2%, Asian 92.0%, and Other 79.1%) (5). Of the four regions, Te Manawa Taki also has the largest equity gap for Maori at this milestone, with a 19.9% difference in immunisation coverage at 24 months between tamariki Māori and non-Māori tamariki (all figures as of 30 June 2023) (5). More detail regarding immunisation coverage by local area and equity gaps is shown in the *Immunisation Service Mapping* section below.

Tāngata whaikaha are another priority group for improving immunisation access, coverage and experience. There is limited data on the immunisation coverage for tāngata whaikaha across the immunisation system. However, tāngata whaikaha are known to have poorer access to health services, and poorer health outcomes on a range of measures (4). Improving the immunisation system to meet the needs of tāngata whaikaha is a priority of this work, and nationally (4).

National work

In December 2022, the National Immunisation Taskforce Report outlined initial priorities for the National Immunisation Programme (NIP) in Aotearoa (4). Although immunisations occur across the life course, the Taskforce recognised that childhood immunisations are one of the most effective interventions against preventable diseases that can otherwise result in a high incidence of morbidity and/or fatality (4). Therefore, the Taskforce prioritised the following groups: tamariki Māori, Pacific tamariki, tamariki with disabilities, and hapū māmā (pregnant mothers) (4).

The recommendations focus on achieving on-time and rapid catch up of under-vaccinated tamariki Māori and Pacific, and embedding an immunisation programme that achieves on-time vaccination of the whole population to target levels of 95% fully vaccinated (4). The Report also advises on actions to be taken locally, regionally, and nationally to achieve key targets for the Aotearoa childhood vaccination schedule, seasonal influenza, and COVID-19 vaccination programmes.

The National Immunisation Taskforce are working on an implementation plan for the 54 Report recommendations, under the following ten key priority areas:

1. Expansion of the vaccinator workforce
2. Authorisation of childhood vaccinators
3. Antenatal immunisations
4. Enrolment into health services from birth
5. Proactive outreach immunisation services
6. Catch-up immunisations
7. Funding for providers that is long-term and sustainable
8. Governance, technical advice, and service coverage oversight
9. Development of new provider and consumer-facing resources for immunisations
10. Quality and standards for providers delivering immunisations to tamariki in New Zealand

Notably, in 2023 Manatu Hauora also released a suite of strategies focused on improving the health of New Zealanders across the board, and specific population groups who are historically under served. The relationship between these strategies and immunisation system design is outlined in Appendix 1.

Regional work

To progress work at a regional level, in July 2023, Te Manawa Taki Immunisation Collaborative (the 'Collaborative') developed a Regional Immunisation Work Plan for 2023/24. The purpose of this joint plan between Te Whatu Ora and Te Aka Whai Ora was to outline activities local teams already have underway and plan to continue, or those they intend to start within the 23/24 financial year. The focus for activities was to provide immediate resource and support across the region to lift immunisation rates among Māori, Pacific, and Tāngata whaikaha pepi, tamariki, and hapu māmā (using the Prioritisation Matrix (4)).

In addition to the Plan, Immunisation Indicators for Te Manawa Taki were agreed to as part of a wider monitoring framework for Te Manawa Taki. These are outlined in detail in Appendix 2, and are referred to in the *Recommendations for the Future State* section below.

During the development of the Plan, it became clear that each local area across Te Manawa Taki were working differently in terms of the size and make-up of local immunisation teams, levels of investment into planned and opportunistic outreach immunisation services (OIS), and varied coordination of those services. Potential opportunities for regional efficiencies and more collaborative ways of working were also identified.

With many of the local teams and OIS contracts Covid-19 funded (and funding signalled to end June 2024), there was an urgent need to review the immunisation system across Te Manawa Taki and propose a future state that is sustainable into the future and demonstrates a commitment to Te Tiriti, achieving equity and the aims of Te Pae Tata. This work is captured in the 'Reimagining the future state' immunisation project, which was endorsed by the Regional Integration Team (RIT) to progress from August – October 2023.

Out of scope and current unknowns

The following aspects of the immunisation system are outside of the scope of this report and its recommendations:

1. The contracting arrangements and delivery of immunisations in primary care
2. The restructure of the National Immunisation Programme
3. The current reviews that are underway for:
    a. Immunisation clinical quality training and support functions (currently provided by IMAC)
    b. School Based Immunisation Programmes
    c. Outreach Immunisation services
4. The Kahu Taurima workstreams
5. The impacts and functionality of the Aotearoa Immunisation Register (AIR) and Whaihua portals which are under development
6. Care in the Community Hubs

Approach

To arrive at a set of recommendations for a reimagined immunisation system we have taken the following steps:

1. Literature and Document review
   This work has been guided by a range of evaluations and literature on immunisation systems and service design. In addition to literature reviewed for the whānau voice document, the following papers have also influenced this work:
   - *National Immunisation Taskforce Report (4)*
   - *Achieving Pae Ora Through Primary and Community Healthcare (cabinet paper) (3)*
   - *Lakes DHB Outreach Immunisation Service Review (7)*
   - *Summary Report Health Equity Assessment: Childhood Immunisation in Taranaki (8)*
   - *Kōmiromiro: Shared experiences of the Te Tai Tokerau, Tāmaki Makaurau and Waikato COVID-19 Māori and Pacific response teams (9)*
   - *Te Waipounami Review of Covid19 Immunisation and Care in the Community (10)*

2. Immunisation Service Mapping
   The project team conducted a review of the current baseline level of investment in immunisation coordinator/s and NIR administration teams within each local area, along with planned and opportunistic OIS contracting arrangements. It also included mapping of the current contract relationship holders, including collaboration between primary care providers, Te Aka Whai Ora, Te Whatu Ora, Manatū Hauora, schools, and community organizations.
   To identify variability and under-served areas, the size and funding of baseline immunisation services across Te Manawa Taki were compared with the size and location of priority populations within the region (Māori and Pacific tamariki aged 0-5 years, noting there is no current data available for tāngata whaikaha).

3. Whānau voice
   The second part of the project was a rapid assessment of 'whānau voice' using recent New Zealand literature and evaluations that captured qualitative data on the experience and views of people accessing the immunisation system in Aotearoa New Zealand. This approach was taken due to time constraints and to maximise the existing contribution of whānau who have shared their energy and views on the Aotearoa immunisation system. This review can be found in the Whānau

voice document (Appendix 3). It highlights current issues and barriers as well as aspirations and solutions proposed by whānau.

This document was circulated with all the Hauora Māori partners and Pacific providers who were engaged with as part of the project, along with local immunisation teams and primary care. The purpose of this was to 'sense-check' whether the findings from the literature review also aligned with what was being heard on the ground from communities. Additions were made as needed to ensure the document reflects the content of conversations with providers who work directly with whānau across Te Manawa Taki.

4. Provider and Professional views

Engagements with immunisation providers were organised through local immunisation leads (Senior Responsible Officers for immunisation, or equivalent). Being the key relationship holders between Te Whatu Ora and local providers, local leads emailed out information about the project and the Whānau voice document to all immunisation service providers within their local area, inviting them to meet face to face with the project team to provide feedback. This included Hāuora Māori partners, Pacific providers, primary care, Te Whatu Ora immunisation teams, Community Hubs, public health services, pharmacy, and in some cases Well Child Tamariki Ora (WCTO) providers and midwives. Where they had established relationships, Hauora Māori Relationship leads (Te Aka Whai Ora) also supported engagements with Hauora Māori partners.

The project team also engaged with the New Zealand College of Midwives (NZCOM), Plunket, School Based Health Services, National Disability Leads, and attended the Disability Capability Workshop.

Face to face meetings with most providers of immunisation services across Te Manawa Taki occurred from September – October 2023, prioritising meetings with Hauora Māori partners and Pacific providers. The purpose was to gain an understanding of what is currently working well, issues and barriers, as well as opportunities and aspirations for a future immunisation system that is equitable and ensures all communities are supported to protect their whānau from vaccine preventable diseases.

As a guide for discussions, the following areas were highlighted:

- *What is working well and/or not so well in the current immunisation system*
- *Ideas and opportunities for new ways of working*
- *Your current role, capacity and any desire for this to change*
- *Commissioning approaches, including whether current contracts are limiting your ability to best serve the community*
- *Areas of relationships such as governance, support/administration, and/or information sharing*
- *Workforce development/training*
- *Any data/digital solutions that would enable you to work more effectively*
- *How communications (both internal and external) could be better supported*
- *Any functions that could be regionalised for efficiency*

Appendix 4 includes a list of the stakeholders who were engaged with over the course of the engagement phase of this project.

5. Collaboration across the Health System

After completing engagements with immunisation providers, the project team presented initial findings and recommendations to the commissioning leads across Te Whatu Ora and Te Aka Whai

Ora, as well as the National Immunisation Programme. Some of the recommendations discussed are already being progressed by different parts of the health system, and these have been highlighted in the *Recommendations for the Future State* section below.

Findings

Immunisation Service Mapping

Childhood immunisations

Within Te Manawa Taki there are around 70,000 children aged 0-62 months. When looking at the distribution of priority populations across the region, the highest proportion of Māori and Pacific tamariki aged 0-62 months are in Waikato, followed by Hauora a Toi.

Currently, Taranaki and Tairāwhiti have the highest immunisation coverage for tamariki Māori and Pacific tamariki across most milestone ages from 0-5 years.

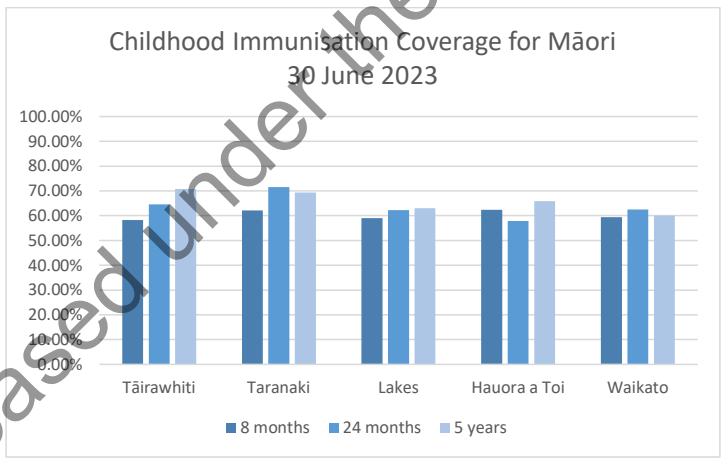
Table 1. Estimated population aged 0-62 months, by local area across Te Manawa Taki[Error! Bookmark not defined.]

	Tairāwhiti	Taranaki	Lakes	Hauora a Toi	Waikato	Total
Māori	2318	2440	4327	6395	10163	25643
Asian	158	597	830	1946	4572	8103
Other	1182	5112	2774	8614	14617	32299
Pacific Peoples	107	155	260	462	1247	2231
Total	3765	8304	8191	17417	30599	68276

Table 2. Distribution of Māori and Pacific tamariki aged 0-62 months across Te Manawa Taki[1]

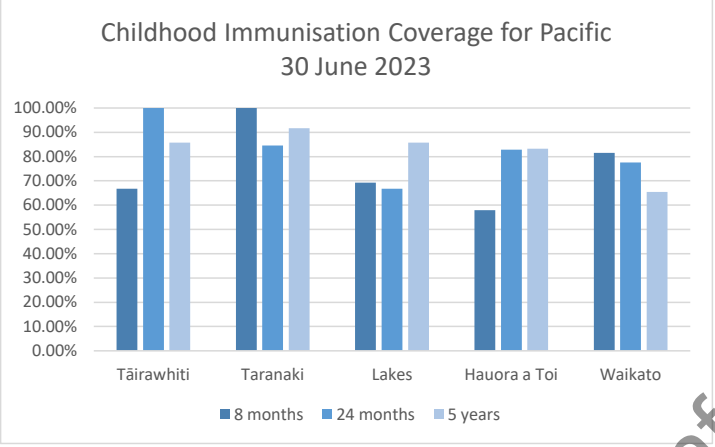
	Tairāwhiti	Taranaki	Lakes	Hauora a Toi	Waikato
Māori	9%	10%	17%	25%	40%
Pacific Peoples	5%	7%	12%	21%	56%

Figure 1. Māori childhood immunisation coverage by local area across Te Manawa Taki (June 2023)



[1] The information was accessed via Qlik Cloud and represents the total count of individuals ages between 0 months and 64 months on the 29 July 2023.

Figure 2. Pacific childhood immunisation coverage by local area across Te Manawa Taki (June 2023)



Across Te Manawa Taki, the majority of childhood immunisations are delivered via registered nurses employed in general practice. In addition, local areas have a National Immunisation Register (NIR) team, Immunisation Coordinator/s, a School Based Immunisation Programme (SBIP), and an Outreach Immunisation Service (OIS). The role of these teams is to support primary care and other providers to engage with and deliver immunisations to tamariki who are either unable to be reached by their general practice or are not enrolled with a general practice.

Prior to COVID-19, the investment in immunisation services was relatively stable. NIR and Immunisation Coordination were funded through Crown Funded Agreements following a population-based funding approach. Outreach Immunisation Services (OIS) were funded from baseline resulting in small variation across the region.

Current Landscape

COVID-19 investment has resulted in large disruption to the immunisation landscape:

- Senior Responsible Officer's for immunisations (SRO's, or equivalent) were established in each local area to coordinate the rollout of the COVID-19 vaccination programme.
- Service delivery teams were set up or expanded within hospital and specialist services (HSS) or Commissioning to support with vaccination delivery.
- New immunisation providers were brought on board, including Hauora Māori partners and Pacific providers to deliver COVID-19 and flu vaccinations, and there was an increase in the number and type of vaccinations being offered through pharmacies.
- Non-clinical staff were enabled to deliver COVID-19 vaccinations under supervision as Vaccinating Health Workers (VHWs). The VHW role has now been expanded to include delivery of influenza and MMR vaccinations to anyone aged 5 years and over.
- Although not discussed in detail in this report, Care in the Community Hubs were also established to provide wrap around support to whānau while isolating.

The response to COVID-19 varied across the region. Of note, Waikato developed the WHIRI Hapori model as a locally designed pro-equity response that is whānau centred, manaaki-led and locally

delivered. This response brought together Care in the Community, vaccinations and testing, and worked closely with iwi to establish a Community Hub Network (WHIRI Ihopū) across Waikato. WHIRI Ihopū provide wrap around services to whānau, including support with health literacy, prevention and promotion, and use Whānau Hauora Assessments (WHA) to link whānau with health services, government and NGO support. Waikato have established a Waikato Immunisations Network for all of the immunisation providers and other stakeholders to regularly come together for coordination and support.

Hauora a Toi established a COVID-19 Immunisation Directorate within HSS, bringing together the SRO, NIR team, vaccinators, kaiāwhina, communications, and data support to provide leadership and coordination to the wider immunisation programme. Although not formally an Immunisation Directorate, Taranaki, Lakes and Tairāwhiti also have SRO positions, vaccinators and kaiāwhina working closely with the NIR teams and immunisation coordinators to support with the vaccination rollout.

As the focus on COVID-19 has lessened, these services have transitioned to focus on childhood immunisations. In Waikato and Hauora a Toi there remains a relatively large service delivery team in HSS or Commissioning. In Lakes, Taranaki and Tairāwhiti, there has been significant down scaling of HSS immunisation services, and a loss of commissioning staff to support these services.

A number of Hauora Māori partners and Pacific providers continue to deliver immunisations within the community, and can often reach whānau not engaged with primary care. Although COVID-19 funding covers the cost for COVID-19 and flu vaccinations, not all partners and providers can claim back costs for delivering childhood immunisations, and many are currently doing this out of good will. Childhood immunisations are being offered in places and spaces that work for whānau, often outside of work hours, and at drive through events and Hauora days. Many partners and providers are also offering childhood immunisations as part of their WCTO service, again often without funding to cover administration costs. Lack of data to be able to pivot services also continues to be a limiting factor.

Other changes to the landscape include the Kahu Taurima workstreams (both Te Aka Whai Ora and Te Whatu Ora) which offer potential for investment in wrap around services for first 2,000 days. This investment is still being worked through locally but is likely to have a positive impact on childhood immunisation services.

There are also significant changes underway as part of the health system reform, including the establishment of Iwi Māori Partnership Boards (IMPBs) and localities. IMPBs will ensure Māori governance in the determination of health priorities for iwi and Māori across localities (11). With localities ensuring that health services are organised in a way that makes sense to the geographic communities they service (11). For immunisations, IMPBs will play a significant role in making sure services are designed to meet the local context in each locality, and therefore, recommendations from this project will need to be agreed by the IMPBs across Te Manawa Taki and locally tailored.

School-Based Immunisation Services

The School-Based Immunisation Programme (SBIP) only occurs during term time and delivers Boostrix and HPV to around 14,690 children age 11-years requiring school-based immunisations across Te Manawa Taki.

Across the region the public health nurses (PHNs) employed into HSS deliver school-based immunisations. Boards of trustees within schools are responsible for approving the Programme in their school and it is important the service maintains a relationship with the Board. If the board does

not approve the programme, parents are required to arrange an alternative to have their child immunised (e.g. through their general practice).

PHNs typically visit the school in February and March each year to provide education and promotion about Boostrix and HPV immunisations, before delivering vaccinations in each school from March onwards. Delivery of the SBIP was impacted during COVID-19. In particular, the PHNs were unable to provide education and health promotion face to face with students, teachers and parents, and their relationships with schools were impacted.

In general, managing the paper-based consent process and attendance are significant challenges for school-based immunisation services, as well as the inability to status check in real time. A number of PHN's are also paying out of pocket for youth engagement activities (e.g. incentives for returning consent forms).

Immunisation coordinators and NIR teams

Immunisation coordinators are usually registered nurses with at least 2 years post-graduate experience and are an authorised vaccinator. The immunisation coordinator role includes supporting workforce development and vaccinator accreditation, training and upskilling community providers on immunisation and cold chain compliance and managing cold chain breaches. Over time, this workload has increased with new vaccines added to the schedule, and workforce from different clinical backgrounds (e.g. VHWs).

The National Immunisation Register (NIR) supports users to find out what vaccines a child has been given and provides information on population coverage. The NIR administrators work with providers to ensure the information in NIR is good quality and generates reports identifying gaps in service coverage. However, there have been challenges sharing patient level information with a wide range of providers. In November 2023, the NIR will be transitioning over to the Aotearoa Immunisation Register (AIR). The capability of the AIR and the impact it will have on the workload for NIR administrators is currently unclear.

In Te Manawa Taki all NIR and Immunisation coordination services are delivered through HSS. This enables the teams to access a wider range of data sets to reach whānau; however, it can reduce their connection with primary care and community providers.

Variation occurs in the size of these teams relative to the size of priority populations, and the type of activity being delivered. Of note, Taranaki have a relatively large team relative to the distribution of Māori children, while Lakes and Tairāwhiti have relatively small teams. There is potential for these teams to share best practice across the region, and workload if needed.

Table 3: Size of NIR and Immunisation coordinator teams relative to the distribution of Māori and Pacific children across Te Manawa Taki

	NIR (FTE)	Immunisation Coordinator (FTE)	Distribution of Māori children	Distribution of Pacific children	Comments
Taranaki	2.5	1.8	9%	7%	Large team relative to the distribution of priority populations
Lakes	1	1	17%	12%	Small team relative to the distribution of priority populations
Hauora a Toi	3.5	4.1	25%	21%	Includes a child liaison function
Waikato	2	n/a	40%	56%	Unable to compare immunisation coordinator FTE as Waikato have a different approach to training and cold chain
Tairāwhiti	1	1	9%	5%	Small team relative to the distribution of priority populations

Outreach Immunisation Services

Referral to OIS is available for children aged 0 – 6 (or 7) years and generally occurs once the child's GP has attempted to contact the whānau three times and the immunisation is overdue. This referral process is managed by the NIR team. In Hauora a Toi, a proactive referral pathway to OIS for Māori and Pacific is being trialled.

Prior to COVID-19, OIS were funded from baseline resulting in variations between local areas on the level of funding. In some local areas, OIS is being delivered through HSS, in others, contracts sit in the community with PHOs and/or Hauroa Māori partners. Currently no Pacific providers across Te Manawa Taki hold formal OIS contracts.

There has been a significant increase in demand for OIS since 2020 with no change to baseline funding. Taranaki, Waikato, and Hauora a Toi have reported a two- to three-fold increase in referrals. Where possible, COVID-19 service delivery teams in HSS and Commissioning have been supporting OIS providers with vaccinating staff to reduce the waitlist, but this is not sustainable post June 2024.
It is likely that the level of funding required will need to increase across the region, and for the distribution of funding to better reflect the size and location of priority populations and rurality; however, the addition of COVID-19 funding and staff makes the analysis challenging.

Current baseline funding for OIS services:
Taranaki: $148,865.00 bulk funded to Haoura Māori providers. These contracts have transferred to Te Aka Whai Ora.
Lakes: $185,000 bulk funded to a PHO for Taupo/Tūrangi and a small HSS service for Rotorua (0.8 RN and 0.8 Kaiāwhina).
Hauora a Toi: $296,800 bulk funded contracts to PHOs. These contracts are under review.
Waikato: $720,496 bulk funded contracts to PHOs.
Tairāwhiti: Small HSS Service, bulk funded for three days per week (0.6 RN and 1.0 kaiāwhina).

OIS funding excludes the Fee for Service (FFS) being paid to general practice and pharmacy for delivering immunisations. The current FFS rates for general practice and pharmacy are $36.05 for the first vaccine given to an Eligible Service User, and $20.52 for the second vaccine, if more than one vaccine is given on a single day.

Leadership and coordination of immunisation services

Regional and local leadership and coordination of immunisation services is an important function to pull together the various parts of the immunisation system. Even more so now that there are a number of new immunisation providers and contracting arrangements. Prior to COVID-19, the leadership and coordination of immunisation services within each local area was led by the Portfolio Manager for child and maternal health within Planning and Funding. During COVID-19, local SROs were established to support with the large-scale vaccination rollout and onboarding of many new immunisation providers. However, as these COVID-19 funded services have pivoted to childhood immunisations, the local SRO role has also moved to support with coordinating childhood immunisation services.

The level of collaboration between primary care providers, Te Aka Whai Ora and Te Whatu Ora providers varies across the region. Waikato hold the Waikato Immunisation Network and have regular cluster meetings with providers. Taranaki and Lakes hold fortnightly stakeholder meetings among providers to discuss childhood immunisations, although Lakes are reviewing this currently. While Hauora a Toi and Tairāwhiti are developing their stakeholder relationships.

There are no local areas that regularly, formally connect with community organisations such as Te Rōpū Wāhine Māori Toko i te Ora (Māori Women's Welfare League), or community midwives/Lead Maternity Carer's (LMCs) on immunisation. The involvement of local public health services also varies across the region. The Medical Officers of Health sign off vaccinator authorisations, and in some cases support with education sessions for vaccinators, complete standing orders for providers, and attend local steering groups or provider networks.

Most local areas have relationships with local schools and kura through the SBIP, but not all regularly connect in with early childhood education centres (ECE) and kōhanga reo. WHIRI Hapori (Waikato) have recently run a pilot programme delivering immunisations to tamariki and the wider whānau during drop off and pick up times at ECEs and kōhanga reo with success. They are looking to upscale this initiative, and there is potential to roll it out across the region.

Despite local public health services across Te Manawa Taki being minimally involved in immunisation services prior to COVID-19, the National Public Health Service (NPHS) National Director has specified that regional leadership, accountability, and coordination of immunisations services will now sit with the NPHS Regional Directors. A national review is also underway considering where PHN teams should sit within the system, with one option being a move to the NPHS. Both of these developments have been factored into the recommendations in this report.

Whānau voice

Below are the aspirations and solutions proposed by whānau for the immunisation system, grouped under key themes. Refer to Appendix 3 for the full Whānau voice document.

Cost

- All staff across the system recognise their role in creating spaces for whānau to feel welcome accessing services (this includes administrative staff and clinical staff)
- Under-served communities are prioritised for services that have fewer costs to the whānau (travel and time costs)

Impact of the Covid-19 pandemic, vaccination roll out and associated mandates

- Whānau are provided with clear and evidence based information
- There is space to ask questions without judgement, and clear explanations are provided
- Whānau are treated with empathy and respect, and continue to be supported even when they choose not to immunise

Availability and accessibility

- A system in which enrolment/engagement with primary care is not a prerequisite for access to immunisation services
- Services that bring whānau to them, and take services to whānau when/as required
- Services that provide flexible options for location, hours, days
    - e.g. pop-up clinics to provide delivery of immunisations at kohanga reo as whānau bring children into the service, or before pick-up times
    - e.g. delivery of antenatal and neonatal immunisations from Lead Maternity carers or Well Child Tamariki Ora providers who have an established relationship with the whānau
- All whānau receive pre-call and re-call information that supports timely immunisation
- Services that see immunisation as an opportunity for engagement and not just a transaction
- Communication via a range of methods works best – including texts, calls, emails, social media posts, etc

Relevance to the need or perceived need of whānau and communities

- Services that recognise whānau are 'kaitiaki for their tamariki'
- A workforce that has more Māori and Pacific practitioners and vaccinators
- Messaging, information packs and media campaigns designed for and by Māori or Pacific whānau, including in te reo Māori, other Pacific languages and other modalities such as video
    - Careful choice of messengers
    - No guilt or fear-based messaging
- All whānau receive appropriate and timely pre-calls/re-calls for immunisation
    - Communication is via a range of methods works best – including texts, calls, emails, social media posts etc
- Whānau questions are welcomed and are respected with time and clear, honest answers

Manaakitanga and Cultural safety

- Enough time for whanaungatanga
- Immunisation services that welcome whānau and make it easy to attend and/or access services because there is manaaki, time and care
- Whānau feel genuinely valued and cared for, the interaction is not just about the vaccination
- Services that include and provide for all whānau health and wellbeing needs
- Immunisation services that prioritise a positive experience for whānau
- Providers who do more than just vaccinate – providers that see and respond to whānau needs and act as connectors to other services.
- Vaccinators that understand the needs of whānau with disabled children and have both time for specialised appointments, and can access expert support when required (e.g. play therapists)
- Adults with disabilities can easily access outreach services for immunisations for themselves and their dependents
- Services that bring whānau to them, and when required take services to whānau
- Healthcare workers that have time to talk, answer questions and build relationships
- Feedback is listened to, services are responsive, and whānau have a way to shape the design and delivery of services
- Relationships are maintained, even when whānau choose not to immunise
- Services that demonstrate that they value Māori culture and language (or Pacific cultures and languages) through the physical environment, staff, language, resources, processes, acceptance of rongoa etc
- Staff across all providers have good pronunciation of te reo Māori and understand tikanga
    - Names are pronounced with care and respect
- Vaccinators respect the process of gaining informed consent and shared decision making
- Disabled people are involved in decision making for their own health

Provider and Professional Views

During the engagement phase, a number of high-level themes came through from providers and professionals that were consistent across the region, and many aligned with findings in the Taskforce Report and Lakes DHB OIS review (4, 7). It also became clear that the current system creates unnecessary barriers for providers and limits their ability to reach and best serve whānau. System gaps were also identified, including a lack of:

- Clear leadership and coordination
- Workforce development
- Communications and health promotion
- Meaningful reporting on services
- Data and digital support.

There was also a wealth of information shared by partners and providers about how immunisation services could be better delivered within their local area. Including specifics around contracting and solutions proposed about how to coordinate and collaborate locally. Although not reflected in this report, that local information will be used to progress some of the recommendations below and will be shared by the project team where relevant.

The following sections outline high-level themes from the discussions held with immunisation providers, contract managers and other sector experts across Te Manawa Taki. Noting that this list is not exhaustive, and although many themes were shared by multiple providers, they may not be applicable to all.

General Immunisation Delivery

- Immunisations should be part of a wider wrap around service for whānau - a whānau ora approach. Everything preventative should be a priority but so should health education and literacy – making whanau confident with their own health.
- Immunisation education and delivery needs to be provided by the 'right faces' in the 'right spaces'. Ideally by Māori and Pacific staff from the same community, in a wellness setting.
- All immunisation providers should have an after-hours component to their delivery, including Primary Care.
- A number of Hauora Māori partners and Pacific providers describe 'intentionally offering services differently'. They've continued with lessons learnt from Covid-19, provide options and deliver wherever it makes sense for whānau.
- Access to primary care is currently a significant issue for whānau:
- If they're able to be enrolled there is still often a significant wait for appointments
- A large number of practices have closed books
- In some cases, if people return from prison, they're unenrolled from practices
- There are other large access barriers such as debt, requirement for birth certifications or 'judgements' that mean a significant number of whanau can't safely access primary care.

Antenatal Immunisations

- Midwives have trusted relationships with hapū māmā and should be able to deliver antenatal immunisations and ideally babies six-week immunisations.
- Currently midwives are not adequately funded to provide these services and would have no way to claim back administration costs.

Outreach Immunisation Services

- Currently, some tamariki are referred to OIS, are immunised, and then referred back to primary care for subsequent immunisations. If primary care are unable to immunise again, another referral is sent to OIS. This results in a 'cycle of referrals', with tamariki being consistently overdue for immunisations. Whānau should have the choice about whether to be referred back to general practice or stay with OIS.
- OIS needs to be available outside of business hours and would be best suited to sit within Hauora Māori partners and Pacific providers, who already have relationships with priority communities.
- The number of recent changes to the immunisation schedule, in particular the addition of Bexsero has been extremely challenging. Bexsero requires an 8-week gap between doses and incorporating that into a 'catch up' programme, including ensuring access to paracetamol is difficult.

School Based Immunisation Programme

- The SBIPs rely on paper-based consent and recording processes. Most nursing teams have little to no technology to support delivery and on occasion this results in children receiving additional vaccine, as the child and/or parent forgets if they have received it between the time of consent and its delivery at school. The SBIP should be supported with an electronic consent process, the ability to status check on site if needed, and recording of immunisation delivery electronically in real time.
- All SBIPs should be adequately funded to offer appropriate and engaging education and related activities that support the building of trust between students and nurses.
- During the Covid-19 response delivery of SBIP's was stopped. This, as well as mandates, has impacted relationships between SBIP and schools. Some school boards are not allowing the SBIP into the school, and others there is very low support, which corresponds with low rates of consent return/general uptake of the programme.

Workforce and System Support

- The immunisation landscape locally and regionally needs oranga governance[3], support and oversight.
- The kaiāwhina workforce is currently undervalued by the system and needs to have a consistently recognised place within the immunisation landscape, including career pathways. This workforce is often the 'pou' for the whanau and the system needs to value them accordingly.
- Whanau voice needs to lead system improvement and innovation.
- Data access is a significant barrier that undermines programme effectiveness. Providers would like to be able to access timely, reliable data in real time.

Commissioning and Funding

- Contracts and reporting requirements should recognise and value all of the work that Hauora Māori partners and Pacific providers do, not just the number of immunisations given (e.g. contracts that recognise relationship building, health promotion and education, and connecting whānau in with other health and non-health services).
- Hauora Māori partners and Pacific providers would prefer to deliver more childhood immunisations, either through formal OIS contracts or at a minimum have the ability to claim back administration costs for opportunistic immunisations.
- The system should provide, for any potential opportunistic providers, funding for onboarding costs as well as the ability to claim back administration costs. This would include sole nurse operators, WCTO/Plunket, LMCs etc.
- Short term contracts are limiting their ability to recruit and retain staff. Long-term, sustainable contracts are required to properly build an immunisation programme.
- Contracts for childhood immunisations shouldn't be siloed. Any interaction with whānau is an opportunity to provide all of whānau vaccinations as well as whānau ora wrap around care.
- Currently a number of Registered Nurses are employed within Te Whatu Ora immunisation teams and work in or alongside partners and providers to deliver immunisations. Feedback received is that partners and providers would prefer to be appropriately resourced to hire their own staff. It was noted that in some instances utilising Te Whatu Ora nurses created problems within team cultures due to different contracting arrangements and ways of working.
- Throughout and since the Covid-19 response demand for OIS has increased significantly with little to no increase in baseline funding.

Aspirations for the future immunisation system

Based on the findings from whanau voice and discussion with providers and sector experts, the following aspirations for the future system have been identified:

Antenatal Immunisations
Education for the whole whānau about immunisations begins during the antenatal period.
Māmā and pēpi enrolment into primary care starts during the antenatal period.
Hapū māmā are able to receive their antenatal immunisations without an appointment, and outside of business hours in a place that works for them.
Messages are delivered by those with a trusted relationship and are part of a wider conversation around wellness and protection, with parents being guardians or kaitiaki of their pēpi.
Māmā and pēpi experience wrap around and coordinated care with a clear handover from LMC to primary care and WCTO provider.

Whole of whānau immunisations
Immunisations are provided as part of a wider wrap around service for whānau by trusted faces and in spaces they feel comfortable - a whānau ora approach covering the full lifespan.
Whānau are empowered with information about how to protect their pēpi and wider whānau, including information about the immunisation schedule, when immunisations are due, and where they can walk in or book in for immunisations.
Whānau have options outside of primary care, including immunisation delivery in a wellness setting by their WCTO provider, Hauora Māori partner or Pacific provider, ECE's, kohanga reo and outside of business hours (including evenings and weekends).
All interactions with the health system are culturally safe, accessible, and provide an opportunity for education and delivery of immunisations.
Relationships with providers are maintained even when whānau choose not to vaccinate.
Outreach immunisation services are coordinated locally and are mobile and proactive when needed.

Leadership and coordination
There are clear lines of leadership, accountability, and coordination of immunisation services.
Immunisation coordinators and NIR teams can share best practice and support across the region as needed.
Co-governance[2] structures for immunisations are in place at both local and regional levels.
All immunisation service partners and providers have access to Oranga governance[3] and oversight.

Workforce development
The workforce reflects the communities they are serving, with an increase in the number (and proportion) of kaimahi Māori and Pacific kaimahi.
Kaimahi working in the community are as valued as their secondary care colleagues.
Workforce development and training opportunities include reception and administration staff and non-regulated health workers
Vaccinators are supported to develop a range of skills and can provide more than immunisations during interactions with whānau (e.g. blood pressure checks, blood tests, support with bowel and cervical or HPV screening, etc).
Vaccinator training is culturally safe for staff attending.
Clinical assessment is not a limiting step for sign-off of fully authorised vaccinators, and Hauora Māori partners and Pacific providers are able to sign off their own vaccinators.

Communications and health promotion

[2] Co-governance refers to a shared governance arrangement - with representatives of tāngata whenua on one side, and representatives of tāngata tiriti on the other, operationalised by co-chairing, each side having equal voting rights at the decision-making table for better outcomes for Māori.

[3] Oranga or 'wellness' governance refers to governance that includes the wider determinants of health, not just clinical governance.

Increase in public facing communications and awareness regarding immunisations.
Messaging, information packs and media campaigns designed for and by Māori and Pacific whānau, including in te reo Māori, other Pacific languages and other modalities such as video. With careful choice of messengers, and no guilt or fear-based messaging.
National communications and collateral are adapted to the local context.
Staff providing education and delivery of immunisations are comfortable and confident discussing the benefits and risks of immunisations and answering questions from whānau, and know where to access accurate information or to seek advice.

Meaningful reporting on services and Data and Digital support
Reporting systems capture engagement with whānau (including linking with other health and non-health services), and whānau experience of services - not just the number of immunisations given.
All Hauora Māori partners and Pacific providers have access to timely and usable information on immunisation gaps including patient level information, and the ability to status check in real time.
Data is up to date and reliable, and provided in a format that is easy to understand and useful.

Recommendations for the Future State

A number of actions need to be taken in order to achieve the aspirations outlined above for an immunisation system that is sustainable into the future and demonstrates a commitment to Te Tiriti, achieving equity and the aims of Te Pae Tata. Considering the project objectives, guiding principles, feedback and aspirations outlined above, the following key recommendations have emerged:

- To increase options and accessibility for whānau, it is recommended that a greater number of immunisations providers are contracted and/or funded to deliver both adult and childhood immunisations. This includes LMCs, WCTO providers, Hauora Māori partners, and Pacific providers.
- Given tamariki Māori and Pacific tamariki have higher rates of missed primary vaccination (4, 7), and the importance of having the 'right faces' in the 'right spaces', it is recommended that all OIS contracts are shifted to Hauora Māori partners and Pacific providers, supported by the following:
  - Realigning OIS contracts to planned and opportunistic services
  - Providing contracts that are long-term, sustainable and holistic (ideally 3-5 years with right of renewal)
  - Professional development pathways to support and grow the Māori and Pacific clinical and non-clinical workforce
  - Access to timely and usable immunisation data
- To enable tino rangatiratanga, it is recommended that education packages and communications are developed for both providers and whānau, so that whānau are empowered with information about the benefits and risks of immunisations, when immunisations are due, and where they can access services to make an informed choice.
- To ensure all communications and services are accessible, it is recommended that an immunisation strategy is co-designed with tāngata whaikaha to deliver equitable immunisation outcomes and experiences for disabled people and their dependents.
- For regional efficiency and collaboration, it is recommended that immunisation coordinators and NIR teams begin working collectively, alongside NPHS and across the region, to share best practice, innovation, and workload when needed.
- Acknowledging that immunisations will continue to sit right across the health system, there will need to be continued collaboration across/between, Te Aka Whai Ora and Te Whatu Ora Commissioning teams, Pacific Health, HSS, and the NPHS. A regional immunisation lead[4] is recommended to support with collaboration across the system and regional coordination of the immunisation programme.
- To provide stability in the system and local coordination of services, it is recommended that there is a permanent local immunisation lead[5] in each local area. There would be efficiency gained by the local leads being in the same part of the system as the regional immunisation lead, Immunisation coordinators and NIR teams. Feedback received was that to align with regional accountability for immunisations, these roles would be best placed within NPHS.

[4] It is proposed that the regional immunisation role would be responsible for regionally coordinating the immunisation programme, co-chairing the regional immunisation group, and information sharing between the local leads, RIT and National Immunisation Programme. Note: an interim regional immunisation lead has recently been appointed within the NPHS.

[5] It is proposed that the local immunisation lead would be responsible for coordinating planned and opportunistic immunisation services at a local level, reporting on local activities in the Work Plan, information sharing between the regional immunisation group and local providers, co-chairing the local operational forum, and be a key local point of contact for the regional immunisation group.

- To enable partnership across the system, it is recommended that a co-governance[2] structure is established for both local and regional immunisation groups. This is discussed in more detail below.

Proposed Regional and Local Immunisation Groups

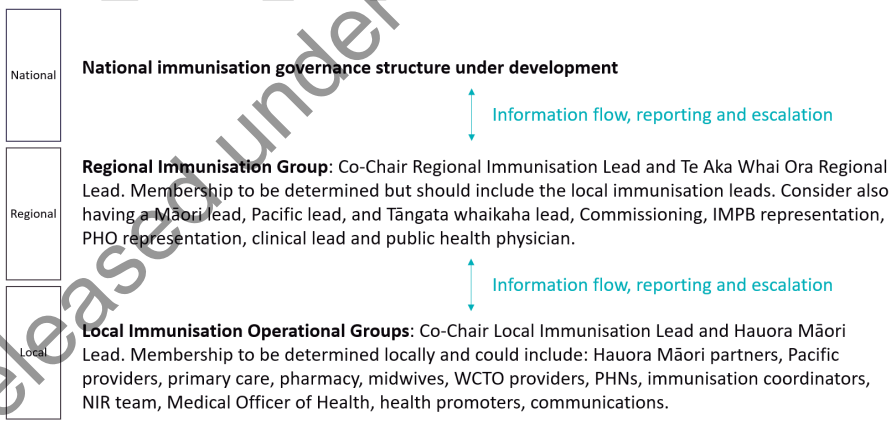
Regional and local immunisation groups would be responsible for ensuring the immunisation programme is fit for purpose, coordinated and continually improving.

It is recommended that, where these don't exist, local operational groups are established and co-chaired by the local immunisation lead and a representative elected by local Hauora Māori partners. Membership and size of operational groups would be determined locally and may change as localities are established, to reflect a locality approach to services. The purpose of these groups are to coordinate planned and opportunistic immunisation services locally, deliver on local activities in the Work Plan, problem solve operationally, and escalate risks and issues as needed to the regional immunisation group (via the local lead). Membership could include: Hauora Māori partners, Pacific providers, primary care, pharmacy, midwives, WCTO providers, PHNs, immunisation coordinators, NIR team, Medical Officer of Health, health promoters, communications.

The current regional immunisation group ('Immunisation Collaborative') to remain in place, but membership reviewed to ensure it allows for collaboration across the system and is fit for purpose. The purpose of this group is to provide operational leadership and direction for the regional immunisation system. This includes monitoring progress against the Work Plan and immunisation indicators, problem solving and escalating risks and issues as needed to the RIT and National Immunisation Programme. Regional monitoring of the immunisation system will be equity focused, including equity-based indicators, and decision-making that directs resource to areas of greatest need. The RIT would provide overall governance at a regional level. National governance structures are still under development and how these will interact with regional and local immunisation groups in future is still unclear.

It is recommended that information flow, reporting and escalation of issues occurs from providers to the local operational group, from the local operational group to the regional immunisation group via the local immunisation leads, and from the regional group to the national team and RIT via the regional immunisation lead (and vice versa).

Figure 3: Proposed regional and local immunisation groups and lines of communication



Specific Recommendations and Next Steps

A number of more specific recommendations were identified by the project team to work towards achieving the immunisation system aspirations. In some cases, these recommendations are already being progressed by other parts of the health system (e.g. Kahu Taurima workstreams, NIP taskforce workstreams, and others). Where known, specifics about what is being progressed and by whom have been outlined below.

Progressing some of the recommendations will require a phased approach. These are captured under *Suggested next steps*, with Phase 1 and Phase 2 actions. Phase 1 actions are those already underway, or are able to be progressed in the short-medium term and are significant enablers. Phase 2 actions are those that are either, reliant on Phase 1 actions in order to progress, or are not significant enablers and therefore not prioritised. Although suggested next steps and actions are outlined below, ultimately these will need to be determined by those responsible.

To align with system aspirations, the recommendations and actions are grouped under the same headings:

- Antenatal Immunisations
- Whole of Whānau Immunisations
- Leadership and Coordination
- Workforce Development
- Communications and Health Promotion
- Meaningful Reporting on Services and Data and Digital Support

Antenatal Immunisations

Recommendations	Responsible	Suggested next steps	
		Phase 1	**Phase 2**
Enable Lead Maternity Carer's (LMCs) to provide vaccinations			
• When Te Whatu Ora is acting as the lead maternity carer there are robust processes in place to ensure antenatal vaccinations are offered	HSS	HSS maternity teams in each local area to determine.	
• Mixed model contracting approach with retainer and pay per dose, and funding to cover time LMCs spend attending training, education courses and operational groups	NIP (NPHS) and Kahu Taurima Commissioning workstream	The NIP are working with Kahu Taurima to develop a Pay Per Dose (PPD) funding arrangement and an onboarding package as the first step for both LMC's and Plunket. Approximate timeframe – by June 2024. Explore options for funding to cover attending local immunisation operational groups.[6]	
• Support access to cold chain, either set up within their clinic rooms or partnered with a cold chain provider close by (e.g. local pharmacy or general practice)	NPHS	Regional immunisation lead to lead the following process: 1) Identify LMCs who would like to provide antenatal immunisations, even without PPD funding arrangements, or would like to be partnered with a vaccinator. This could be supported through the NZ College of Midwives regional meetings. 2) Through the Immunisation Collaborative, identify staff in local teams who could support coordinating access to cold chain	When PPD funding arrangements are in place, support access to cold chain (and immunisation ordering, etc) for all LMC's. Prioritising Māori and Pacific midwives, and those located in areas with high Māori and Pacific populations.

[6] Consider extending this model to others who currently serve priority groups that are not funded by health (e.g. disability providers, iwi/hapū representatives, Māori Womens Welfare league, etc).

		for LMCs and/or coordinating vaccinators.	
Antenatal Education			
• Education packages are provided to LMCs to ensure they feel comfortable and confident delivering and discussing immunisations with whānau	TBD	Working with IMAC, explore whether education packages could be supported by NPHS staff.	
• Midwives are supported by NPHS staff to deliver immunisation education during hapū wānanga and antenatal classes	NPHS	As above.	
Improved System Integration and Engagement with Primary Care			
• 20-week scan is an opportunity to encourage antenatal immunisations and direct hapū māmā to an immunisation provider, e.g. local pharmacy	Kahu Taurima Commissioning workstream	Kahu Taurima to determine. Regional communications resource could be used to support with providing information to hapū māmā attending 20-week scans.	
• All outpatient antenatal clinics include education and delivery of antenatal immunisations. Also recommend having processes in place to offer opportunistic immunisations to all attending HSS services, including outpatients, ED, and inpatients.	HSS	HSS to develop a process where this is not already in place. Suggest starting with antenatal clinics and paediatric outpatient clinics, followed by paediatric inpatient wards, and B4school checks as a starting point.	
• Improve timely notification of pregnancy and birth to primary care, Hauora Māori partners and Pacific providers	NPHS and Data and Digital	The NIP are working with Manatū Hauora to establish a database of pregnant people with the aim of linking this to antenatal immunisation data. Timeframe - ??	Explore how this information could be linked to notify primary care, Hauora Māori partners and Pacific providers.

Commented [KG1]: Check with Rob

• Funded third trimester GP visit for Māori, Pacific, and tāngata whaikaha (self-identified). The visit could be with a practice nurse and include a discussion about immunisations (antenatal and childhood), delivery of antenatal immunisation, whānau enrolment (if not already enrolled), and start the newborn enrolment process, with pre-call scheduled for 6-week immunisations.	Kahu Taurima Commissioning workstream	Kahu Taurima are already exploring this option. Timeframe - ??	
• Funded postnatal in person handover between LMC, WCTO, and general practice (for Māori, Pacific, and tāngata whaikaha), ideally in a wellness setting	Kahu Taurima Commissioning workstream	Kahu Taurima are already exploring this option. Timeframe - ??	

Commented [KG2]: Check with Sarah Nash/Nicky Nelson.

Commented [KG3]: Check with Sarah Nash/Nicky Nelson.

Whole of whānau immunisations

Recommendations	Responsible	Suggested next steps	
		Phase 1	**Phase 2**
Supporting Primary Care			
• Streamline the newborn enrolment process. Including, notification to OIS (or alternative contact within the system) when a newborn b-code enrolment doesn't convert to fully enrolled by 12-weeks.	NIP (NPHS), HSS and Commissioning	The NIP are working on an enhanced newborn enrolment system that will link with HSS data to identify newborns and ideally also pick up pēpi who have fallen off b-code enrolments (i.e, did not become fully enrolled by 3-months). This will support with data but won't change the enrolment process. Timeframe - ??	

Commented [KG4]: Check with Rob

		Suggest HSS and Commissioning work with primary care (including receptionists/admin staff) to streamline the enrolment process. Suggestions: ○ Information provided by HSS to primary care includes parental details (so that the practice can accept newborns of enrolled patients) ○ Automatic full enrolment for pēpi whose parents are already enrolled with the practice, and a 6-week check booked	○ The ability to check eligibility for full enrolment via a national database instead of relying on birth certificates. ○ Providing birth certificates for free.
• Prioritise enrolment in PHO for Māori, Pacific and tāngata whaikaha	Living Well Commissioning team	Living Well Commissioning team to determine, but this could be supported by a kaiāwhina contacting whānau of tamariki unenrolled on the NIR/AIR to support enrolment for the whole whānau, discuss immunisations, and options for where whānau can access immunisation services. A funded first visit could support enrolment with primary care.	Once a database has been established identifying pregnant people, suggest support enrolling with a PHO starts during the antenatal period.
• A coordinated precall/recall system so that all whānau receive precalls and recalls for immunisations via a range of communication methods, including information about where they can book or walk in	NPHS and Data and Digital		Investigate the potential for a coordinated precall/recall system for scheduling of all immunisations (not just those overdue).
• Develop a regional approach to resolving practice debt for priority populations	Living Well Commissioning team	Living Well Commissioning team to determine.	

• Develop an environment that is culturally safe and encouraging of immunisations. E.g robust anti-racism systems, cultural safety training, education about the importance of immunisations, and training around what is and isn't required for childhood immunisations to be delivered, e.g. not required to be enrolled with the practice.	Commissioning	Suggest that training and education starts with receptionist staff within general practice.	
Outreach Immunisation Services[7]			
• Realign contracts to planned and opportunistic services and ensure contracts include coordination, promotion and relationship building, and an expectation of service provision outside of business hours.	Commissioning	Commissioning to determine best approach.	
• Shift OIS service delivery to Hauora Māori partners and Pacific providers, supported by contracts that are long-term, sustainable and holistic (ideally 3-5 years with right of renewal). Contracts should also allow for outbreak response.	Te Aka Whai Ora Commissioning team, Pacific Health, NPHS	Suggest Te Aka Whai Ora and Pacific Health lead the following: 1) Identify providers who are already set up to provide an outreach service, and would like to. 2) Identify providers who want to provide outreach in future but require additional support.	Review the distribution of current OIS resource across the region and potentially redistribute to better reflect the size and location of priority communities, taking into consideration rurality.

[7] Note: The NIP are undertaking an outreach review of all outreach services (including OIS and the SBIP). This will be completed early 2024. However, the NIP recommend progressing with recommendations in this report and not waiting for the review to be completed.

		3) Prioritise providers located in areas where there are currently gaps in service delivery and/or low immunisation coverage for Māori and Pacific. 4) Start shifting OIS contracts out to Hauora Māori partners and Pacific providers but with a transition phase. Transition funding required to cover set up costs for Hauora Māori partners and Pacific providers while current OIS continues. NPHS could support with coordinating training days and clinical sign off for staff to become fully-authorised vaccinators.	
• Create a process to bring online more opportunistic vaccination services and maintain a relationship with opportunistic service providers e.g. tāngata whaikaha service and mental health service, WCTO, LMCs, B4school checks	Commissioning and NPHS	Suggest a similar process outlined above to *Enable Lead Maternity Carer's (LMC's) to provide vaccinations*. Including, contracting arrangements, access to cold chain, etc. Relationship and local coordination with opportunistic immunisation providers would be maintained through the local immunisation lead, and where relevant, attending local operational groups.	
• All partners and providers have access to immunisation data and can status check in real time	NIP and Data and Digital	The AIR rollout is underway and will allow for status checking in real time. Need to ensure all partners and providers have access to AIR.	Once AIR rollout is complete, check in with partners and providers to identify what else could be better supported in terms of data access.

		NIP are working on live GIS mapping of immunisation coverage that can be used by providers. In the meantime, access to the National Childhood Immunisation Dashboard could be supported through screen sharing at local operational groups, or screen shots of the dashboard being sent to partners/providers if they would find this helpful. Local leads to support as needed.	
Hospital and Specialist Services			
• Increase vaccination rate amongst Te Whatu Ora employed clinical staff	HSS	HSS to determine.	
• Enforce robust anti-racism systems including compulsory Te Tiriti training for all staff and racism reporting mechanism – wider system and deliberate action. Starting with staff regularly delivering immunisations.	HSS	HSS to determine. Suggest training starts with PHNs given their involvement in B4school checks and the SBIP.	
School-Based Immunisation Programme[8]			
• Update processes to enable catch up immunisations as part of the SBIP.	HSS and NPHS	This needs further exploration, but could involve partnering with Hauora Māori partners and Pacific providers to provide catch-up immunisations while PHNs are completing the SBIP. Potential for: whole of whānau immunisations at the same time; providing catch up immunisations across all year groups; and at ECE's or	

[8] Note: The NIP have completed a review of the SBIP, pending report in the next month which may assist with next steps.

		kohanga reo where these are associated with a school. Not all PHN's are authorised to deliver the full suite of childhood immunisations (e.g. six weeks to two years). NPHS could support with providing additional training and coordinating clinical sign off (along with staff from Hauora Māori partners and Pacific providers).	
• Consent process is digitalised, straightforward and easy for whānau	NPHS	NIP are working on a digital solution for the consent process. Timeframe – aiming for Term 3 or 4, 2024.	The NIP are also looking to incorporate the school based patient management systems into the AIR (noting these weren't included in the minimum viable product for AIR).
• Immunisation data is up to date and staff can status check in real time. This would require technology so that PHN's have access to the AIR while at schools. E.g. laptops and internet.	NPHS	Await findings from the SBIP review.	
• Increased number of kaimahi Māori and Pacific kaimahi are involved in both education and delivery	NPHS	NPHS to identify kaimahi Māori and Pacific kaimahi that could partner with the PHNs to support the SBIP.	
Tāngata whaikaha			
Co-design actions with tāngata whaikaha to deliver equitable immunisation outcomes and experiences for disabled people and their dependents	NPHS	A lead from the Immunisation Collaborative has been identified to take this work forward, building on learnings from the Disability Capability workshop.	

Leadership and Coordination

Recommendations	Responsible	Suggested next steps	
		Phase 1	**Phase 2**
Coordination			
• Immunisation coordinators and NIR teams begin working collectively across the region to share best practice and innovation.	HSS	Start bringing the immunisation coordinators and NIR teams together across the region. This could be facilitated by the regional immunisation group.	
• Where possible, leadership, accountability, and coordination structures/roles are made permanent (e.g. regional and local immunisation leads), and sit within the same business unit of Te Whatu Ora.	Commissioning, HSS and NPHS	Suggest identifying or establishing in Te Whatu Ora, a permanent local immunisation lead within each local area, and a permanent regional immunisation lead to support with regional coordination. Note: An interim regional immunisation lead has already been appointed within the NPHS.	Consider the best place for leadership, accountability and coordination roles to sit within the system, ideally within the same business unit (e.g. regional and local immunisation leads, Immunisation coordinators, and NIR teams)
• Contracts specify the need for collaboration and coordination between community providers and partners.	Commissioning	This may already be in place in the service links clause of contracts.	
• Hauora Māori partners and Pacific providers delivering immunisation services have access to Oranga governance[3] and oversight.	Te Aka Whai Ora and Pacific Health	Te Aka Whai Ora and Pacific Health to determine. As OIS contracts move out to Hauora Māori partners and Pacific providers, this process could involve ensuring Oranga governance and oversight is in place (in some cases, partnering with other providers who can provide that support, or a local collective of providers).	
Local and Regional Groups			

Commented [KG5]: Check with commissioning leads

• Local operational groups are established, co-chaired by the local immunisation lead and a representative elected by local Hauora Māori partners.	Te Aka Whai Ora	Local immunisation leads to work closely with Te Aka Whai Ora and the Hauora Māori Relationship Leads to progress this action. In some cases local operational groups are already in place, and may just need to be reviewed to ensure they are fit for purpose.	As localities are established, review local operational group size and makeup. It may also be appropriate for operational groups to expand to include more than just immunisations, e.g. other prevention services such as screening, etc. This would reduce siloing of services, and interactions with providers.
• Regional immunisation group (currently the Immunisation Collaborative) membership is reviewed.	NPHS	Review current membership and Terms of Reference.	As above, it may be appropriate for this group to expand to include other prevention services (not just immunisations).
Communication			
• There are clear communication channels within and between Te Aka Whai Ora and Te Whatu Ora that ensures local relationships are appropriately maintained.	NPHS	Establish a process for ensuring information flows as agreed (including between national, regional and local groups as outlined above under *Proposed Regional and Local Immunisation Groups*).	

Workforce development

Recommendations	Responsible	Suggested next steps	
		Phase 1	**Phase 2**
• Pay parity between primary and secondary care	Te Aka Whai Ora and Te Whatu Ora Commissioning	Commissioning to determine.	
• Professional development pathways are in place for kaimahi Māori and Pacific kaimahi (for clinical and non-clinical staff, regulated and unregulated)	Te Aka Whai Ora Commissioning an Pacific Health.	Te Aka Whai Ora Commissioning and Pacific Health to determine.	
• Hauora Māori partners and Pacific providers are supported with workforce pipeline planning.	Te Aka Whai Ora Commissioning an Pacific Health.	Te Aka Whai Ora Commissioning and Pacific Health to determine.	

• Vaccinator training is delivered as part of a Kaupapa Māori immunisation education package, with Kaupapa Māori educators.	NPHS and Te Aka Whai Ora	NIP already progressing this with Te Aka Whai Ora. An EOI process is underway to broaden access to training, to ensure a more equitable training service is being provided, including Kaupapa Māori education packages. The intention is that it is in place from 1 March 2024. Ideally training offered in a range of ways - virtually and in person.	There is also a review underway of the immunisation clinical quality training and support functions (currently provided by IMAC). The findings are due June 2024, with new contractual arrangements in place from Jan 2025.
• Kaupapa Māori Nurse Educator positions are established and recruited to, to support the vaccinator workforce across Te Manawa Taki	NPHS and Te Aka Whai Ora	This is built into the EOI process outlined above.	
• The process for clinical sign-off of authorised vaccinators is reviewed, including whether this needs to be an immunisation coordinator	NPHS	Regional immunisation lead to work with the NIP and IMAC to determine whether clinical sign off needs to be done by an immunisation coordinator. If not, identify process to upskill vaccinators in Hauora Māori partners and Pacific providers so they can clinically sign off their own staff.	If clinical sign off isn't limited to immunisation coordinators, identify staff in each local area who can perform clinical sign off and partner with providers that don't.
• Review the title 'Immunisation Coordinator' and propose a new name that better reflects the current function of technical expertise and support	TBC		

Communications and Health Promotion

Recommendations	Responsible	Suggested next steps	
		Phase 1	**Phase 2**
• Local health promotion teams support LMCs, WCTO providers, the School Based Immunisation	NPHS	Identify staff within NPHS that could support with this.	

Programme, and hapū wānanga and antenatal classes with immunisation education.		Then, working with LMCs, PHNs and WCTO providers, develop a plan in each local area around how NPHS staff could best support. This may be facilitated through local operational groups and/or the current planning around reprioritising the PHN workforce to childhood immunisations.	
• Establish a regional communications resource that can work closely with wider to Te Whatu Ora communications teams as well as support local partners and providers to adapt national messaging. Feedback would also be provided to the national team about what communications would be useful for local communities.	NPHS	Suggest identifying or establishing a permanent regional communications resource for immunisations.	
• Develop a regional communications strategy that ensures all communities across Te Manawa Taki are empowered with information about how to protect their whānau from VPDs.	NPHS		Using the resource identified above, develop a regional communications strategy, working closely with Te Aka Whai Ora, Pacific Health, Hauora Māori partners and Pacific providers. Ensure that the strategy considers accessibility, in particular for tāngata whaikaha.

Meaningful Reporting on Services and Data and Digital Support

Recommendations	Responsible	Suggested next steps	
		Phase 1	**Phase 2**
Meaningful Reporting on Services			

• Regional reporting systems established for immunisation priorities and governance.	NPHS and Data and Digital	Regional immunisation lead to work with Data and Digital to ensure, where possible, indicators for Te Manawa Taki are captured in the national dashboard. For those indicators not currently measurable, interim solutions to be identified.	Work towards data and digital solutions that allow all indicators to be measured and tracked over time, including those for hapū māmā and tāngata whaikaha.
• Pathways developed to collect qualitative information on whānau voice and experience of the immunisation system to support continuous improvement, including experiences of tāngata whaikaha and access barriers/enablers.	NPHS, Commissioning and Data and Digital	To be determined.	
Data and Digital Support			
• Data Sharing Agreements completed for all Hauora Māori partners and Pacific providers	NPHS (NIP)	NIP currently working on this– to be completed in October 2023.	
• Access to the National Childhood Immunisation Dashboard given to all Hauora Māori partners and Pacific providers to provide an overview of immunisation coverage within their local area by SA2 level	NPHS (NIP)	See above under *Outreach Immunisation Services - All partners and providers have access to immunisation data and can status check in real time.*	
• Successful rollout of AIR and Whaihua with priority to Hauora Māori partners and Pacific providers (this includes the ability to status check in real time)	NPHS (NIP)	NIP currently supporting with this.	

Monitoring and Immunisation Indicators

The regional immunisation group will be responsible for the overall monitoring and reporting of the immunisation system across Te Manawa Taki. Summarised below are the Immunisation Indicators that have been agreed to by the Regional Integration Team, and many of these align with the recommendations above. The indicators are covered in more detail in Appendix 2, including identifying those that are currently measurable and those that are under development.

Service indicators:

- The number of Hauora Māori providers funded to deliver immunisations.
- The number of authorised childhood vaccinators in Te Manawa Taki.
- The number of authorised childhood vaccinators in Te Manawa Taki who are Māori or who are Pacific.
- The percentage of authorised vaccinators in Te Manawa Taki that have completed a Kaupapa Māori immunisation education package.
- The number of Kaupapa Māori Nurse Educators across the Te Manawa Taki region.

Enrolment indicators:

- The percentage of Māori newborns and Pacific newborns fully enrolled with a primary care provider by 12 weeks of age.

Immunisation Coverage indicators:

- The percentage of Māori, Pacific, and disabled hapū māmā immunised against pertussis.
- The percentage of Māori, Pacific, and disabled hapū māmā immunised against influenza.
- The percentage of tamariki Māori, Pacific tamariki, and disabled tamariki, who met the 8-month age milestone within the three-month reporting period and are fully immunised.
- The percentage of tamariki Māori, Pacific tamariki, and disabled tamariki, who met the 24-month age milestone within the three-month reporting period and are fully immunised.
- The percentage of tamariki Māori, Pacific tamariki, and disabled tamariki who are fully immunised up to the four-year milestone.
- The percentage of Māori children, Pacific children, and disabled children immunised against HPV by school year cohorts.
- The percentage of Māori and Pacific aged 55 years and older who are immunised against seasonal influenza.

Ongoing Immunisation System Quality Improvement and Innovation

Quality improvement is a key feature of successful health services. The establishment of new operational and governance groups, monitoring and reporting systems are all instrumental for driving quality improvement across the system. Additionally, establishing mechanisms to hear and incorporate whānau voice and experiences will be critical for ensuring that immunisation services are in fact meeting the needs of whānau and communities.

The newly established System Innovation and Improvement directorate within Te Whatu Ora present an opportunity for collaboration, particularly in regard to progressing improvements to service delivery and design, especially within hospital and outpatient settings.

Opportunities for Investment

Given a number of the recommendations are being progressed by various parts of the health system, high level costings have not been provided. However, it is recommended that any resourcing for immunisations should be focussed on building a sustainable system and support with progressing the recommendations above.

Some initial areas for investment identified by the project team include:

Workforce

- Funding to cover LMCs attending local immunisation operational groups. This would enable LMCs to be involved in progressing recommendations locally, including linking LMCs with the team supporting cold chain access, identifying barriers and opportunities to support LMCs delivering vaccinations, etc.
- Training costs to support upskilling staff to become fully authorised vaccinators (Hauora Māori partners, Pacific providers, WCTO providers, LMCs, and PHNs).

Service Delivery

- Funding to cover set up costs for Hauora Māori partners, Pacific providers, WCTO providers and LMCs to deliver planned and opportunistic immunisation services. This funding could cover cold chain set up (including fridges, chilly bins, etc), staff training and education, and data and digital systems.
- Transition funding for moving OIS to Hauora Māori partners and Pacific providers. For a period of time, this will include funding staff FTE so that partners and providers can recruit into roles and develop their immunisation programme, while current OIS programmes continue. Noting that when contracts are provided for OIS, these should be long-term and sustainable.
- Given the increase in referral numbers to OIS during and post-COVID, an increase in baseline funding may need to be worked through in more detail. However, this will depend on the impact of moving current OIS provision out to community partners and providers and increasing the number of services providing opportunistic immunisations. It is recommended that regardless, the distribution of current OIS resource across the region is reviewed and potentially redistributed to better reflect the size and location of priority communities, taking into consideration rurality.

Data and Digital

- Several partners and providers articulated data and digital solutions as part of their 'blue skies' thinking. However, given the number of changes underway with AIR and Whaihua, and data sharing agreements, it is unclear at this stage what, if anything will be needed into the future. Any data and digital solutions would need to be scoped and budgeted separately.

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Appendix 1: New Zealand Health Strategies for Alignment

Pae Ora (Healthy Futures) Act 2022	• Protect, promote, and improve the health of all New Zealanders. • Achieve equity in health outcomes among New Zealand's population groups, including by striving to eliminate health disparities, in particular for Māori. • Build towards Pae Ora (healthy futures) for all New Zealanders
Te Pae Tata: Interim New Zealand Health Plan 2022	• Priority populations: Māori, Pacific and tāngata whaikaha • Implementing a population health approach • Place whānau at the heart of the system to improve equity and outcomes. • Implement a nationally consistent system of data capture, analytics and intelligence that supports the use of health intelligence and insights to ensure equity of access and outcomes from all health services across Aotearoa.
The New Zealand Health Strategy 2023	• Children and families will be supported to have a healthy start to life. • The health system will work in partnership with Māori in the leadership, design, delivery and monitoring of services. • Action will be needed to ensure that people's feedback and information on the experience of health services are key indicators of success and underpin system monitoring and performance at all levels.
Pae Tu: The Māori Health Strategy 2023	• Growing the Māori health workforce and sector to match community needs. • Ensuring accountability for system performance for Māori health
Te Mana Ola: The Pacific Health Strategy 2023	• The health system grows and supports strong Pacific health leadership and a resilient health care workforce that reflects the population it serves. • The health system better understands the needs and aspirations of Pacific peoples and communities and enables them to exercise authority over their health and wellbeing. • Pacific peoples [will] have equitable immunisation and screening rates.
Provisional Health of Disabled People Strategy	• "The new system must require all NZ health providers, [...] provide all health-related information that is available to any other person in the requested accessible format …" • Embed self-determination of disabled people and their whānau as the foundation of a person and whānau-centred health system. • Ensure the health system is designed by and accessible for disabled people and their whānau and provides models of care that suit their needs. • Increase the visibility of disabled people in health data, research and evidence as part of an active learning system.
Rural Health Strategy	• Ensuring the availability of screening and immunisation in all rural communities, with a focus on children and women with caring commitments. • The higher amenable mortality rates for rural Māori and rural non-Māori, when compared to their urban counterparts, suggests that there are additional challenges faced by rural communities. • We need to design and deliver health services in ways that work better for rural communities. • A wider range of service options are available in the home or in the community, including from outreach options (such as mobile outpatients' clinics and digital solutions).

Women's Health Strategy	• Continue work to join up care and create pregnancy and early years care pathways to improve quality, safety, and equity of outcomes for all pregnant women and people and their whānau into the first few years of their children's lives. • Ensure accessible, quality and culturally safe antenatal and birthing care, including wrap-around support, for wāhine hapū, and for wāhine Māori and whānau during the early years of a child's life.

Appendix 2: Indicators document

Appendix 3: Whānau voice

Appendix 4: Contributors

There was a significant amount of engagement undertaken for the project, with the below contributors giving of their time and expertise. The project team would like to thank everyone who contributed, and acknowledge that although not all of the information captured could be outlined in the report above, it will be used to progress with recommendations.

Project team:

Project Sponsors	Regional Directors NPHS and Te Aka Whai Ora (co-chairs Te Manawa Taki Immunisation Collaborative)	
Project Manager	Kaitlin Greenway (NPHS)	
Project Team	Kaitlin Greenway (NPHS), May Pritchard (Te Aka Whai Ora), Rochelle West (NPHS), Tipene Joseph (NIP), Sarah Le Leu (Commissioning), Julianna Lees (NPHS), Kathy Rex (NPHS/Commissioning)	
Local leads	Brent Gilbert-De Rios (BOP), Gina Burney (BOP), Ariana Roberts (Tairāwhiti), Karin Norman (Lakes), Jessica James (Lakes), Janise Eketone (Waikato), Claire Russell (Waikato), Rachel Court (Taranaki)	
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	Pacific Health	Tamati Peni
	GMs Planning and Funding	Chloe Mercer, Tim Slow, Lisa Gestro, Ariana Roberts

Regional and National Groups:

- Te Whatu Ora Tāngata whaikaha national leads
- Plunket
- NZ College of Midwives
- Waikato Regional Meeting for the NZCOM
- Ministry of Education School Based Health Services
- National Immunisation Programme
- Te Aka Whai Ora and Te Whatu Ora commissioning teams

Waikato:

- Te Whatu Ora – WHIRI Hapori, Hospital and Specialist Services (including Public Health Nursing) and Waikato Public Health Service
- Rauaawawa Kaumatua Charitable Trust School Based Health Services
- Ethnic Health Hub

- K'aute Pasifika
- Meeting at Nga Miro Health including representatives from:
  - Raukura Hauora o Tainui
  - Ngati Haua
  - Waahi Wanui Trust
- Te Kōhao Health
- Tuuhono Hub
- Pookekatia Hub
- Matawhaanui Trust
- South Waikato Cluster – Raukawa Charitable Trust, South Waikato Pacific Community Trust
- Te Toi Ora
- Pinnacle PHO
- Taumarunui Cluster – Kokiri trust, Public Health Nurses, Te Whare Taumarutanga
- Meeting at Te Nehenehenui Trust including representatives from:
  - Ngāti Maniapoto Marae Pact Trust
  - Te Kuiti Medical Centre
  - Putiki Hub
  - Public Health Nursing Team Te Whatu Ora
  - Te Kuiti Hospital Te Whatu Ora
- Te Korowai Hauora
- Taumarunui Community Kokiri Trust
- Hauraki PHO
- Te Ngakau a Kiwa

Taranaki:

- Te Whatu Ora – Hospital and Specialist Services (including Covid-19 Immunisation Team and Public Health Nursing) and Taranaki Public Health Service
- Ngāti Ruanui
- Tui Ora
- Ngāruahine
- Taranaki Immunisation Steering Group with representatives from:
  - Pinnacle PHO
  - Community Pharmacy
  - Te Aka Whai Ora – Hauora Māori Relationship Lead Taranaki

Tairāwhiti:

- Te Whatu Ora – Hospital and Specialist Services (Well Child Team, including Public Health Nursing), and Tairāwhiti Public Health Service
- Meeting at Turanga Health including representatives from Ngati Porou Oranga and Pinnacle PHO
- Three Rivers Medical Centre
- Sean Shivnan (Pharmacist) – The Sunshine Pharmacy

Hauora a Toi:

- Te Whatu Ora – Hospital and Specialist Services (Immunisation Directorate), and Toi Te Ora Public Health Service
- Te Puna Ora o Mataatua
- Poutiri Trust
- Waiariki Whānau Mentoring
- Pacific Island Community Trust

- AvaNiu Pasifika
- Ngāti Ranginui – Rangiora Health Hub
- Tūwharetoa ki Kawerau Hauora

Lakes:

- Te Whatu Ora – Hospital and Specialist Services (including Public Health Nursing)
- Manaaki Ora
- Te Rūnanga o Ngāti Pikiao

Reimagining the Future State of Immunisation for Te Manawa Taki

Rapid assessment of Whānau voice and service aspirations for Māori and Pasifika whānau

August 2023

Audience and Purpose

The intended audience of this report are the project leads for the immunisation system redesign and the wider group of colleagues involved. This report will be used to shape the design and priorities for the regional immunisation system for Te Manawa Taki, to deliver on health equity and Te Tiriti o Waitangi obligations.

This report has been commissioned to summarise the views of whānau and service users regarding the immunisation system in Aotearoa, and specifically within the Te Manawa Taki region.

The purpose is to provide a concise assessment of the current issues, solutions and aspirations of Māori, Pasifika and tāngata whaikaha whānau within the Te Manawa Taki region.

For more in-depth analysis and background, the primary documents are available for review.

Methodology

This report draws on a range of sources from across Aotearoa that have collected and collated whānau voice on immunisation services.

This paper pulls together the lessons from these documents into key themes for immunisation service improvement and delivery of equitable outcomes. This information was presented back to Hauora Māori partners and Pasifika immunisation providers from across Te Manawa Taki, as well as other immunisation service providers, to challenge and test whether these issues and aspirations are still current.

This methodology has been informed by the 'Sprinting for Good Toolkit'[1].

This methodology has been chosen for two reasons. Firstly, as an efficient use of time for this project, and secondly due to the ethical imperative to listen to and use the contributions from whānau who have already given of their time, energy and expertise.

[1] Centre for Social Impact. (2020). SPRINTING FOR GOOD: USING CO-DESIGN TO COLLABORATE FOR SOCIAL IMPACT. In *Centre for Social Impact*. Retrieved August 2, 2023, from https://www.centreforsocialimpact.org.nz

The main sources are:

- The Immunisation Taskforce report (December 2022)
- In Pursuit of Māori Health Equity: Evaluation of the Māori Influenza and Measles Vaccination Programme (March 2022)
- HE HARAKEKE TŌNGAI NUI: CCDHB HVHDHB 2DHB CHILDHOOD IMMUNISATIONS REPORT 2022
- Māori Māmā views and experiences of vaccinating their pēpi and tamariki: A qualitative Kaupapa Māori study. Report for Te Hiringa Hauora/Health Promotion Agency (2021)
- Attitudes towards COVID-19 vaccination amongst Pasifika peoples (Colmar Brunton Research, commissioned by Manatu Hauora 2021)
- Relevant New Zealand literature focused on the experience, cultural safety and mechanisms for achieving immunisation equity in Aotearoa (see bibliography)

Findings

These reports highlight a range of issues with the way in which immunisation services are designed, funded and delivered for whānau.

These reports highlight that our current service design and delivery do not adequately prioritise historically underserved communities who are known to have inequitable immunisation rates.

Whānau also bring many hopes and aspirations for the way in which services can be reimagined to support whānau and tamariki to thrive, and to have positive experiences in their interactions with health services.

The findings of the report are summarised in the following tables. There is some overlap between these issues.

- *Cost*
- *Availability and accessibility*
- *Manaakitanga and cultural safety*
- *Relevance to the need or the perceived need of whānau and communities*
- *Impact of the Covid-19 pandemic, vaccination roll out and associated mandates*

Cost

Issues and Barriers	• Primary care debt (for adult caregivers) is a significant disincentive (source of shame) to accessing care for tamariki *(this appears to predominantly be an issue for patients accessing non-Hauora Maori or Pasifika services)* • Financial and non-financial costs of accessing services (time off work, childcare, transport costs – see accessibility)
Aspirations and Solutions	• All staff across the system recognise their role in creating spaces for whānau to feel welcome accessing services (this includes administrative staff and clinical staff) • Under-served communities are prioritised for services that have fewer costs to the whānau (travel and time costs)

Availability and accessibility

Issues and Barriers	• Primary care challenges:
	  ○ Limited capacity to enrol in primary care
	  ○ Primary care not always aware of their obligation to enrol the infants of existing patients
	  ○ Confusing and/or slow enrolment process into primary care services
	• Limited outreach services
	• Limited hours/locations for vaccination delivery (especially for young children)
	• Rurality
	• Lack of transport
	• Competing priorities, including work and school, housing transience, stress
	• Lack of childcare and/or services that enable bringing other children
	• Inflexible hours for delivery
	• Immunisation services will address the needs of all the members of the whānau, not just the tamariki that have been referred to them

Aspirations and Solutions	• A system in which enrolment/engagement with primary care is not a prerequisite for access to immunisation services
	• Services that bring whānau to them, and take services to whānau when/as required
	• Services that provide flexible options for location, hours, days.
	  ○ e.g., pop-up clinics to provide delivery of immunisations at kohanga reo as whānau bring children into the service, or before pick-up times
	  ○ e.g., delivery of antenatal and neonatal immunisations from Lead Maternity carers or Well Child Tamariki Ora providers who have an established relationship with the whānau

	• All whānau receive pre-call and re-call information that supports timely immunisation • Services that see immunisation as an opportunity for engagement and not just a transaction • Communication via a range of methods works best – including texts, calls, emails, social media posts etc

Manaakitanga and Cultural safety

Issues and Barriers	• Few Māori and Pasifika vaccinators • Feeling 'harassed' by multiple services and that a decline for immunisation is not heard/acknowledged • Spaces that are not welcoming for whānau with other children • Services that do not accommodate whānau who have children with disabilities, behavioural or sensory needs • A lack of manaaki and sense of welcome and care (see comments regarding affordability) • Negative experiences with primary care staff or with unknown people calling to ask why a child is not vaccinated • Feeling judged as a neglectful parent for choosing to decline or delay immunisations • Feeling rushed or coerced to get vaccinated – choice and autonomy is not respected • Feeling like you don't fit in – the services feel 'white, middle class, and clinical' • Siloed services that only focus on immunisation
Aspirations and Solutions	• Enough time for whanaungatanga • Immunisation services that welcome whānau and make it easy to attend and/or access services because there is manaaki, time and care. • Whānau feel genuinely valued and cared for, the interaction is not just about the vaccination • Services that include and provide for all whānau health and wellbeing needs • Immunisation services that prioritise a positive experience for whānau • Providers who do more than just vaccinate – providers that see and respond to whānau needs and act as connectors to other services. • Vaccinators that understand the needs of whānau with disabled children and have both time for specialised appointments, and can access expert support when required (e.g., play therapists)

	• Adults with disabilities can easily access outreach services for immunisations for themselves and their dependents
	• Services that bring whānau to them, and when required take services to whānau
	• Healthcare workers that have time to talk, answer questions and build relationships
	• Feedback is listened to, and services are responsive and, whānau have a way to shape the design and delivery of services
	• Relationships are maintained, even when whānau choose not to immunise
	• Services that demonstrate that they value Māori culture and language (or Pasifika cultures and languages) through the physical environment, staff, language, resources, processes, acceptance of rongoa etc
	• Staff across all providers have good pronunciation of te reo Māori and understand tikanga
	  ○ Names are pronounced with care and respect
	• Vaccinators respect the process of gaining informed consent and shared decision making
	  ○ Disabled people are involved in decision making for their own health

Relevance to the need or the perceived need of whānau and communities

Issues and Barriers	• Limited Māori and Pasifika health workforce and administrative staff • Limited Māori and Pasifika designed education resources for whānau to recognise the need/relevance of immunisation • Whānau are not always receiving information regarding vaccination requirements (i.e., pre-calls and re-call messages are not always getting to whānau in a timely manner) • Unable to ask questions due time pressure or because they feel humiliated for asking questions - "we are made to feel stupid"

Aspirations and Solutions	• Services that recognise whānau are 'kaitiaki for their tamariki'
	• A workforce that has more Māori and Pasifika practitioners and vaccinators
	• Messaging, information packs and media campaigns designed for and by Māori or Pasifika whānau, including in te reo Māori, other Pasifika languages and other modalities such as video
	  ○ Careful choice of messengers
	  ○ No guilt or fear-based messaging
	• All whānau receive appropriate and timely pre-calls/re-calls for immunisation

	○ Communication is via a range of methods works best – including texts, calls, emails, social media posts etc • Whānau questions are welcomed and are respected with time and clear, honest answers

Impact of the Covid-19 pandemic, vaccination roll out and associated mandates

Issues and Barriers	• Feeling pressured • Vaccination status resulting in social exclusion • Fear about immunisation side effects • Lack of trust in the Ministry of Health/Te Whatu Ora after feeling coerced • Vaccination fatigue
Aspirations and Solutions	• Whānau are provided with clear information, which includes the risks and benefits • There is space to ask questions without judgement, and clear explanations are provided • Whānau are treated with empathy and respect, and continue to be supported even when they choose not to immunise

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Working document:

Te Manawa Taki Interim Immunisation Indicators

September 2023

Contents

Current context

Immunisation is a key public health initiative to reduce the harms from vaccine preventable diseases (VPD). Te Manawa Taki currently has a significant and urgent need to improve immunisation rates and deliver equitable outcomes for Māori and Pasifika communities and disabled people (tāngata whaikaha). Current immunisations rates are not at the population target of 90% and are considerably lower for Māori and Pasifika. Immunisation rates for disabled people are not known.

The proposed indicators in this report have been developed as part of a suite of activities which are designed to improve the immunisation coverage within Te Manawa Taki, achieve equitable outcomes and build the relationships and infrastructure required for a sustainable immunisation system. The indicators in this report contribute to a wider monitoring framework for immunisations in Te Manawa Taki. The Collaborative ('Collab') and local level operational teams will receive more granular data.

Notably, there is a national dashboard under development by the National Immunisation Programme (NIP), and concurrent development of immunisation indicators across other regions. It is possible that the NIP dashboard may supersede and/or overlap with many of the proposed indicators in this document.

However, the proposed indicators will contribute to interim monitoring of immunisation across the region. Additionally, they will help clarify the functionality that should be built into emerging information systems and data collection.

Limitations and challenges

Currently there are a range of challenges to reporting timely and accurate immunisation indicators for Te Manawa Taki (and nationally).

1. **Roles and responsibilities are changing across the health system.**
    a. The roles and responsibilities for immunisation are in a time of change within the health system. Notably, the NPHS has a newly established intelligence directorate, including a specific immunisation team.
    b. Further work needs to be done to clarify the roles for regional immunisation reporting, for example:
        - NIR coordinators and NIR administration teams
        - The intelligence directorate, specifically the immunisation team
        - The members and administrator of the Collab
        - The National Immunisation Programme

2. **Immunisation Data Systems are changing.**
    a. A comprehensive set of immunisation indicators requires information that is currently held on a range of data sources: IMAC databases, commissioning services, National Enrolment Services, National Immunisation Register/ Aotearoa Immunisation Register, Whaihua Portal, Hospital and Health Services data.
    b. Some of the proposed indicators are potentially reportable with current data collection and data systems.
    c. For other indicators, they are reportable, but only with a substantial amount of analyst and/or administrative time. For example, newborn enrolment into primary care.
    d. New immunisation databases are currently under development. Notably Aotearoa Immunisation Register (AIR) and the Whaihua Portal. However, the capabilities of these systems are not yet clear. However, clearly defining preferred indicators will allow us to advocate for the necessary functionality of these systems.

3. **Population estimates for Māori and Pasifika underestimate the population size.**
    a. Historically, population estimates have been less accurate for Māori and Pasifika, including a substantial undercount for these populations in the 2018 census.[1] Ethnicity data needs to be interpreted with a clear understanding of the population denominators and their limitations.

4. **Data collection for Pregnant People is limited.**
    a. Hāpu māmā (antenatal) indicators are not currently available. Recording and data collection for pregnant people in Aotearoa is limited and sits across multiple patient management and data systems.
    b. There is no specific recording of pregnancy immunisation in the NIR, and this capability is not yet confirmed to be part of the new Aotearoa Immunisation Register (AIR).
    c. The 'Aotearoa BadgerNet Perinatal Spine' is under development. This will provide a single record for pregnancy related care. In future, it may be possible to link this data to immunisation records and therefore report on antenatal indicators.

[1] Lees J, Lee M, Winnard D (2021) Demographic Profile: 2018 Census, Population of Counties Manukau. Auckland: Counties Manukau Health.

d. There are 'work arounds' for estimating hapū māmā vaccinations. However, the current options provide very poor estimates for this indicator. Further work is required to see if there are better ways to provide a proxy for this indicator, while longer-term solutions are developed.

5. Data collection for disabled people is not yet available.

a. At present, disability status is not recorded on the NIR. Additionally, it is not recorded and linked to NHI. Consequently, there is no reportable immunisation data for disabled people.[2]

b. Work is underway through the PPNHI (Patient Profile and National Health Index project) to link disability status to NHI. However, it is unclear what the status of this project is, and whether this information will be accessible for monitoring and governance purposes.

6. Whānau voice is not captured in the current monitoring.

a. Whānau voice is necessary to gather information on the experiences, accessibility and cultural safety of the Te Manawa Taki immunisation system. However, there are currently no established methods for routinely collecting and reporting whānau experience of immunisation system in Te Manawa Taki.

b. Further work is required to clarify the information necessary for quality improvement, and the methods and intervals for information gathering. Consideration must also be given to avoiding duplication across the health sector, and burden on communities and whānau to participate.

7. Intersectionality needs further consideration for immunisation reporting.

a. There is substantial evidence to show that health outcomes are influenced by a range of social factors, and these intersect to compound disadvantage for some populations. For example, tāngata whaikaha Māori on average, have poorer health outcomes than either non-disabled Māori, or disabled people who are non-Māori.[3]

[2] Baker, G., King, P.T., Jones, B., Ingham, T. (2022) Hauora and Tāngata Whaikaha Māori: Advice to Te Aka Whai Ora on meeting the health and wellbeing needs of Tāngata Whaikaha Māori in the first two years of its operations, Foundation for Equity & Research NZ (FERNZ), Wellington.

[3] Ingham, T. R., Jones, B., Perry, M., King, P. T., Baker, G., Hickey, H., ... & Nikora, L. W. (2022). The multidimensional impacts of inequities for Tāngata Whaikaha Māori (Indigenous Māori with lived experience of disability) in Aotearoa, New Zealand. *International Journal of Environmental Research and Public Health*, *19*(20), 13558.

b. The *Provisional Health of Disabled People Strategy*[4] outlines the importance of increased visibility of data on disabled people, and in particular, the breach of Te Tiriti of Waitangi that is occuring by inadequate collection of data on tāngata whaikaha Māori.

c. Further work needs to be done to ensure immunisation reporting adequately captures the outcomes and experiences of both, tāngata whaikaha Māori, and Tagata sa'ilimalo (disabled Pasifika people and their whānau).

Strategic alignment

The development of indicators, monitoring approaches has been created with the vision of Pae Ora, in mind. Additionally, this work has drawn on the Pae Ora Act, the recommendations outlined by the Immunisation Taskforce, and key strategic documents for the National Public Health Service.

Notably, the priorities of the immunisation taskforce report (Appendix 1) include: expansion of the vaccinator workforce, antenatal immunisations, enrolment into health services from birth and 'governance, technical advice, and service coverage oversight'. The alignment between immunisation improvement across Te Manawa Taki, the Pae Ora Act and strategies for Te Whatu Ora can be found in Appendix 1.

Data management

Immunisation data stewardship will be managed jointly by Te Aka Whai Ora, and the National Public Health Service (Te Whatu Ora). The data collection, analysis, and interpretation of immunisation data will be undertaken based on the values outlined in this report, with the express purpose of providing high quality and equitable immunisation services across Te Manawa Taki.

Immunisation monitoring framework.

The purpose of the indicators in this report are to support monitoring of the immunisation system within Te Manawa Taki and ensure accountability for a high-quality and equitable system. The primary audience for these indicators is the Regional Integration Team and the Collab.

Immunisation indicators will contribute to an overall monitoring framework for immunisations across Te Manawa Taki. The other components of this framework include:

- progress on the Regional Immunisation work plan 2023/24
- the Regional Immunisation Production plans

[4] Minister of Health. 2023. *Provisional Health of Disabled People Strategy*. Wellington: Ministry of Health.

- risks and issues for escalation

Indicator purpose and approach

The indicators proposed in this document include both:

- currently reportable indicators
- indicators that are necessary for comprehensive monitoring but are not reportable with current data collection and data management systems.

The indicators have been designed based on a systems approach, taking into consideration key structural elements, processes, and the outcomes required of the Te Manawa Taki immunisation system. Notably, these are designed around current delivery systems. For example, enrolment in primary care may be less important for immunisation outcomes if there is a change in the way that immunisation reminders are delivered and/or additional investment into outreach services.

These indicators have been developed to highlight immunisation outcomes for Māori and Pasifika and disabled people. This is to align with the priority populations listed in Te Pae Tata and to ensure that equitable immunisation is a priority for the immunisation system.

Indicator criteria

Indicators must meet the following criteria:

1. The indicator is clearly defined.
2. The indicator provides useful information for action.
3. The data required for the indicator are accessible and timely.
4. The data are of high quality.

Immunisation indicators and rationale

This section outlines the proposed immunisation system indicators and the rationale.

Currently (September 2023), only seven of 13 indicators can be reported using the current immunisation data capture and information systems.

Noting, that this does not include any reporting for disabled people.

See Appendix 2 for specific exclusions to the indicators.

Service indicators

The purpose of service indicators is to provide information on the funding and resources (e.g., workforce, contracts and resources) that enable services within the Te Manawa Taki immunisation system.

Indicator 1: Hauora Māori Providers - *Currently reportable*

Description: The number of Hauora Māori providers funded to deliver immunisations.

Rationale: To support the growth of Hauora Māori providers and provide options and choice for Māori who wish to access immunisation via Hauora Māori providers.

Desired outcome: Increased number of Hauora Māori providers delivering childhood immunisations.

Limitations and Challenges: This indicator does not recognise whether funding is adequate and/or equitable to meet the needs of whānau and communities.

Indicator 2: Authorised Vaccinator Workforce – *Currently reportable*

Description: The number of authorised childhood vaccinators in Te Manawa Taki.

Rationale: A greater number of the healthcare workforce capable of delivering childhood immunisations will contribute to improving access and equity outcomes.

Desired outcome: An increasing vaccinator workforce capable of delivering childhood immunisations.

Limitations and Challenges: Not all authorised vaccinators will routinely deliver immunisations.

Indicator 3: Māori and Pasifika Authorised Vaccinator Workforce – *Under development.*

Description: The number of authorised childhood vaccinators in Te Manawa Taki who are Māori.

Description: The number of authorised childhood vaccinators in Te Manawa Taki who are Pasifika.

Rationale: An increased Māori and Pasifika vaccinator workforce will support the achievement of equitable immunisation outcomes for Māori and Pasifika.

Desired outcome: An increased Māori vaccinator workforce and Pasifika vaccinator workforce that reflects the local demographics at a minimum.

Limitations and Challenges: This data is available from IMAC and Medical Officer of Health records but will take time and effort to collect and collate.

Indicator 4: Kaupapa Māori Immunisation Education Packages - *Under development*

Description: The percentage of authorised vaccinators in Te Manawa Taki that have completed a Kaupapa Māori immunisation education package.

Rationale: This indicator supports the uptake of educational packages that support tikanga, mātauranga Māori and contribute to achieving health equity.

Desired outcome: The development and delivery of Kaupapa Māori immunisation education packages to all authorised vaccinators in Te Manawa Taki.

Limitations and Challenges: This programme of education has not yet been commissioned or developed.

Indicator 5: Kaupapa Māori Nurse Educator Positions - *Under development*

Description: The number of Kaupapa Māori Nurse Educators across the Te Manawa Taki region.

Rationale: Specialist kaupapa Māori nurse educators will support clinical and non-clinical staff to implement tikanga, and best practice for achieving health equity in Te Manawa Taki.

Desired outcome: Kaupapa Māori Nurse Educator positions are established and recruited to, to support the vaccinator workforce across Te Manawa Taki.

Limitations and Challenges: These positions have not yet been commissioned or developed, and there is not yet an agreed-on target number for these roles.

Enrolment indicators

The purpose of enrolment indicators is to provide information on the enrolment of tamariki into primary care given that primary care is a critical partner for delivering immunisations.

Indicator 6: Māori and Pasifika newborns enrolled in primary care - *Under development.*

Description: The percentage of Māori newborns fully enrolled with a primary care provider by 12 weeks of age.

Description: The percentage of Pasifika newborns fully enrolled with a primary care provider by 12 weeks of age.

Rationale: Primary care is the main method of immunisation delivery. Early primary care enrolment is associated with improved immunisation outcomes. Primary care enrolment is necessary for

immunisation precall and recalls in the current Patient Management Systems. This timeframe allows time for primary care services to accept and process enrolments.

Desired outcome: 100% of Māori newborns and Pasifika newborns are enrolled with primary care at or before 12 weeks of age.

Limitations and Challenges: The reporting system is likely the Whaihua portal and/or National Enrolment Service (NES) data. At present, to accurately report on primary care enrolment access to National Enrolment Service data is required. However, it appears a manual cross-check with NIR may be necessary.

Immunsation Coverage indicators:

The purpose of population and outcome indicators is to provide information on the outcomes and level of population immunisation coverage that is sought by the immunisation system.

Immunisation coverage is measured at 'milestone ages'. Children are reported as 'fully vaccinated' if they have turned the milestone age during a three-month reporting period and have completed their age-appropriate immunisations.

Indicator 7: Tamariki fully immunised at 8 months – *Currently reportable.*

Description: The percentage of tamariki Māori who met the 8-month age milestone within the three-month reporting period and are fully immunised.

Description: The percentage of Pasifika tamariki who met the 8-month age milestone within the three-month reporting period and are fully immunised.

Description: The percentage of disabled tamariki who met the 8-month age milestone within the three-month reporting period and are fully immunised.

Rationale: A high level of immunisation coverage will reduce vaccine preventable illness and disability to the individual, and the community. Reporting at 8 months will show the uptake of childhood immunisations at 6 weeks, 3 months and 5 months, and also allow for time to catch up. This milestone aligns with existing national reporting.

Desired outcomes: 90% of tamariki Māori, 90% of Pasifika tamariki, and 90% of disabled tamariki are fully immunised at 8 months.

Limitations and Challenges: Disability data is not yet reportable.

Indicator 8: Tamariki fully immunised at 24 months – *Currently reportable.*

Description: The percentage of tamariki Māori who met the 24-month age milestone within the three-month reporting period and are fully immunised.

Description: The percentage of Pasifika tamariki who met the 24-month age milestone within the three-month reporting period and are fully immunised.

Description: The percentage of disabled tamariki who met the 24-month age milestone within the three-month reporting period and are fully immunised.

Rationale: A high level of immunisation coverage will reduce vaccine preventable illness and disability for the individual and the community. Reporting at 24 months will show the uptake of childhood immunisations from 6 weeks to 15 months and allow for time to catch up. This milestone aligns with existing national reporting.

Desired outcomes: 90% of tamariki Māori, 90% of Pasifika tamariki, and 90% of disabled tamariki are fully immunised at 24 months.

Limitations and Challenges: Disability data is not yet reportable.

Indicator 9: Tamariki fully immunised to four years – *Currently reportable.*

Description: The percentage of tamariki Māori who are fully immunised up to the four-year milestone.

Description: The percentage of Pasifika tamariki who are fully immunised up to the four-year milestone.

Description: The percentage of disabled tamariki who are fully immunised up to the four-year milestone.

Rationale: A high level of immunisation coverage will reduce vaccine preventable illness and disability. This indicator shows the percentage of children on the NIR who have received all the childhood immunisations up to age four. This indicator includes children older than age four and provides information on the total vaccination coverage for Māori, Pasifika, and disabled children.

Desired outcomes: 90% of tamariki Māori, 90 % Pasifika tamariki, 90% of disabled tamariki are fully immunised to the four-year milestone on the immunisation schedule.

Limitations and Challenges: Disability data is not yet reportable.

Indicator 10: Hapū māmā pertussis immunisations – *Under development*

Description: The percentage of Māori hapū māmā immunised against pertussis

Description: The percentage of Pasifika hapū māmā immunised against pertussis

Description: The percentage of disabled hapū māmā immunised against pertussis

Rationale: Prevention of harm to Māori and Pasifika infants, and the infants of tāngata whaikaha from pertussis, including hospitalisation, cognitive impairment, and death.[5]

Desired outcomes: 90% of Māori, 90% of Pasifika, and 90% of disabled hapū māmā are immunised against pertussis during pregnancy.

Limitations and Challenges: This indicator is not currently reportable on the current immunisation data systems.

Indicator 11: Hapū māmā influenza immunisations – *Under development*

Description: The percentage of Māori hapū māmā immunised against influenza

Description: The percentage of Pasifika hapū māmā immunised against influenza

Description: The percentage of disabled hapū māmā immunised against influenza

Rationale: Prevention of harm to Māori, Pasifika and disabled hapū māmā and their infants from influenza, including hospitalisation, preterm birth and death.[5]

Desired outcomes: 90% of Māori, 90% of Pasifika, and 90% of disabled hapū māmā are immunised against influenza during pregnancy.

Limitations and Challenges: This indicator is not currently reportable on the current immunisation data systems.

Indicator 12: School based HPV immunisation – *Currently reportable*

Description: The percentage of Māori children immunised against HPV by school year cohorts.

Description: The percentage of Pasifika children immunised against HPV by school year cohorts.

[5] Young, A., Charania, N. A., Gauld, N., Norris, P., Turner, N., & Willing, E. (2022). Knowledge and decisions about maternal immunisation by pregnant women in Aotearoa New Zealand. *BMC Health Services Research*, *22*(1), 779.

Description: The percentage of disabled children immunised against HPV by school year cohorts.

Rationale: a high level of HPV immunisation will prevent HPV transmission and reduce the harms to the population from HPV infection. HPV is the most common cause of cervical cancer, and a range of other cancers. Māori women have the higher rates of cervical cancer diagnosis and higher rates of death from cervical cancer.[6]

Desired outcomes: 90% of Māori, 90% of Pasifika, 90% of disabled children (by school year cohort) are immunised against HPV.

Limitations and Challenges: School based HPV programmes are delivered by school year cohorts and not date of birth. The efficacy of this programme is best observed by analysing immunisation coverage by school cohorts. This is possible, but currently requires manual checking against the NIR.

Indicator 13: Māori and Pasifika adult influenza immunisations – *Currently reportable*

Description: The percentage of Māori aged 55 years and older who are immunised against seasonal influenza

Description: The percentage of Pasifika aged 55 years and older who are immunised against seasonal influenza

Rationale: A high level of immunisation coverage will reduce seasonal influenza related illness and disability.

Desired outcome: 90% of Māori and 90% of Pasifika aged 55 years and older are immunised against seasonal influenza.

Limitations and Challenges: Disabled people are not included in this indicator as they are not universally eligible for influenza from age 55 years.

[6] Te Aho o Te Kahu. 2021. *He Pūrongo Mate Pukupuku o Aotearoa 2020, The State of Cancer in New Zealand 2020.* Wellington: Te Aho o Te Kahu, Cancer Control Agency.

Appendix 1. The Priorities of the Immunisation Taskforce report

1. *Expansion of vaccinator workforce*
2. *Authorisation of childhood vaccinators*
3. *Antenatal immunisations*
4. *Enrolment into health services from birth*
5. *Proactive outreach immunisation services*
6. *Catch-up immunisations*
7. *Funding for providers that is long-term and sustainable*
8. *Governance, technical advice, and service coverage oversight*
9. *Development of new provider and consumer-facing resources for immunisations*
10. *Quality and standards for providers delivering immunisations to tamariki in New Zealand*

Appendix 2. New Zealand Health Strategies for Alignment

Pae Ora (Healthy Futures) Act 2022	• Protect, promote, and improve the health of all New Zealanders. • Achieve equity in health outcomes among New Zealand's population groups, including by striving to eliminate health disparities, in particular for Māori. • Build towards Pae Ora (healthy futures) for all New Zealanders
Te Pae Tata: Interim New Zealand Health Plan 2022	• Priority populations: Māori, Pacific and tāngata whaikaha • Implementing a population health approach • Place whānau at the heart of the system to improve equity and outcomes. • Implement a nationally consistent system of data capture, analytics and intelligence that supports the use of health intelligence and insights to ensure equity of access and outcomes from all health services across Aotearoa.
The New Zealand Health Strategy 2023	• Children and families will be supported to have a healthy start to life. • The health system will work in partnership with Māori in the leadership, design, delivery and monitoring of services. • Action will be needed to ensure that people's feedback and information on the experience of health services are key indicators of success and underpin system monitoring and performance at all levels.
Pae Tu: The Māori Health Strategy 2023	• Growing the Māori health workforce and sector to match community needs. • Ensuring accountability for system performance for Māori health
Te Mana Ola: The Pacific Health Strategy 2023	• The health system grows and supports strong Pacific health leadership and a resilient health care workforce that reflects the population it serves. • The health system better understands the needs and aspirations of Pacific peoples and communities and enables them to exercise authority over their health and wellbeing. • Pacific peoples [will] have equitable immunisation and screening rates.

Provisional Health of Disabled People Strategy	• "The new system must require all NZ health providers, [...] provide all health-related information that is available to any other person in the requested accessible format …" • Embed self-determination of disabled people and their whānau as the foundation of a person and whānau-centred health system. • Ensure the health system is designed by and accessible for disabled people and their whānau and provides models of care that suit their needs. • Increase the visibility of disabled people in health data, research and evidence as part of an active learning system.
Rural Health Strategy	• Ensuring the availability of screening and immunisation in all rural communities, with a focus on children and women with caring commitments. • The higher amenable mortality rates for rural Māori and rural non-Māori, when compared to their urban counterparts, suggests that there are additional challenges faced by rural communities. • We need to design and deliver health services in ways that work better for rural communities. • A wider range of service options are available in the home or in the community, including from outreach options (such as mobile outpatients' clinics and digital solutions).
Women's Health Strategy	• Continue work to join up care and create pregnancy and early years care pathways to improve quality, safety, and equity of outcomes for all pregnant women and people and their whānau into the first few years of their children's lives. • Ensure accessible, quality and culturally safe antenatal and birthing care, including wrap-around support, for wāhine hapū, and for wāhine Māori and whānau during the early years of a child's life.

Appendix 3. Exclusions from Immunisation Indicators

1. Additions to the childhood immunisation schedule

The NZ immunisation schedule has evolved over time with the addition of new vaccinations. For these indicators, children will be deemed to be 'fully vaccinated' if they are up to date with all immunisations on the schedule at the time that they met a milestone.

For example, Meningococcal B immunisation was added to the immunisation schedule on March 1, 2023. For this reason, if the immunisation was not on the schedule at the time a cohort of children met an age milestone, they do not require that immunisation to be deemed 'fully vaccinated'.

2. COVID-19 vaccination

COVID immunisation for high-risk populations is excluded from these indicators. This is because eligibility for immunisation includes a six month stand down period from a previous booster or infection. It is not feasible to define what proportion of the high-risk population meet this eligibility criteria.

3. Rotavirus vaccination

Rotavirus vaccination is only delivered to children under the age of 25 weeks. After this time, catch-up immunisations are contraindicated. For this reason, rotavirus vaccination is excluded from the definition of 'fully vaccinated'.

Te Manawa Taki Regional Integration Team

Purpose and Functions on a Page – DRAFT

Notes from the RIT workshop on 21 September 2023

- Purpose of the workshop was to develop simple messaging for communications about the RIT Purpose and Functions. The document attached as Appendix 1 was used as the basis for the workshop
- Audience - The audience for the key messages is Whānau. The intention is that RIT members can share the key messages about the purpose and functions of the RIT with Whānau in every-day language, free from health system 'speak', and that they are easy and memorable for the RIT members.
- The following plain language messages were agreed to describe the Purpose and Functions.
- The RIT agreed to continue to work through the key messages for the areas of Accountabilies and Responsibilities at it's next hui on 30 October 2023.

Our Purpose

Te Whatu Ora and Te Aka Whai Ora working together with our whānau and communities to achieve health and well-being in Te Manawa Taki

Our Functions (what we do):

1. Identify health and well-being priorities based on those who most need help
2. Plan how we will respond to thse priorities
3. Build trusting relationships wiht key stakeholders
4. Lead change
5. Monitor system wide performance

Accountabilities and Responsibilities

[To be agreed at the RIT hui on Monday 30th October]

Appendix 1:

Te Manawa Taki Regional Integration Team

Our kaupapa/purpose:

Our purpose is to ensure cohesion and alignment across Te Whatu Ora business units and Te Aka Whai Ora within the Te Manawa Taki region and deliver an agreed regional work programme. Our Rōpu adopts a collaborative approach to ensure that the health system across the region is delivering the Pae Ora (Healthy Futures) Act Requirements and implementing system-wide transformation priorities.

The Regional Integration Team is not a decision-making function and does not commission healthcare services. It is a leadership and oversight group to ensure we function as a unified regional health system.

Who we are:

Our Rōpu brings together key regional leadership positions of the national service delivery and enabling functions within each region and has representation from Te Aka Whai Ora, Pacific Health, Hospital and Specialist Services, Clinical Leadership, Wayfinder-Commissioning, Service Improvement & Innovation, National Public Health Service, Data and Digital and People and Culture.

What we do:

Our role is to drive vertical and horizontal integration across all delivery services across the Te Manawa Taki Region and deliver a nationally-consistent regional work programme.

Functions include:

- Driving regional coordination across core healthcare delivery functions and initiatives including:
    - Service planning
    - Staffing and resourcing
    - Adoption of new systems and technologies
    - Preventive healthcare e.g. immunisation, screening
- Regional data collation to provide a clear picture of our region-wide system capacity, capability and pressures to inform decision-making
- Setting regional priorities which reflect national frameworks
- Collaboration with the Iwi Māori Partnership Boards

Our accountabilities & responsibilities:

Members of the Regional Integration Team hold collective responsibility and accountability for system-wide outcomes. We are responsible for ensuring we meet Te Tiriti obligations and partner with Iwi Māori Partnership Boards in key decisions. This includes accountability for prioritising and addressing equity gaps within the region.

Our Rōpu is accountable for delivering on key national priorities as well as those identified in Regional Plans. In general, these will be key deliverables which require integration and success across multiple service delivery areas.

We will ensure our teams work together, as a team of teams, to deliver on this regional work plan and will identify any support required.

We are charged with bringing together our collective knowledge influence and leadership to ensure key elements are given primacy in the work we do, ensuring we have understood and recognised how the Te Tiriti response is present, that equity and the populations most impacted by negative determinants of health, particularly Māori & Pacifica are prioritised, and that Whānau voice is present in all we do.

We are responsible for managing key partner relationships that span multiple delivery services or enabling functions.

Our respective responsibilities include:

- National Public Health Service – responsible for reviewing what the key priorities are for the whole population. This programme of work has the most alignment with the aspiration of Mātauranga Māori
- Te Aka Whai Ora – responsible for driving transformational change and outcomes for Hauora Māori
- Hospital and Specialist Services – responsible for improving the delivery of hospital services for whānau
- System Innovation and Improvement – responsible for enabling Business Unit leaders and teams to think differently about their services and how best to deliver innovation and improvement at scale, strengthen collaboration across the health system and accelerate evidence-based change in service delivery. Equity is a core driver of our work programme
- Pacific Health – responsible for the implementation of the Interim Government Policy Statement, Te Pae Tata Interim New Zealand Health Plan and Ola Manuia Interim Pacific Health plan, for Pacific peoples.
- Wayfinder-Commissioning – responsible for overseeing, developing and implementing new programmes of work that achieve the aspirations of Pae Ora and redesign and reimagine current programmes of work so they too can meet this aspiration. Wayfinders take a whole-of-system approach and are key to bringing the connection to the different parts of the system.
- Data and Digital – responsible for ensuring that we have the data and digital systems, services and processes in place to deliver our vision and strategic priorities; to support the health system to achieve Pae Ora, healthy futures for all New Zealanders, in partnership with Te Aka Whai Ora.
- People and Communication - responsible for the functions of HR, Communications, Health, Safety & Resilience, Emergency Management, and more.

Note: this is a living document and may be updated and edited

NAME:

Regional Integration Team: Risk workshop pre-questions

In order to get the most value from the planned risk workshop on 30th October I would like to generate some material to use at the meeting. Please complete the following questions and submit back to me by end-of-day Thursday 26th October. Email to Guy.Hobson@BOPDHB.govt.nz
Don't stress about exactly how things are articulated, just get down your ideas.

Question 1: Please tell me what are your top risks? – by that I mean the things that keep you awake at night, and the things that relate to your own area of operation.

Risk Description	Level of Risk (circle)	Confidence in controls
1.	Low Medium High Extreme	None Low High
2.	Low Medium High Extreme	None Low High
3.	Low Medium High Extreme	None Low High
4.	Low Medium High Extreme	None Low High
5.	Low Medium High Extreme	None Low High
(space for more risks if needed)	Low Medium High Extreme	None Low High

Question 2: Optional extras – are there risks in other areas that you are also concerned about?

Risk Description	Level of Risk (circle)	Confidence in controls
1.	Low Medium High Extreme	None Low High
2.	Low Medium High Extreme	None Low High
3.	Low Medium High Extreme	None Low High
4.	Low Medium High Extreme	None Low High
5.	Low Medium High Extreme	None Low High

Useful background materials

Risk Rating Matrix

		Consequence				
Likelihood	**Description**	**Minimal**	**Minor**	**Moderate**	**Major**	**Severe**
Almost Certain	This event is expected to occur imminently (>95% chance of occurring)	**Medium** 11	**High** 16	**High** **20**	**Extreme** 23	**Extreme** 25
Likely	Has occurred several times and is likely to occur again in the near future (51 – 95% chance of occurring)	**Medium** 7	**Medium** 12	**High** 17	**High** 21	**Extreme** 24
Possible	There is evidence of this event occurring before (21 – 50% chance of occurring)	**Medium** 6	**Medium** 8	**Medium** 13	**High** 18	**Extreme** 22
Unlikely	Events of this type could occur but may not have occurred before (5 – 20% chance of occurring)	**Low** 3	**Medium** 5	**Medium** 9	**High** 14	**High** 19
Rare	Events like this have not occurred and are not expected to occur (<5% chance of occurring)	**Low** 1	**Low** 2	**Medium** 4	**Medium** 10	**High** 15

Use the Likelihood and Consequence descriptors to help decide the level of risk.

Risk Domains – the sub-domains give a little more detail on the scope of risks covered

Risk Level	Risk Domains	Risk Sub-Domains
Strategic	*Equitable Health Outcomes (Mana Tangata)*	Failure to engage Treaty partners
		Workforce imbalance and lack of diversity
		Institutional barriers to care
		Under resourcing of Te Aka Whai Ora
		Data systems limitations
		Standards outside of a healthcare setting
		Health literacy and awareness
		Access to healthcare in proportion to needs
		Access to primary care
		Disparity of distribution
	Organisation - Reputation - Governance	Building and maintaining trusted relationships
		Governance and organisational structures
		Delivering Health Reforms
		Variation of contracted services
		Clarity of value proposition
		Branding
		Key relationships and partnerships
		Maintenance of ongoing performance
		Stakeholder relationships
		Complexity of integration
		Setting culture and accountability
		Trust and Confidence
Enterprise and Operational	*Clinical Patient Safety*	Timely treatment
		Service delivery
		Quality systems and clinical governance
		Transfer of care (handover)
		Policy and Procedure
		Infection Prevention & Control
		Clinical Equipment
		Patient Transfer
		Adverse Event Management (HQSC)
		Medication Safety
	People Culture & Capability	Clinical safe staffing
		Training and competency
		Staff and skills mix
		Non Clinical Workforce shortage
		Workplace culture
	Health, Safety and Wellbeing	Violence and aggression
		Injuries resulting from work activities and exposures
		Psychological harm
		Inability to work safely in the community
	Organisational Sustainability	Financial provision
		Effective budgeting and planning
		Procurement and contracts
		Unbudgeted costs
	Infrastructure and Asset Management	Asset planning, management and maintenance
		Impact of funding shortfalls
		Changes to healthcare delivery models
		Regulatory non-compliance
		Climate change impacts
	Data & Digital Systems and Services	Critical systems
		IT processes
		Breach of systems /cyber security
		Breach of information / data security
		Data management
		Vendor management

		Financial management
		Physical assets
		Digital strategy and planning
		Investment
	Business Continuity	Preparedness to respond
		Natural disasters
		Climate change impacts
		Essential Utilities
		Pandemic planning
	Legal and Regulatory Compliance	Legal challenge
		Legal and regulatory non-compliance
		Certification processes
		Fraud
		Auditing and professional standards
Change	*Programmes and Projects*	Time
		Cost
		Quality
		Scope
		Stakeholder engagement
		Benefit realisation

Regional Integration Teams

Terms of Reference

This document lays out the Terms of Reference (TOR) for the Regional Integration Teams (RIT).

Pae Ora – Healthy Futures

Pae Ora – Healthy Futures is the vision for the reformed health system where people live longer in good health, have improved quality of life and there is equity across all groups.

The Pae Ora (Healthy Futures) Act 2022:

- requires Te Whatu Ora to provide or arrange for the provision of services at a national, regional and local level. Nationally planned, regionally coordinated and locally delivered services are the key to achieving equity in health outcomes among New Zealand's population groups.
- requires Te Aka Whai Ora to ensure planning and service delivery respond to the aspirations of whānau, hapū, iwi and Māori; and design, deliver and arrange services that achieve the best possible health outcomes for Māori.

Te Tiriti o Waitangi is the foundation for achieving health aspirations and equity for Māori. Upholding our obligations to Māori under Te Tiriti is essential to realise the overall aims of Pae Ora (Healthy Futures) Act 2022.

Kaupapa/Purpose & Functions

The purpose of RITs is to ensure consistency and alignment of service planning and service delivery within regions, including to improve the connections between local, regional and national arrangements that together determine the overall effectiveness of Te Whatu Ora and Te Aka Whai Ora. RITs will:

- Give effect to the principles of **Te Tiriti o Waitangi** as embedded in the Pae Ora Act.
- Ensure **equity is prioritised**, particularly for Māori.
- Maintain **oversight of integrated performance** across a region and identify inequitable variation in outcomes within and between regions.
- Maintain **key regional relationships** including fostering strong connections with relevant **social sector leads**.
- Take a collaborative approach with communities and providers to promote a health system able to **deliver the Pae Ora Act requirements** and implement the resultant system-wide transformation priorities.
- Develop and monitor delivery of **Regional Health and Wellbeing Plans** that set clear and consistent direction by joining national system design and local community aspirations as expressed in locality plans.
- Promote collaborative decision-making for solutions implemented at a regional level, including to **address emergent pressure points**.
- Identify new or improved ways to design or deliver services to **improve the value of health spend** in the region.
- Provide regional context and advice to **inform national strategies, policies and frameworks**

- Partner with other RITs and national teams to **ensure consistency in decision-making** where appropriate, including through regular sharing of learnings and insights.

Membership

The following leads form the accountable membership of each RIT:

- Te Aka Whai Ora Regional Director **(co-Chair)**
- Regional Wayfinder **(co-Chair)**
- Pacific Health Regional Director
- National Public Health Service Regional Director
- Hospital and Specialist Services Regional Director
- Clinical Lead (Te Aka Whai Ora)
- Clinical Lead (Te Whatu Ora)

SI&I leads are critical partners and will have a permanent seat on each RIT, with the expectation of serving as both enablers, e.g. through the proactive and responsive supply of data among other things, and to support the RITs' performance accountability within Te Whatu Ora and Te Aka Whai Ora.

No appointment can be delegated except with the permission of a National Director of Te Whatu Ora or Te Aka Whai Ora.

Enabling functions' regional leads (or other roles) will be invited to attend as the agenda requires.

Accountability

All regional lead roles will report into their respective national directors. As the line manager for Regional Wayfinders, the National Director, Commissioning, is the Te Whatu Ora sponsor for RITs at the Executive Leadership Team (ELT).

RIT members operate in a context of collective responsibility and accountability for integrated organisational outcomes within the scope of their delegations. They will be responsible for ensuring the work of the RITs meets Te Tiriti obligations as set out in the Pae Ora (Healthy Futures) Act 2022 and engaging with Iwi Māori Partnership Boards in key decisions. This includes accountability for prioritising and addressing equity gaps within the region.

RITs will be accountable for delivering on key priorities in national plans as well as those identified in regional plans. In general, these will be key deliverables that require integration and success across multiple service delivery areas, e.g. Winter Plans.

RITs will promote a team of teams approach to deliver on regional work plans and will identify any support required.

Reporting

RIT minutes will be submitted to ELT.

RITs will report quarterly to ELT on achievements, risks, opportunities and challenges of/for the RIT.

As part of those reports, RITs should include:

- insights on performance, including from periodic performance reports provided to the RIT by other parts of Te Whatu Ora and Te Aka Whai Ora;
- advice to ELT for enhancing the interface of national, regional and local arrangements.

Delegated authority

RIT members will have no additional delegated financial or non-financial authority above their individual roles in line with organisational delegation policies. Decisions outside these delegations must be authorised by other appropriate roles.

Regional Health and Wellbeing plans will be submitted for endorsement to Te Aka Whai Ora's ELT and approved by Te Whatu Ora's ELT.

Frequency of Meetings

RITs will meet at least once a month. Out of cycle meetings will be convened if required.

Quorum

A quorum is five (5) appointed members, one of whom must be a Te Aka Whai Ora member.

Attendance by others

With the approval of the Co-Chairs, authors of agenda papers or advisors required to speak to items on the agenda may be invited to attend RIT meetings.

If unable to attend a meeting, an appointed member may send a delegate though this should be exceptional and not the norm. RIT colleagues should also be informed in advance when this will be occurring.

Distribution of papers

Papers will be distributed three (3) working days prior to the meeting. Any late papers for tabling at the meeting will be considered at the discretion of the Co-Chairs prior to the meeting.

Minutes

The minutes will include record of attendance, conflicts of interests register (including mitigations where applicable), summary of action points (including outcomes/resolution) and recommendations for the Te Whatu Ora and Te Aka Whai Ora ELTs and DFA holders.

The minutes and progress on the action points will be confirmed/discussed at the subsequent meeting ahead of provision to ELT.

Conflicts of interest

Where any member has a potential or actual conflict of interest pertaining to an agenda item, that member shall bring notice of that possible conflict of interest to the attention of the Co-Chairs for consideration.

The Co-Chairs shall decide whether any actual or perceived conflict of interest exists. If so, the Co-Chairs will decide how to manage the conflict, such as whether to exclude a member from discussion and/or decision-making in relation to the item.

Review of Terms of Reference

The Terms of Reference will be reviewed annually, with the process led by the National Director, Commissioning in conjunction with RIT Co-Chairs.

Issued by

These Terms of Reference are issued by Fepulea'i Margie Apa, Chief Executive, on 24 October 2023.