TE WAIORA Nelson Marlborough Health

DHB Office
Braemar Campus

Private Bag 18
Nelson, New Zealand

14 December 2021

[redacted]

Via Email: [redacted]

Revised response to a request for official information

[redacted]

Thank you for your request for official information received 1 November 2021 by Nelson Marlborough Health (NMH) and subsequent email including one additional question 15 November 2021 inviting NMH to consider revising our initial response, followed by the necessary extension of time 29 November 2021, where you seek the following information (enumerated for ease of reference):

Everyone of you therefore must have hosted meetings, with this item on the Agenda, denying the Whanau Ora Commissioning Agency (WOCA) access to Maori NHI DATA. Your DHB denied us access to this data because you determined "it would undermine your ability to get to these people". WOCA asks the following OIA Urgent questions of you:

1. ***Produce the Agenda on which this issue was discussed.***

Response:
NMH has not hosted any meetings where the issue described was discussed.

2. ***Produce the reportage, minutes or advice that evidenced your view that WOCA receiving Maori NHI Data would UNDERMINE your ability to reach these people.***

Response:
Not Applicable – please see our response to Q1.

3. ***We have assumed "these people" mean Maori.***

Response:
This term has been used by someone outside of NMH – we are unable to respond to this comment.

4. ***We require the evidence of the vote and who was in attendance?***

Response:
Not Applicable – please see our response to Q1.

5. ***Please release to all reportage tabled with your DHB, howsoever produced, from whomsoever authored on Maori COVID Testing and Vaccination rates January 21 2020 to October 31 2021.***

Response:
NMH regularly provided updates to Iwi leadership, Board, Executive Leadership Team (ELT) and providers on COVID-19 vaccination coverage for Maori; please see attached example *COVID 19 Vaccine and Immunisation Programme Delivery Plan NMDHB to July 3*.

6. ***Please produce your Maori Health Plan for calendar years 2019 /2020 and 2020/2021.***

Response:
Since 2019, our Annual Plans have incorporated the actions that would previously have been covered by a separate Māori Health Plan and separate Public Health Plan.

Activities specific to Māori as outlined in our Annual Plan available at this link- NMH-Annual-Plan-2021-2022-incorporating-the-SPE.pdf are often labelled 'Equity Outcome Actions' and can be identified by the symbol **"(EOA)**". The System Level Measure Plans also detail specific actions to address equity gaps. As the greatest inequity is usually experienced by Māori, many of the activities in the System Level Measure Plans relate to Māori. The latest System Level Measures Plan is available at this link- System-Level-Measures-Plan-2021-22 (1).pdf

These documents are publicly available on our website and, as such, we are therefore declining further response to this question under section 18(d) '*the information requested is publicly available*'.

7. ***Please produce your Maori Vaccination Plan that directed by the MOH Maori Vaccination Plan.***

Response:
NMH works closely with Iwi, Māori providers and other community groups to maximise uptake of the COVID-19 vaccination amongst Māori as outlined in the attached *Te Kotahi o Te Tauihu COVID-19 Māori Vaccination Communication Strategy*, *Te Tauihu o Te Waka-a-Māui COVID 19 Māori Vaccination Rollout*, *Te Tauihu o Te Waka-a-Māui COVID-19 Māori Vaccination Response Plan.*

NMH is not aware of any direction to develop a specific Māori Vaccination Plan. Māori and Pasifika are priority groups for all areas of vaccination and each plan developed by NMH includes specific actions related to these priority groups. The attached *Nelson Marlborough Health Action Plan – Achieving the Childhood Immunisation Targets* includes actions focused on improving Māori vaccination rates.

Public Health works with *Te Piki Oranga* (TPO) to develop a plan to reach their enrolled eligible population. This has involved TPO staff making individual phone calls to discuss immunisation status and offer vaccination to a group of over 400. A relaunch of this campaign during early 2022 will include community clinics, pop up vaccination clinics at sporting / social events, and incentivisation of vaccination.

Various immunisation activities, including priority actions for Māori, are also outlined in our Annual Plan (please refer to section 2.5.3 Immunisation at page 29).

NMH was required to plan to meet equity targets for the COVID-19 Vaccination roll out, as contained in the attached NMDHB Excel spreadsheets: *Māori Coverage at 12 Nov 21*, *NMDHB CVIP Production Plan Template V2 Supply Constraints*, *Production Plan Nelson Marlborough Oct – Dec*.

8. ***Did you or your Chair convene a meeting of your DHB and did the DHB sitting in communion resolve to deny North Island Maori from receiving their own Data?***

Response:
No, we did not convene such a meeting. This was not on the agenda nor referred to in our Board meeting. NMH works closely with our Maori provider network across the region.

Individual email addresses and mobile numbers from three documents have been redacted under Section 9(2)(a) *'to protect the privacy of natural persons, including that of deceased natural persons'.* In the circumstances, the withholding of that information is not outweighed by other considerations which render it desirable, in the public interest, to make that information available.

This decision has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or free phone 0800 802 602. If you have any questions about this decision please feel free to email our OIA Coordinator OIArequest@nmdhb.govt.nz

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

Yours sincerely

Lexie O'Shea
Chief Executive

Encl:
COVID 19 Vaccine and Immunisation Programme Delivery Plan NMDHB to July 3.[Published]
Te Kotahi o Te Tauihu COVID-19 Māori Vaccination Communication Strategy
Project coordinator report – Te Tauihu COVID 19 Māori Vaccination Rollout
Te Tauihu o Te Waka-a-Māui COVID-19 Māori Vaccination Response Plan [Published]
Nelson Marlborough Health Action Plan – Achieving the Childhood Immunisation Targets [Published]
Te Tauihu Māori Coverage at 12 Nov 21 (spreadsheet)
NMDHB CVIP Production Plan Template V2 Supply Constraints (spreadsheet) *Production Plan Nelson Marlborough Oct – Dec* (spreadsheet)

NMH COVID-19 Vaccine and Immunisation Programme

NELSON MARLBOROUGH DISTRICT HEALTH BOARD RESPONSE TO REQUEST FOR DELIVERY PLAN TO JULY 3RD

MAY-JUNE 2021

TIM CASEY

PROGRAM MANAGER, NELSON MARLBOROUGH DISTRICT HEALTH BOARD
CONTACT: [redacted]

CATHY O'MALLEY
SRO CONTACT: [redacted]

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1 PREFACE

NMDHB is confident that robust networks, systems and procedures have been refined during the ongoing tier 1 vaccination roll out to support a successful tier 2 and 3 implementation throughout May-June. NMH have identified almost 400 trained vaccinators across the NMH system. A stock take has identified ~23 FTE in Nelson Bays and ~8 FTE in Marlborough above current workforce commitment. We also anticipate this increasing as we work through the integration of the unregulated vaccinator workforce. This is sufficient workforce to meet targets for the remainder of April into May, but additional workforce will need to be integrated by late May in order to service this plan through June. The bottlenecks in accessing IMAC vaccinator and CIR training and then accessing CIR production upon completion of training continue to be a risk to service delivery despite improved flow over the last week.

Our modelling suggest there are 2,576 Tier 2a personnel in Nelson Marlborough, in excess of 8,000 people in Tier 2 and around 47,000 people in Tier 3. We expect to have administered the complete course to all of Tier 2 by the end of June. Targeted services for Maori have commenced. We will continue to target Tier 3 as part of our contingency lists and opportune coverage during rural outreach services through May before targeting over 75's and some over 65's and immunocompromised in June.

We look forward to continuing to operationalize the COVID Vaccine and Immunisation Program as it grows in scale over the coming months.

2 EQUITY AND TE TIRITI OBLIGATIONS

Our Maori and Pacific Population

There are just over 11000 Maori and Pacificpeople 15+ in NMH: 9459 Māori and 1569 Pacific with concentations as follows:

- Blenheim 3325
- Nelson City 2192
- Stoke, Richmond and Wakefield 2492
- Motueka, Riwaka, Marahau 1041

- All Nelson Marlborough | Maori & Pacific | NZDep Quintile 4 & 5 (most deprived), there are 4918 aged 15+, with concentrations in Motukea, Nelson and Blenheim, with a significant population of 321 in Picton also.

Our Approach

The Ministry of Health in their Te Tiriti o Waitangi guidance to the COVID-19 hub outlines the following considerations which are equally applicable to NMH rollout and will uinderpin ouir approach:

- making sure Māori are not disadvantaged (equity, active protection) and mitigating the impact to Māori as a result of COVID-19 (active protection)
    - From the outset of the Covid-19 Pandemic, NMH have endeavored to protect Maori in the DHB district through their active engagement in planning and decision making, promoting testing through Maori communication networks and taking testing resources to the people, including asymptomatic testing opportunities in Marae settings. Welfare responses targeted Kaumatua and those living in settings where risk of infection is high and included PPE and Infection prevention resources and food provision. This partnership approach is now being refreshed for the Covid-19 Vaccination response.
- effective partnerships with Māori stakeholders (partnership and sought Māori specific advice from the outset (options)
    - Iwi Leaders, NMH Iwi Health Board and Maori Providers in the district engaged in planning and decision making forums but needs further strengthening. Operationally Te Piki Oranga, our Maori Provider is participating in our vaccinator workforce.
    - NMH have invited and await Iwi appointments to our operational and project governance groups
    - Te Kotahi o Te Tauihu Trust was recently formed by all eight iwi of Te Tauihu to support Covid-19 recovery and NMH look forward to working closely with them in future. The newly appointed CE is now connected to our management forum
    - Te Pūtahitanga o Te Waipounamu and NMH worked in partnership during the early Pandemic response and also look forward to working closely with them in the vaccination rollout.
- resourcing and investment where it is required the most (equity, active protection)
    - Te Piki Oranga are embedded in the NMH Covid response at governance and operational levels. We expect that in addition to the direct Maori funding from the MOH recently announced, there will be a need to grow the Maori vaccinator workforce beyond their current staff.
- NMH with a small Pacific population has a correspondingly small Pacific Provider capacity. There are two Pacific Trusts, one in Blenheim, one in Nelson who are contracted to provide health services. They will also be engaged in this program.

Population definition and sequencing

Beyond the Maori Border and Health workers already vaccinated, NMH expected to begin vaccination of high needs Maori from approximately April 10th. In fact the first Kaumatua clinics commenced the week of March 29th. These will focus first on Kaumatua and those with underlying chronic conditions

Health workforce

Te Piki Oranga have 8 fully trained vaccinators already and a similar number training to be vaccinators. Broader workforce roles include those booking appointments, navigators, and communications expertise. We have begun mapping vaccinators' home location to determine

specific geographic areas needing a focus. We will soon run a broader workforce EOI to identify retired or other health professional willing to return for this campaign.

Provider engagement and support

Te Piki Oranga staff from CEO through to clinical and management staff are embedded in the wider NMH response. There is ongoing interaction to plan the best response for Maori and to achieve equity in our coverage.

Registration, appointment, and immunisation

Invitation for appointments for vaccination will be initiated at individual (GP recall lists) and group levels (Workplace and Marae)

Vaccination will be possible via:

- Workplace vaccination (already started)
- Pop up at Marae (from approx 11 April)
- Maori specific days at centralised Vaccine hubs, staffed by Maori vaccinators/staff in general
- General population clinics (from June)
- Some GP clinics (TBC)

Stakeholder engagement and communication

NMH has ongoing engagement with the Iwi leads and the Iwi Health Board members, and through Te Piki Oranga.

NMH Communications team has engaged with local and national Maori Health comms teams. There is some precedent for utilising Iwi comms channels for specific targeted campaigns. This is early days and NMH keenly await further direction, collateral and funding from the MOH.

People experience

Attention is focused on ensuring a well-informed, safe and culturally appropriate service experience for all population groups, especially Maori. So far this has been heavily supported by having Maori staff present in clinics and engaging directly with consumers. Te Piki Oranga have made a video of a family presenting to a Border worker clinic, promoting this service to whanau.

Data, analytics, and reporting

We have analytical resource tracking eligible population for Covid-19 vaccination by ethnicity and deprivation.

We are reviewing uptake by ethnicity daily.

Priority input will be deployed to achieve equity.

3 DISABILITY

NMH have 1422 people in the region receiving MOH Funded Disability support

1058 are supported in the community and 364 in Residential Care run by three providers. NMH is the largest supporting 61 DSS houses, Day and Respite services.

Vaccination will be possible via:

- Pop up at some DSS facilities (from approx 11 April)
- Disability specific days at centralised Vaccine hubs, including specific transport options to take clients to the Vaccine Hub
- General population clinics (from June)
- Some GP clinics (TBC)s

Detailed planning by DSS House has commenced.

4 ARC

After engaging widely with ARC in Nelson Marlborough we have developed an outreach plan to service 26 sites delivering the vaccine to 1,629 residents and 1,514 staff.

This commenced on 31 March at Golden Bay Health Centre, Wakefield Rest Home near Nelson and Seaview Rest Home in Picton and will see the complete course administered to all facilities by 4 June.

We have also commenced clinics aimed at Kaumatua led by Te Piki Oranga which will see all Kaumatua offered the vaccine over the same April-June timeframe.

5 VACCINE SITES FOR MAY/ JUNE

Readiness	Site Number	Facility	Targeted Groups	Address
Nelson				
	1	Nelson Hospital	2,3	Waimea Road Nelson South, Nelson 7071
	2	Nelson CBD	2,3	16 Paru Paru Road, Nelson 7010
Richmond				
	3	Richmond Hub	1b,2,3	281 Queen Street, Richmond 7020
	4	Richmond CBD	2,3	253 Queen Street, Richmond 7020
Rural				
	5	Golden Bay Community Health	2,3	10 Central Takaka Road, Tasman, 7183
	6	Murchison Hospital	2,3	58 Hotham Street, Murchsinon 7007
	7	Motueka Memorial Hall	2,3	12 Pah Street, Motueka 7120
Marlborough				
	8	Wairau Hospital	2,3	Hospital Road, Witherlea Blenheim 7201
	9	Marlborough Hub	1b,2,3	22 Queen Street, Blenheim 7201
	10	Marlborough CBD	2,3	8 Henry Street Blenheim 7201

6 FORECAST MAY-JUNE 2021

Tier	Sub Tier	Cohort	01-May-21	02-May-21	03-May-21	04-May-21	05-May-21	06-May-21	07-May-21
1a	1a.1	Border - airport							
	1a.1	Border - port							
	1a.2	MIQ							
	1a.2	Critical workforce - Police							
	1a.2	NZDF - may be involved in overseas deployment only							
1a Total									
1b	1a.1	Household contacts			25	25	25	25	25
1b Total									
2	2a	Frontline health workers - potentially exposed	100		50	100	50	20	50
	2b.1	Frontline health workers - may expose to vulnerable	100		150	300	200	175	350
	2b.1	ARC - Workforce				75		20	50
	2b.1	Custodial - Community based workforce							
	2b.1	Custodial - Prison based workforce							
	2b.1	Emergency and transitional housing homeless people workforce							
	2b.1	HCSS			25		50		
	2b.1	Hospice workforce							
	2b.1	OT and Youth Justice workforce							
	2b.2	ARC - residents				70		30	60
	2b.2	Group-based transitional residences for homeless people							
	2b.2	High risk - Custodial settings							
	2b.2	High Risk Area - Aged 65+, Counties Manukau							
	2b.2	High Risk Area - Underlying health conditions, Counties Manukau							
	2b.2	Maori and Pacific parallel allocation						60	
	2b.2	Mental health and addictions - residential							
	2b.2	OT and Youth Justice							
	2b.2	Those receiving residential disability support			25		25		
2 Total									
3	3a	Aged 75+ - excl CMDHB							
	3b	Aged 65-74 - excl CMDHB							
	3c	Relevant underlying conditions and disabled people							
	3c	Corrections - prison population + community population							
3 Total									
4	4.1	Remaining population 16+							
	4.1	Other short stay non-residents in NZ - 16+							
4 Total									
Grand Total			200	0	275	570	350	330	535

Tier	Sub Tier	Cohort	08-May-21	09-May-21	10-May-21	11-May-21	12-May-21	13-May-21	14-May-21
1a	1a.1	Border - airport							
	1a.1	Border - port							
	1a.2	MIQ							
	1a.2	Critical workforce - Police							
	1a.2	NZDF - may be involved in overseas deployment only							
1a Total									
1b	1a.1	Household contacts							
1b Total									
2	2a	Frontline health workers - potentially exposed	50		50	25		50	25
	2b.1	Frontline health workers - may expose to vulnerable	150		150	75	75	50	175
	2b.1	ARC - Workforce			40	180		130	145
	2b.1	Custodial - Community based workforce							
	2b.1	Custodial - Prison based workforce							
	2b.1	Emergency and transitional housing homeless people workforce							
	2b.1	HCSS					100		
	2b.1	Hospice workforce							
	2b.1	OT and Youth Justice workforce							
	2b.2	ARC - residents			50	210		110	145
	2b.2	Group-based transitional residences for homeless people							
	2b.2	High risk - Custodial settings							
	2b.2	High Risk Area - Aged 65+, Counties Manukau							
	2b.2	High Risk Area - Underlying health conditions, Counties Manukau							
	2b.2	Maori and Pacific parallel allocation					60	60	
	2b.2	Mental health and addictions - residential					50	50	
	2b.2	OT and Youth Justice							
	2b.2	Those receiving residential disability support					75		25
2 Total									
3	3a	Aged 75+ - excl CMDHB							
	3b	Aged 65-74 - excl CMDHB							
	3c	Relevant underlying conditions and disabled people							
	3c	Corrections - prison population + community population							
3 Total									
4	4.1	Remaining population 16+							
	4.1	Other short stay non-residents in NZ - 16+							
4 Total									
Grand Total			200	0	290	490	360	450	515

Tier	Sub Tier	Cohort	15-May-21	16-May-21	17-May-21	18-May-21	19-May-21	20-May-21	21-May-21
1a	1a.1	Border - airport							
	1a.1	Border - port							
	1a.2	MIQ							
	1a.2	Critical workforce - Police							
	1a.2	NZDF - may be involved in overseas deployment only							
1a Total									
1b	1a.1	Household contacts							
1b Total									
2	2a	Frontline health workers - potentially exposed	50		50				50
	2b.1	Frontline health workers - may expose to vulnerable	100		200	200			100
	2b.1	ARC - Workforce			90	55	60	220	35
	2b.1	Custodial - Community based workforce							
	2b.1	Custodial - Prison based workforce							
	2b.1	Emergency and transitional housing homeless people workforce							
	2b.1	HCSS	50						50
	2b.1	Hospice workforce							
	2b.1	OT and Youth Justice workforce							
	2b.2	ARC - residents			120	60	60	245	25
	2b.2	Group-based transitional residences for homeless people							
	2b.2	High risk - Custodial settings							
	2b.2	High Risk Area - Aged 65+, Counties Manukau							
	2b.2	High Risk Area - Underlying health conditions, Counties Manukau							
	2b.2	Maori and Pacific parallel allocation					75	60	
	2b.2	Mental health and addictions - residential						50	50
	2b.2	OT and Youth Justice							
	2b.2	Those receiving residential disability support				50	50		
2 Total									
3	3a	Aged 75+ - excl CMDHB							
	3b	Aged 65-74 - excl CMDHB							
	3c	Relevant underlying conditions and disabled people							
	3c	Corrections - prison population + community population							
3 Total									
4	4.1	Remaining population 16+							
	4.1	Other short stay non-residents in NZ - 16+							
4 Total									
Grand Total			200	0	460	365	245	575	310

Tier	Sub Tier	Cohort	22-May-21	23-May-21	24-May-21	25-May-21	26-May-21	27-May-21	28-May-21
1a	1a.1	Border - airport							
	1a.1	Border - port							
	1a.2	MIQ							
	1a.2	Critical workforce - Police							
	1a.2	NZDF - may be involved in overseas deployment only							
1a Total									
1b	1a.1	Household contacts							
1b Total									
2	2a	Frontline health workers - potentially exposed	100		100		100	100	100
	2b.1	Frontline health workers - may expose to vulnerable	100		100		200	200	100
	2b.1	ARC - Workforce			55	125	10		50
	2b.1	Custodial - Community based workforce							
	2b.1	Custodial - Prison based workforce							
	2b.1	Emergency and transitional housing homeless people workforce							
	2b.1	HCSS	50		50		50		
	2b.1	Hospice workforce							
	2b.1	OT and Youth Justice workforce							
	2b.2	ARC - residents			55	100	45		60
	2b.2	Group-based transitional residences for homeless people							
	2b.2	High risk - Custodial settings							
	2b.2	High Risk Area - Aged 65+, Counties Manukau							
	2b.2	High Risk Area - Underlying health conditions, Counties Manukau							
	2b.2	Maori and Pacific parallel allocation	100					60	
	2b.2	Mental health and addictions - residential				50	50		
	2b.2	OT and Youth Justice							
	2b.2	Those receiving residential disability support			25	75			25
2 Total									
3	3a	Aged 75+ - excl CMDHB							
	3b	Aged 65-74 - excl CMDHB							
	3c	Relevant underlying conditions and disabled people							
	3c	Corrections - prison population + community population							
3 Total									
4	4.1	Remaining population 16+							
	4.1	Other short stay non-residents in NZ - 16+							
4 Total									
Grand Total			350	0	385	350	455	360	335

Tier	Sub Tier	Cohort	29-May-21	30-May-21	31-May-21	01-Jun-21	02-Jun-21	03-Jun-21	04-Jun-21
1a	1a.1	Border - airport							
	1a.1	Border - port							
	1a.2	MIQ							
	1a.2	Critical workforce - Police							
	1a.2	NZDF - may be involved in overseas deployment only							
1a Total									
1b	1a.1	Household contacts							
1b Total									
2	2a	Frontline health workers - potentially exposed	100					30	
	2b.1	Frontline health workers - may expose to vulnerable	100		100			250	
	2b.1	ARC - Workforce							60
	2b.1	Custodial - Community based workforce							
	2b.1	Custodial - Prison based workforce							
	2b.1	Emergency and transitional housing homeless people workforce							
	2b.1	HCSS	50					50	
	2b.1	Hospice workforce							
	2b.1	OT and Youth Justice workforce							
	2b.2	ARC - residents							70
	2b.2	Group-based transitional residences for homeless people							
	2b.2	High risk - Custodial settings							
	2b.2	High Risk Area - Aged 65+, Counties Manukau							
	2b.2	High Risk Area - Underlying health conditions, Counties Manukau							
	2b.2	Maori and Pacific parallel allocation				100		60	
	2b.2	Mental health and addictions - residential			25		25		50
	2b.2	OT and Youth Justice							
	2b.2	Those receiving residential disability support				50			50
2 Total									
3	3a	Aged 75+ - excl CMDHB	100		150	200	175	200	200
	3b	Aged 65-74 - excl CMDHB	100		50		25	50	
	3c	Relevant underlying conditions and disabled people							
	3c	Corrections - prison population + community population							
3 Total									
4	4.1	Remaining population 16+							
	4.1	Other short stay non-residents in NZ - 16+							
4 Total									
Grand Total			**450**	**0**	**325**	**350**	**225**	**640**	**430**

Tier	Sub Tier	Cohort	05-Jun-21	06-Jun-21	07-Jun-21	08-Jun-21	09-Jun-21	10-Jun-21	11-Jun-21
1a	1a.1	Border - airport							
	1a.1	Border - port							
	1a.2	MIQ							
	1a.2	Critical workforce - Police							
	1a.2	NZDF - may be involved in overseas deployment only							
1a Total									
1b	1a.1	Household contacts							
1b Total									
2	2a	Frontline health workers - potentially exposed							
	2b.1	Frontline health workers - may expose to vulnerable							300
	2b.1	ARC - Workforce							
	2b.1	Custodial - Community based workforce							
	2b.1	Custodial - Prison based workforce							
	2b.1	Emergency and transitional housing homeless people workforce							
	2b.1	HCSS							
	2b.1	Hospice workforce							
	2b.1	OT and Youth Justice workforce							
	2b.2	ARC - residents							
	2b.2	Group-based transitional residences for homeless people							
	2b.2	High risk - Custodial settings							
	2b.2	High Risk Area - Aged 65+, Counties Manukau							
	2b.2	High Risk Area - Underlying health conditions, Counties Manukau							
	2b.2	Maori and Pacific parallel allocation			100				100
	2b.2	Mental health and addictions - residential				50	50		
	2b.2	OT and Youth Justice							
	2b.2	Those receiving residential disability support				25	25	50	
2 Total									
3	3a	Aged 75+ - excl CMDHB	250		250	250	250	250	250
	3b	Aged 65-74 - excl CMDHB	50			50	50		50
	3c	Relevant underlying conditions and disabled people							
	3c	Corrections - prison population + community population							
3 Total									
4	4.1	Remaining population 16+							
	4.1	Other short stay non-residents in NZ - 16+							
4 Total									
Grand Total			300		350	375	375	300	700

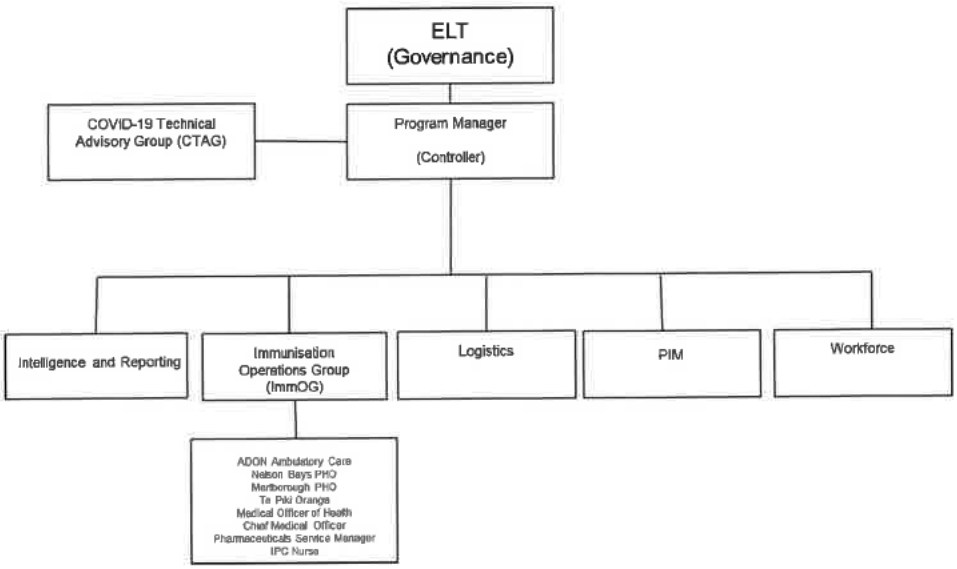
Tier	Sub Tier	Cohort	12-Jun-21	13-Jun-21	14-Jun-21	15-Jun-21	16-Jun-21	17-Jun-21	18-Jun-21
1a	1a.1	Border - airport							
	1a.1	Border - port							
	1a.2	MIQ							
	1a.2	Critical workforce - Police							
	1a.2	NZDF - may be involved in overseas deployment only							
1a Total									
1b	1a.1	Household contacts							
1b Total									
2	2a	Frontline health workers - potentially exposed							
	2b.1	Frontline health workers - may expose to vulnerable							
	2b.1	ARC - Workforce							
	2b.1	Custodial - Community based workforce							
	2b.1	Custodial - Prison based workforce							
	2b.1	Emergency and transitional housing homeless people workforce							
	2b.1	HCSS							
	2b.1	Hospice workforce							
	2b.1	OT and Youth Justice workforce							
	2b.2	ARC - residents							
	2b.2	Group-based transitional residences for homeless people							
	2b.2	High risk - Custodial settings							
	2b.2	High Risk Area - Aged 65+, Counties Manukau							
	2b.2	High Risk Area - Underlying health conditions, Counties Manukau							
	2b.2	Maori and Pacific parallel allocation	200						100
	2b.2	Mental health and addictions - residential							
	2b.2	OT and Youth Justice							
	2b.2	Those receiving residential disability support				25	25		
2 Total									
3	3a	Aged 75+ - excl CMDHB	200		200	200	200	300	300
	3b	Aged 65-74 - excl CMDHB	50		50	50	50	50	50
	3c	Relevant underlying conditions and disabled people							
	3c	Corrections - prison population + community population							
3 Total									
4	4.1	Remaining population 16+							
	4.1	Other short stay non-residents in NZ - 16+							
4 Total									
Grand Total			450	0	250	275	275	350	450

Tier	Sub Tier	Cohort	19-Jun-21	20-Jun-21	21-Jun-21	22-Jun-21	23-Jun-21	24-Jun-21	25-Jun-21
1a	1a.1	Border - airport							
	1a.1	Border - port							
	1a.2	MIQ							
	1a.2	Critical workforce - Police							
	1a.2	NZDF - may be involved in overseas deployment only							
1a Total									
1b	1a.1	Household contacts							
1b Total									
2	2a	Frontline health workers - potentially exposed							
	2b.1	Frontline health workers - may expose to vulnerable							
	2b.1	ARC - Workforce							
	2b.1	Custodial - Community based workforce							
	2b.1	Custodial - Prison based workforce							
	2b.1	Emergency and transitional housing homeless people workforce							
	2b.1	HCSS							
	2b.1	Hospice workforce							
	2b.1	OT and Youth Justice workforce							
	2b.2	ARC - residents							
	2b.2	Group-based transitional residences for homeless people							
	2b.2	High risk - Custodial settings							
	2b.2	High Risk Area - Aged 65+, Counties Manukau							
	2b.2	High Risk Area - Underlying health conditions, Counties Manukau							
	2b.2	Maori and Pacific parallel allocation	100						150
	2b.2	Mental health and addictions - residential							
	2b.2	OT and Youth Justice							
	2b.2	Those receiving residential disability support							
2 Total									
3	3a	Aged 75+ - excl CMDHB	250		400	400	400	400	400
	3b	Aged 65-74 - excl CMDHB	50		100	100	100	100	100
	3c	Relevant underlying conditions and disabled people							
	3c	Corrections - prison population + community population							
3 Total									
4	4.1	Remaining population 16+							
	4.1	Other short stay non-residents in NZ - 16+							
4 Total									
Grand Total			400	0	500	500	500	500	650

Tier	Sub Tier	Cohort	26-Jun-21	27-Jun-21	28-Jun-21	29-Jun-21	30-Jun-21	01-Jul-21	02-Jul-21
1a	1a.1	Border - airport							
	1a.1	Border - port							
	1a.2	MIQ							
	1a.2	Critical workforce - Police							
	1a.2	NZDF - may be involved in overseas deployment only							
1a Total									
1b	1a.1	Household contacts							
1b Total									
2	2a	Frontline health workers - potentially exposed							
	2b.1	Frontline health workers - may expose to vulnerable							
	2b.1	ARC - Workforce							
	2b.1	Custodial - Community based workforce							
	2b.1	Custodial - Prison based workforce							
	2b.1	Emergency and transitional housing homeless people workforce							
	2b.1	HCSS							
	2b.1	Hospice workforce							
	2b.1	OT and Youth Justice workforce							
	2b.2	ARC - residents							
	2b.2	Group-based transitional residences for homeless people							
	2b.2	High risk - Custodial settings							
	2b.2	High Risk Area - Aged 65+, Counties Manukau							
	2b.2	High Risk Area - Underlying health conditions, Counties Manukau							
	2b.2	Maori and Pacific parallel allocation	150					100	
	2b.2	Mental health and addictions - residential							
	2b.2	OT and Youth Justice							
	2b.2	Those receiving residential disability support							
2 Total									
3	3a	Aged 75+ - excl CMDHB	400	400	400	400	400	400	400
	3b	Aged 65-74 - excl CMDHB	100	100	100	100	100	100	100
	3c	Relevant underlying conditions and disabled people							
	3c	Corrections - prison population + community population							
3 Total									
4	4.1	Remaining population 16+							
	4.1	Other short stay non-residents in NZ - 16+							
4 Total									
Grand Total			650	500	500	500	500	600	500

7 Operating Model and Structure

NMDHB will implement a CIMS type structure in order to deliver the COVID-19 Vaccine and Immunisation Program, described below. The ELT SRO is Cathy O'Malley Ph [illegible] Program Manager, Tim Casey, [illegible].



8 Risk Management

Risk	Likelihood	Consequence	Treatment Strategy	Residual Risk	Risk Owner	Review Date
Target population group will have a high rate of decline.	Possible	Critical	1. Reinforce national messaging campaign. 2. Offer Q&A events with local trusted clinical leaders. 3. Liaise closely with employers. 4. Ensure positive experience encourages commensurate second dose uptake.	Major	Program Manager	22-Apr-21
Ineffective cold chain procedures cause high wastage rates	Possible	Critical	1. Offer AIV facilitated cold chain refresher training. 2. Procure additional fridge and chilly bin capacity. 3. Enforce a local inventory management and booking system. 4. Ensure clinical lead is responsible for cold chain assurance. 5. Implement local contingency list.	Major	ADON Ambulatory Care	23-Apr-21
Distribution capacity fails to support service delivery model forcing a centralised model which fails to adequatley ensure accessibility.	Possible	Critical	1. Implement a balanced delivery model based on 7 permanent sites supplemented with a number of temporary sites/outreach locations. 2. Liase early with MoH logistics team. 3. Consider local distribution network in accordance with wholesale licence requirements.	Major	Program Manager	24-Apr-21
Access to COVID Vaccination Training is not achieved placing strain onn small vaccinator workforce.	Possible	Major	1. Prioritise access for those currently delivering vaccines. 2. Remunerate consistently across system. 3. Wisely include contingency vaccinators from all aprts of the system.	Minor	Program Manager	25-Apr-21
Supply chain fails resulting in insufficient vaccine to complete planned delivery event.	Possible	Major	1. Draft contingency messaging to patients and providers to be used in event of supply chain failure. 2. Be prepared to delivery contingency events to maintain program momentum.	Minor	Program Manager	26-Apr-21

9 DELIVERY LOCATIONS

Port Marlborough Delivery site Storage space: 546L	**Marlborough Primary Health** 22 Queen Street Blenheim Contact name: Angela Mills (Immunisation Facilitator) Mob: (
Port Nelson Delivery Site Storage space: 819L	**Nelson Bays Primary Heath** 281 Queen Street Richmond Contact name: Jen Cederman (Immunisation Facilitator) Mob: (
Nelson Hospital Storage space: 819L	**Nelson Marlborough DHB** Tipahi Street Nelson South 7010 Contact name: Bobbye Buckland (IPC Nurse) Mob: (
Wairau Hospital Storage space: 546L	**Nelson Marlborough DHB** Hospital Road Witherlea 7201 Contact name: Iona Bichen (IPC Nurse) Mob:

Te Tauihu o Te Waka-a-Māui COVID 19
Māori Vaccination Response Plan

<table>
<tr><td>Nga whāinga</td><td colspan="3">

To vaccinate Te Tauihu Māori population by the 30th September 2021. (Tier 2 and 3 – 4,914 by 30th June, Tier 3 and 4 – 4,985 by 30th September)
To ensure that whānau are confident of the safety and effectiveness of the vaccine.
To track and report on progress, in order to front foot any inequities in service provision.
To provide a kaupapa Māori response where applicable, to support the roll out.

</td></tr>
<tr><td rowspan="2">Enrolled Māori population at Nelson Bays and Marlborough PHOs (total 9,899 over the age of 16 yrs)</td><td>Marlborough</td><td>Nelson</td><td>Tasman</td></tr>
<tr><td>3780

[then each week count down this #]</td><td>3645

[then each week count down this #]</td><td>2474

[then each week count down this #]</td></tr>
<tr><td>Planned activities</td><td colspan="3">

Iwi/Māori participation in service planning and design.
Development and distribution of Te Tauihu comms strategy.
Alongside PHOs and other providers take a pro-active stance in contacting Tier 3 whānau for vaccinations.
Work alongside PHO's and other providers to plan for Tier 4 vaccination roll out.
Increase the number of Māori vaccinators from 'x' to 'x'.
A weekly report on vaccinations provided by ethnicity, age, rohe, and where possible iwi affiliations.
Develop Iwi, Marae or Māori based vaccination clinics, and take the opportunity to provide additional checks or services, where practicable.
Support the implementation of Māori Vaccine Navigators, and work with the Ministry of Health/NMDHB in terms of their roll out.
Provide and share learnings with other Iwi and Māori communities across Aotearoa.
Hold hui across the three Territorial Local Authorities, targeted for Iwi and Māori communities, to ask any questions and/or identify any concerns around the vaccination.
Provide a key contact point for those whānau who are unable to attend clinics, so that transportation/childcare and/or other supports are provided that enable access.
Ensure there is a linked up vaccination system, so that interventions are targeted, and duplication is reduced.

</td></tr>
<tr><td>Māramatanga</td><td colspan="3">This is a living document in recognition that the vaccination roll out landscape, is ever changing.</td></tr>
<tr><td>Date</td><td colspan="3">15th April 2021</td></tr>
</table>

Nelson Marlborough Health Action Plan

Achieving the Childhood Immunisations Targets

Contents

1.0 BACKGROUND

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

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

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

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

2.0 TARGETS AND CURRENT ACHIEVMENT

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

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

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

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

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

3.0 THE CURRENT NMH CHILDHOOD IMMUNISATION SYSTEM

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

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

On the Ground the key components are:

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

This is supported by aligned programmes:

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

Key features of this system that are working well include:

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

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

4.0 CURENT ISSUES IN ACHIEVING THE TARGET

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

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

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

5.0 ACTIVITIES TO ADDRESS THE GAP BETWEEN ACHIEVEMENT AND TARGET

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

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

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

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

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

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

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

APPENDIX 1. NELSON MARLBOROUGH IMMUNISATION OPERATIONS GROUP MEMBER LIST

Name	Organisation	Email Address	Position
Andrew Goodger	Nelson Marlborough Health		Sector Relationships & Contract Manager
Andrew Lindsay	Nelson Marlborough Health		Public Health Medicine Specialist
Angela Mills	Marlborough Primary Health		Immunisation Coordinator
Belinda Pattinson	Nelson Marlborough Health		Programme Support Team Leader
Bobbye Buckland	Nelson Marlborough Health		Clinical Nurse Specialist – Infection Control
Cherie O'Donnell	Nelson Marlborough Health		Public Health Nurse
Donna Hahn	Nelson Bays Primary Health		Acting Director of Nursing
Ella Evans-Guy	Nelson Bays Primary Health		Immunisation Coordinator
Iona Bichan	Nelson Marlborough Health		Clinical Nurse Specialist – Infection Control
Sue Allen	Marlborough Primary Health		Programme Manager PHO
Jen Cederman	Nelson Bays Primary Health		Immunisation Coordinator
Jill Clendon	Nelson Marlborough Health		ADON Ambulatory Care
Jo Mickleson	Nelson Marlborough Health		Pharmaceuticals Manager
Lorraine Staunton	Te Piki Oranga		Kaiwhakahaere Ratonga
Nick Baker	Nelson Marlborough Health		Chief Medical Officer
Nicola Thompson	Nelson Marlborough Health		Public Health Nurse
Rik-Elle Hipa	Nelson Marlborough Health		Public Health Nurse
Sarah Satherley	Nelson Bays Primary Health		Primary Care Manager
Sharon Osborne	Te Piki Oranga		Outreach Immunisation TPO
Sybil McKenley	Nelson Marlborough Health		District Nursing
Stephen Bridgeman	Nelson Marlborough Health		Public Health Medicine Specialist
Andrea Staufer	Nelson Marlborough Health		Measles Programme Coordinator
Caroline Allen	Nelson Marlborough Health		Community Pharmacy Facilitator