

OIA REQUEST

Received: 09 September 2021
Due: 01 October 2021
Response Date: 01 October 2021
Subject: Childhood Immunisations

Cnr Clarke St & 20th Ave
 Private Bag 12024
 Tauranga 3143
 New Zealand
 Phone 07 579 8000

In response to your request under the Official Information Act, please find our response below:

Request

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

This information is provided on the Ministry of Health website and is publicly available.

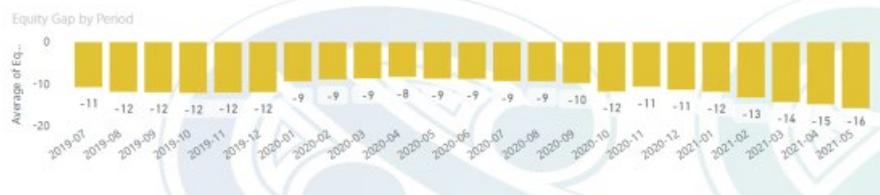
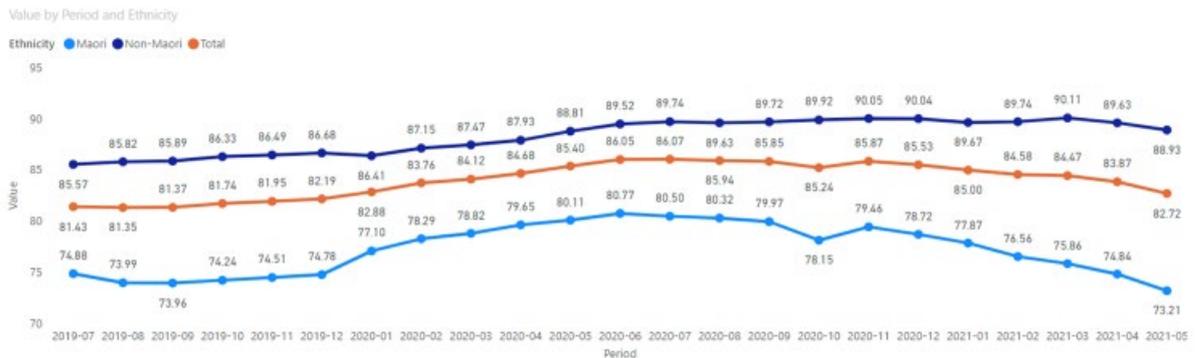
<https://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/immunisation-coverage/national-and-dhb-immunisation-data>

We are therefore declining a response to this question pursuant to section 18(d) of the Official Information Act.

However, please see Table 1.

Table 1 - Bay of Plenty’s quarter three national child immunisation coverage by milestone and ethnicity

Child Immunisation 8M milestone 12M stats



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

No formal analysis or advice has been created in 2021 which looks at the reason for “declines” among this group.

Although the decline rate for BOPDHB is higher than desired (this is where a family is saying “No” to being vaccinated) there has been little change over recent years from a range of 9% - 12% for total eligible, with a higher rate of decline for Maori. The `opt` off the NIR system rate is consistent in range from 0.4 to 1.0%.

Although declines and `Opt` off are recognised as rate limiting for achievement of the target for 8-month Imms of 95%, our improvement actions are focused on the increase in children who cannot be reached before their milestone age i.e. missed.

This tells us that whānau want to be vaccinated – but there is some barrier / challenge to achieving this, within the current environment.

(Refer MoH Website for further data on declined and `Opt` off). However, see snapshot view of whole age cohort as there is a catch-up present by age 5 years particularly for Maori.

Children <5yrs total due August 2021 – Whole of System view

Ethnicity	Total										NZE						Māori						
	Enrolled clinic	# Eligible	# Fully immunised	% Fully immunised	# Declined	% Declined	# Opt off	% Opt off	# Missed	% Missed	# Eligible	# Fully immunised	% Fully immunised	# Declined	% Declined	# Missed	% Missed	# Eligible	# Fully immunised	% Fully immunised	# Declined	% Declined	# Missed
	12,143	10,017	82.5%	1,159	9.5%	74	0.6%	891	7.3%	6,026	5,166	85.7%	543	9.0%	265	4.4%	4,406	3,282	74.5%	561	12.7%	547	12.4%
EBPHA	1,702	1,285	75.5%	228	13.4%	6	0.4%	183	10.8%	365	319	87.4%	38	10.4%	8	2.2%	1,262	897	71.1%	186	14.7%	174	13.8%
NMO	787	554	70.4%	110	14.0%	1	0.1%	122	15.5%	49	31	63.3%	12	24.5%	6	12.2%	647	441	68.2%	95	14.7%	110	17.0%
WBOPPHO	9,654	8,178	84.7%	821	8.5%	67	0.7%	586	6.1%	5,612	4,816	85.8%	493	8.8%	251	4.5%	2,497	1,944	77.9%	280	11.2%	263	10.5%

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

No formal analysis or advice has been created in 2021 by BOPDHB which looks at the reason for vaccine hesitancy among children and young people. It was only announced recently that young people aged 12+ were eligible for the Covid vaccination.

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

Declined pursuant to section 18(g) of the Official Information Act. We do not hold any high-level correspondence in relation to this.

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

See attached letter (Appendix A) and copy of BOPDHB Action Plan (Appendix B), MoH request letter for Action Plan (Appendix C) and Immunisation Reporting Template (Appendix D).

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

There are several key players in the areas of childhood immunisation – it is not possible to break down their staff each month for 2021. However, the following areas are involved in this system.

- **General Practice** - the majority of childhood immunisations are delivered by general practice. It is a major piece of work to identify the number of staff in individual practices. (Declined pursuant to section 18(f) of the Official Information Act i.e. to provide the information requested would take substantial collation and research.
- **Immunisation Coordinators** – we contract with a lead provider who works collectively with PHO's to offer this service and between them they have 3 FTE. These teams provide clinical support (education, training, compliance) to general practice and other vaccinators such as pharmacy and hospital services.
- **Outreach Immunisation** - the DHB utilises the Collective contract with PHO's to deliver Outreach Immunisation Services. This service has approx. 5 people working within it.
- **National Immunisation Register** – this is a team of 3.5 people working in Childhood Immunisation. This includes their team leader, Liaison Co-ordinator and administrators. These are non-clinical staff who identify children overdue for an immunisation event and work with the general practice and whanau to get the child vaccinated. These FTE are not all full time on immunisation but work within the team.

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

- **General Practice** – most general practice staff have continued to provide, so services are normal and have not been moved to Covid-19. However, during L4 and L3 limited childhood immunisations have been given.
- **Immunisation Coordination** – FTE has provided seconded support to the Covid Programme, as needed, including coverage for “on boarding” of pharmacies required to have Cold Chain accreditation.
- **Outreach Immunisation** – no impact on staff from the COVID-19 programme.
- **National Immunisation Register** – service leader seconded to COVID19 in February 2021. Partial backfill only.

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

BOPDHB Action Plan attached – Appendix B.

We are trying to gain a better understanding over why whanau are declining immunisation or not being vaccinated on time. This requires both engagement with community providers and a better understanding from the whanau who are making these decisions.

When the Liaison role is contacting parents, we are asking them what their barriers are often this has to do with capacity at general practice.

We have extensive stakeholder engagement planned which has been slowed by COVID activities during August and September, but these will progress as Alert Levels allow.

Bay of Plenty DHB supports the open disclosure of information to assist the public understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website. Please note this response may be published on our website. [Official Information Act | Bay of Plenty District Health Board | Hauora a Toi | BOPDHB](#)

You have the right to request the Ombudsman investigate and review our response. www.ombudsman.parliament.nz or 0800 802 602.

Yours sincerely



DEBBIE BROWN

Senior Advisor Governance and Quality



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Cnr Clarke St & 20th Ave
Private Bag 12024
Tauranga 3143
New Zealand
Phone 07 579 8000
Fax 07 571 5434

Kath Blair
Manager Immunisation
Ministry of Health

Email: immunisation@health.govt.nz

Tēnā koe Kath

In response to the Deputy Director-General Population Health and Prevention letter (28/06), requesting an update on the Bay of Plenty response to increase Childhood Immunisation. First, we note the Ministry's concern, which we also share as we work towards raising the coverage for our Tāmaki, and in particular for Māori and Pacifica in our community.

In our response we have provided several examples of what is working well, as well as the DRAFT Childhood Immunisation Plan 2021-2022 (the Plan), highlighting the activities planned for the next 12 months. As the actions are embedded, a similar review will be undertaken in early 2022 in preparation for the next 12 month Plan, we believe this allows for the Bay of Plenty's response to be agile and respond to our communities needs.

Throughout the Plan we demonstrate how we work closely with PHOs, the immunisation workforce and provider network, who are represented on either the Stakeholder team or Leadership team key to the successful implementation of the Plan. The Plan highlights how we intend to improve outcomes for our Māori and Pacific communities, with outreach services being an active part of the solution.

Te Pare o Toi (BOPDHB Māori Health Department), are members of the Leadership team with Public Health Physicians and a Clinical Director, with a primary focus on equitable access for Māori. It is expected the Manukura will sign off on the Plan once we have discussed with the MoH Immunisation team.

We look forward to meeting in the near future to discuss the Bay of Plenty Childhood Immunisation Plan 2021 – 2022.

Ngā mihi nui

Pete Chandler
CEO, Bay of Plenty District health Board



BOPDHB Childhood Immunisation Action Plan 2021-2022 (DRAFT)

Introduction

The Bay of Plenty District Health Board (BOPDHB) have childhood immunisation coverage as a key priority through improvement of systemic factors, education, communication and policy for a number of years. Even with immunisation as a key priority the number of children being fully immunised within the national schedule has been intermittent. This has been a national concern with rates of immunisation for many preventable infectious diseases, falling since 2016. Evidence shows declining immunisation coverage rates are widening the equity gap for Māori¹. The growing social and health complexities for children and their whānau contribute to accessing immunisation in a timely manner but the Bay of Plenty are committed to working through the issues. With consistently working towards ensuring 95% of fully immunisation children under 5 years are protected, along with their whānau and their communities.

The commitment to systemically work through the issues has led to the development of the BOPDHB Childhood Immunisation Action Plan (2021-2022), with three objectives:

1. Accelerate and increase immunisation coverage
2. Improve immunisation equity for Māori and Pacific
3. Strengthen systems accountability

The Childhood Immunisation Action Plan (the Plan) provides an opportunity to work as a collective across the District to deliver a comprehensive response based on evidence and best practice. The Plan is informed by an analysis of the 'current state' which has been summarised to provide how a barrier / enabler may contribute.

Themes emerged from local knowledge and data, national and international evidence for effective interventions and policy to improve rates. These were categories using the same information from the 'current state' analysis. Each priority areas describes Activities expected Outcomes and Impact on improving Equity. The Plan suggest the use a Māori engagement approach Mahi Tahī (co-design) as a way to ensure equity is a key outcome across the activities.

Childhood Immunisation Action Plan (2021-2022)

The Plan is underpinned by the DHB values and the key principles within Te Toi Aorangi (Māori health and equity strategy). The Plan's core position is mokopuna and whānau first. When coming from that position services are able to deliver resources for childhood immunisation through linking an integrated system, education, workforce development and communication plan that supports whānau to easily access the immunisation pathway.

A key influencers is raising the general population's level of health literacy and how this impact on the importance of protecting whānau from easily communicable diseases with infectious rate greater than Covid 19. It's for this reason the first step is to establish a CIAP Leadership and Stakeholder Team or the next 12 months to deliver on the Plan's objectives. The Stakeholder group represents each touchpoint of the immunisation pathway for any child under 5yrs and therefore will

¹ Improving New Zealand's childhood immunisation rates Evidence Review 5 July 2019

have representation. The Leadership group has direct responsibility to the DHB CE ensuring key areas of influence can be achieved.

Immunisation Stakeholder Team/Forum (operationalise the Action Plan)

- | | |
|--------------------------------------------------|-----------------------------------------|
| ○ Toi Te Ora – Public Health | ○ PHO / GP Liaison |
| ○ Maternity / Birthing Centres | ○ Lead Maternity Carer (LMC) / Midwives |
| ○ NIR (data and IT) | ○ Well Child/Tamariki Providers |
| ○ Outreach Immunisation Service (OIS) Management | ○ Child Health |

Immunisation Leadership Team (system wide leadership)

- | | |
|----------------------------------------------------|--------------------------|
| ○ DHB Executive | ○ PHO Executive |
| ○ DHB Portfolio Manager / Toi Oranga Change Leader | ○ Te Pare o Toi |
| ○ Chief Executive Advisor | ○ Child Health Expertise |

This document is released by Bay of Plenty District Health Board as part of a response to an Official Information Act request.

Priority Area 1 – Systemic Improvement to Access

	Activity	Outcome	Impact on Equity	Timeframe
Objective 1.1 Accelerate and increase immunisation coverage	Establish the Immunisation Stakeholder Team/Forum Establish the Immunisation Leadership Group Accountable: Immunisation Leadership Team	Wider accountability and responsibility engaged within providers and community to support vaccination programmes System leadership has shared authority and mandate for implementation of new initiatives	Key Maori influencers encourage trust in the vaccination process Dedicated actions for Maori are prioritised at GP and NGO level	Established in July 2021 / Completed in Feb 2022
Objectives 1.2 Reduce health inequities and health loss for Māori and Pacific	Deliver population /public health mass media communication drive with bi-lingual alternatives. Including focus on whanau Accountable: Toi Te Ora	Knowledge and information with cultural relevance improves uptake Increase health literacy of the benefits for childhood immunisation	Increased trust leads to a decrease in hesitancy and delay (missed and declined)	Aug/Sept 21 and ongoing
Objectives 1.3 Strengthen systems accountability	Immunisation coordinator focusing on targeted GP Practices to ensure childhood immunisation is a key priority and part of core business. NIR Coordinator sends each PHO Practice Managers a list of new-born babies (GP unknown) who require enrolment. Identify kaupapa Maori Providers who have built COVID capacity for vaccination who could be supported to deliver alternative access to childhood Imms, such as a dedicated outreach delivery for Maori cohort by date	GP Practices are identified for system level support and resources to improve performance New born are automatically enrolled.GP unknowns are minimal and referred to a GP practice for enrolment within 2 weeks of birth. Babies and pre-schoolers are consistently pre-called and re-called as per established national guidelines	Rate of Maori coverage within targeted practices will improve Maori babies are all enrolled with a PHO. Maori engagement increases to complete vaccinations on time	Initiated in August/September 2021 with a review for improvement in March 2022

	<p>Accountable: PHO's and DHB Portfolio Manager</p>	<p>Referrals from GP Practices to OIS are reduced by 50%</p> <p>Alternative interventions accepted by Maori are available, flexible drop-in clinics and dedicated Outreach services</p>		
--	------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

Priority Area 2 – Analysis

	Activities	Outcome	Impact on Equity	Timeframe
<p>Objective 2.1 Accelerate and increase immunisation coverage</p>	<p>As the health information technology (IT) systems and the Integrated Data Infrastructure (IDI) further improve, tracking and tracing children and families, and linking this to immunisation records will facilitate targeted “on-time” interventions</p> <p>BOPDHB Activity: Clean up old data relating to data reports – inserting data into correct location for national click reports which will enable accurate immunisation reporting</p>	<p>Local data reports with performance to the GP practice level support targeted intervention/support</p>	<p>Increased Maori Pepi vaccinated within the primary care process</p>	<p>August 2021 – October 2021</p>
<p>Objectives 2.2 Reduce health inequities and health loss for Māori and Pacific</p>	<p>BOPDHB will take a community based social marketing approach for increased community engagement in immunisation for the Waiariki region. Toi te Ora will lead the engagement across Waiariki using the same methodology employed by the Covid-19 communications plan via social marketing and education campaign</p> <p>Updated data reporting at the local level informs all partners of targeted populations for timely vaccination</p>	<p>The same methodology as Covid-19 with targeted key demographic areas of our population, with a key focus seen in health outcomes improvements for Maori</p> <p>Lists of children are known by vaccinator teams in advance for</p>	<p>The inequality for Maori is understood at the operational level and any solutions have an equity lenses focus for Maori health improvement.</p> <p>Equity gap for Maori reduce over the next 12 months</p>	<p>Initiated August 2021 – Roll out February 2022</p>

		intervention, with Maori children prioritised		
--	--	-----------------------------------------------	--	--

Objectives 2.3 Strengthen systems accountability	Secure additional immunisation system resource and expertise for process management and analysis to improve co-ordination of regional support to the delivery models (ie recovery from the loss to COVID secondment)	The support to services team are co-ordinated for targeted actions and informed by performance data	Maori and Pacific children are visible and highlighted for priority	August `21
------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------	---------------------------------------------------------------------	------------

Priority Area 3 - Education Interventions

	Activities	Outcome	Impact on Equity	Timeframe
Objective 3.1 Accelerate and increase immunisation coverage	Develop Communication Plan with specific focus on the parent group of vaccination delayer and those who are hesitant, due to a lack of trust in the science and system. Target communications for Maori and Pasifika communities, particularly due to an increasing number of Maori declining	Local education programme with communications that address cultural benefits and value for vaccination is delivered for the region Key Maori influencers are identified to encourage and build trust in the vaccination process	Maori increase trust in vaccination and reduce delay and hesitancy	Initiate in Sept 2021 and ongoing
Objectives 3.2 Reduce health inequities and health	Secure additional resourcing (Kaimahi FTE) for harder-to-reach client populations to provide comprehensive recall, education and follow-up.	People and resources are directed by an equity approach.	Maori increase trust in vaccination and reduce delay and hesitancy	Sept 2021 and ongoing

loss for Māori and Pacific		Information is available in alternative formats and outlets to support vaccination		
----------------------------	--	------------------------------------------------------------------------------------	--	--

Objectives 3.3 Strengthen systems accountability	Identify high level local Iwi and Maori role models and influencers that would be prepared to promote community messages across their networks	Community, Hapu and Whanau level endorsement for vaccination is supported	Maori actively seek vaccination and prevention of disease interventions'	Engaged in November 2021 / Active promotion in February 2022
------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------	--------------------------------------------------------------------------	--------------------------------------------------------------

Priority Area 4 - Workforce				
	Activities	Outcome	Impact on Equity	Timeframe
Objective 4.1 Accelerate and increase immunisation coverage	<p>Maintain access to high quality information for parents.</p> <p>Intersectorial stakeholder forums and workshops are held for shared engagement with parents through information and process understanding</p> <p>Marae Social media platform are utilised for key health messages to remove barrier to information.</p> <p>Commence targeted training and employment promotion that encourages nurses and community health workers to consider immunisation services as a valid career option.</p>	<p>Most, but not all, have access to high quality information via the internet. Particularly for the less health literate, or for those without good access to these sources, other provision may be required.</p> <ul style="list-style-type: none"> • Accessible, high quality education for parents and caregivers to counter the antivaccination movement. <p>National workforce campaigns and strategies incorporate Immunisation as a career option.</p> <p>More nurses and community health workers employed in immunisation.</p>	More Maori are represented in the immunisation workforce	Sept 2021 and ongoing

<p>Objectives 4.2 Reduce health inequities and health loss for Māori and Pacific</p>	<ul style="list-style-type: none"> A vaccination programme within maternity services to target higher risk pregnancies e.g., MMR, Boostrix and seasonal influenza Ongoing education with LMC's so as they have the confidence to provide expectant mothers with medically evidenced information. <p>Note well: This is a tough one as many attempts made in this area and resistant or disinterest from LMC's. Some are strongly opposed to vaccination.</p>	<p>Hospital based maternity nurses are trained and assessed to deliver opportunistic vaccinations</p> <p>LMC and maternity services are encouraged to accept leadership roles for vaccination</p>	<p>More pregnant mothers offered vaccination during pregnancy that will then promote acceptance of childhood immunisation.</p> <p>All higher risk mothers vaccinated during pregnancy.</p>	<p>Engagement with maternity workforce August 2021</p>
-------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------

<p>Objectives 4.3 Strengthen systems accountability</p>	<p>The Stakeholder Team (identified within this action plan) actively engage the immunisation programme.</p> <p>Primary (LMC's/GP's) and Secondary (midwives) maternity services engagement in immunisation will be a standing item on the agenda.</p>	<p>Vaccination data shows opportunistic vaccination has occurred within the home, GP Practice and hospital-based environments.</p>	<p>Statistics show a targeted approach to Maori and equity gap closing</p>	<p>Commence October 2021</p>
--------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------	----------------------------------

Priority Areas 5 - Innovative System Interventions

	Activities	Outcome	Equity Impact	Timeframe
<p>Objective 5.1 Accelerate and increase immunisation coverage</p>	<p>Vaccination partnerships are resourced and delivered within compatible service links, such as WCTO (Kaupapa providers), B4SC check providers or Whanau Ora models</p>	<p>Health workforce issues in some, particularly rural, communities, increasing the availability of credentialed vaccinators, (for example school nurses, Well Child Tamariki Ora and B4SC check nurses are able to immunise children) will increase ease of access.</p>	<p>Maori have alternative access, and this increases timely vaccination</p> <p>Equity gap reduces for key milestone vaccination e.g. 8mth, 2yr and 5yr. Increased</p>	<p>Commence October 2021</p>

		Milestone vaccination targets show an increasing improvement	coverage at 6wks determines future vaccination milestones	
Objectives 5.2 Reduce health inequities and health loss for Māori and Pacific	Identify Kaupapa providers who have built COVID capacity for vaccination who could be supported to deliver alternative access to childhood Imms, such as a dedicated Outreach delivery for Maori cohort by date	Culturally appropriate support for families to attend immunisation sessions	Equity gap reduces for key milestone vaccination e.g. 8mth, 2yr and 5yr. Increased coverage at 6wks determines future vaccination milestones	Commence November 2021
Objectives 5.3 Strengthen systems accountability	Employing an opportunistic imms co-ordinator/vaccinator to work in the hospital environment.	Provide training for staff, who alert staff to whanau in the wards, check ED and outpatient clinic lists, particularly paediatrics outpatient clinics. A specific cold chain storage for vaccination supply is established in hospital pharmacy for opportunistic vaccination.	Te Pare o Toi to notify when someone is staying in the DHB whanau house - emergency accommodation and deliver message to maternity and LMC, birthing centres etc. Equity gap reduces for key milestone vaccination e.g. 8mth, 2yr and 5yr. Increased coverage at 6wks determines future vaccination milestones. Adult vaccination improved eg influenza, Boostrix and HPV	Commence November 2021

This document is released by Bay of Plenty District Health Board as part of a response to an Official Information Act request.

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

28 June 2021

Pete Chandler
Bay of Plenty District Health Board
pete.chandler@bopdhb.govt.nz

Tēnā koe Pete

I'm getting in touch to share my concern about the decline in the childhood immunisation coverage in Bay of Plenty and ask you to take immediate action.

As you know, childhood immunisation is vital for protecting our tamariki from a range of preventable diseases. These are only a plane ride away and present increased risk once our borders reopen to more countries.

We have recently received quarter three 2020/21 milestone immunisation data. This shows national and regional childhood immunisation coverage at eight months, 24 months and five years for the quarter ending 31 March 2021.

Table 1 (below) shows an overall decrease in national coverage across all three milestones and a worrying equity gap for our tamariki Māori and Pacific children.

Table 1. Quarter three national child immunisation coverage by milestone and ethnicity

Milestone	Total		NZ European		Māori		Pacific	
	Q3	Change from Q2	Q3	Change from Q2	Q3	Change from Q2	Q3	Change from Q2
8 months	87.6%	-1.6%	90.4%	-1.7%	75.7%	-1.9%	86.0%	-4.9%
24 months	88.0%	-1.8%	90.2%	-0.6%	78.7%	-3.4%	86.0%	-5.3%
5 years	86.1%	-1.1%	88.2%	-0.9%	79.2%	-1.7%	85.2%	-2.5%

Table 2 (below) shows your DHB's coverage across the three milestones.

Table 2. Bay of Plenty's quarter three national child immunisation coverage by milestone and ethnicity

Bay of Plenty	Total			Māori			Pacific		
	%current quarter	%previous quarter	Change	%current quarter	%previous quarter	Change	%current quarter	%previous quarter	Change
8 months	80.0%	84.1%	-4.1%	68.8%	73.0%	-4.2%	87.5%	86.7%	0.8%
24 months	83.3%	84.2%	-0.9%	73.5%	79.1%	-5.6%	84.2%	89.7%	-5.4%
5 years	82.6%	84.2%	-1.6%	77.9%	82.1%	-4.2%	82.6%	82.1%	0.5%

DHB Coverage

The Ministry's target for DHBs is for 95 percent of all children to be fully vaccinated at each milestone.

Like most DHBs, Bay of Plenty has not achieved coverage of 85 percent (noted in pink) across a number of immunisation milestones. This raises serious concerns about equity as well as an absence of herd immunity to several vaccine-preventable diseases.

COVID-19 and impacts on the immunisation sector

We acknowledge the complexity of the current health environment you're working in and the particular pressures on the immunisation workforce over the past year or so.

The immunisation sector has told us that:

- primary care services are under pressure with closed books in some areas and significant delays to the availability of GP appointments,
- outreach services have experienced significant growth in numbers affecting capacity, and
- the COVID-19 response has resulted in resources being diverted from childhood vaccination.

We are listening. We're aware of the changes we need to make at a Ministry level. We are strengthening our immunisation governance and implementing an action plan to support you to address factors impacting immunisation rates.

However, I need assurance from you that your DHB will immediately address this, particularly the immunisation coverage for Māori and Pacific children. Child wellbeing is a major priority for the Government and delivering essential health services to all children is fundamental to achieving this. Experience shows that a relentless focus and high expectation from senior executives is essential for high immunisation rates to be achieved.

The Minister of Health and Director-General of Health have raised this directly with DHB Chairs.

Next steps

I am therefore asking that your DHB provides us with a draft plan by Tuesday 20 July 2021. This should include:

- the steps your DHB is taking to address childhood immunisation outcomes, particularly regarding equity. This should be detailed and specific with key actions, timelines and expected outcomes
- how you are working with your Māori and Pacific communities to improve outcomes for tamariki Māori and Pacific children
- how outreach services are being deployed to improve coverage
- details of what's working well in your DHB.

It is my expectation that your Māori and Pacific general managers will be very involved in the planning and delivery of your regional response and will sign off your plan.

We are providing you with a designated contact person to work with your DHB and provide support to your team. If you let us know who your lead for Immunisation is, we will contact them. Please let us know who your lead is by close of business Friday 2 July 2021.

Please email this plan to immunisation@health.govt.nz. Kath Blair, Manager Immunisation, and the team are also happy to answer any questions through this email address. Once we have your draft plan, we will engage directly with your team to finalise it, similar to the process we've used for COVID-19 vaccination plans.

It's important to share this data across your PHOs, immunisation workforce and provider network. Their own data and input will be a key part of your planning. Of course, the Maori and Pacific providers in your region will be important partners in reaching into the communities in your region and supporting you to close the equity gap.

We must act now to lift coverage and close the equity gap to reduce the risk of outbreaks and long-term health implications for our tamariki. Thank you for your ongoing commitment to this important mahi.

Ngā mihi nui



Deborah Woodley
Deputy Director-General
Population Health and Prevention

cc: Mike Agnew - GM Planning and Funding

This document is released by Bay of Plenty District Health Board as part of a response to an Official Information Act request.

Immunisation Quarterly Reporting – Q4 20/21 for BOPDHB

Please note use of this template is optional and will not affect the performance rating. It is intended to reduce the time spent on reporting; other report formats are equally acceptable. A report does not need to be completed if the target has been met, but please provide a confirmation statement.

Please report on all four immunisation milestones in the same document.

Indicator 1: Immunisation coverage at 8 months (B CW05, FA1) 20/21
DHB: BOPDHB
Reporting period: Q 4 April to June
Contact (role and name): Tim Slow
<p>Target definition Percentage of eligible children fully immunised at eight months of age for total DHB population, Māori and Pacific. Achievement requires that the target is met for the total population and the equity gap between Māori and non-Māori is no more than two percent.</p> <p>Note: Immunisation coverage of less than 90 percent for any one of the priority groups, or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results.</p>

Summary of results: Coverage at age 8 months						
Please complete the table (optional) and provide a brief summary of the DHB's performance in the Progress Report section.						
Target: 95%	Total	Māori	Pacific	Dep 9-10	Change: total	Change: Māori
Q1 2020/21						
Q2 2020/21						
Q3 2020/21	79.9%	68.9%	86.7%	70.3%		
Q4 2020/21	77.2%	66.1%	77.8%	70.8%	-2.7%	-2.8%
<p>NB: Progress reports based on 3 months Qlik data; a change from previous DataMart report monitoring followed for all cohorts now adopted (despite concerns for integrity, the denominator used in Qlik is not the same as the DataMart report which is not currently understood?)</p> <ul style="list-style-type: none"> The issues of 'timeliness' is apparent across the age cohorts in the Qlik report data as there is a variability between low rates and then catch up, but consistently at below expected rates The drop-in rate for 8 months was also consistent within DataMart data and is thought to represent the performance of the primary care delivery model currently, which is under pressure to ensure vaccinations are completed on time <p>Note; Attached is a copy of pending DHB board paper which documents our understanding of the current situation and is the context for the new Action Plan requested by MoH for July 20th.</p> <ul style="list-style-type: none"> The current downturn in results and resulting increased equity gap is of concern, this is will outlined further within our July 20th Plan, it can also be evidenced by the 12 month data trends in the DHB board briefing which has deliberately tracked performance to maintain system awareness see at end of this report. The new Action plan will update current planned actions, and places more emphasis on support to GP practices and alternative delivery outlets for Maori 						

Actions to address issues/barriers impacting on performance

Please provide a brief summary of any issues arising in the quarter that affected ability to meet the immunisation target and how these are being addressed

- We have developed alternative reports for national NIR data down to the GP practice level including ethnicity so that further action can be targeted to practices that appear to require more support and areas where Maori may not be prioritised.
- COVID has had significant effect on our entire immunisation programme from direct staff secondment, reduced public and health service visibility, predominance of COVID communications has caused increased hesitancy and delay (particularly for Maori) and reactive health pressures on the primary care service.
- We are also aware that PHO enrolment is problematic, with delayed new-born enrolment caused by closed practice lists, this trend is known to be higher for Maori in the BOP currently and is likely to be a factor of population growth.

Further analysis and operational comment:

- GP Practices referring to OIS service consistently (downside too many referrals) but the large majority using ImmsNet as the referral mechanism, which means OIS team, NIR team, NIR/Childhood Immunisation Liaison (CIL) and GP staff have a live view of who is currently working with that whanau in “real time”. Means great collaboration and the overall team are not tripping over each other.
- The OIS referrals are all triaged by the NIR Coordinator, so all urgent referrals are immediately sent to the relevant PHO OIS team to immediately prioritise.
- NIR co-ordinator sorts all incoming OIS referrals from GP Practice (this is due to 200-300% increase in OIS referrals since 2018) into order of urgency and passes these onto the CIL to progress most urgent ones with parents/caregivers.
- CIL role manages to divert 50% or higher of the OIS referrals from GP practices. Significant majority of parents/caregivers, once engaged with are happy to book in an appt at the GP Practice for their child, which results in a completed immunisation event on-time.
- CIL roll is about having a positive and encouraging conversation on immunisation, so non-threatening. Any clinical questions are referred to nurses.
- One PHO is trialing walk-in clinics outside of normal working hours. WBOP PHO commencing this in Q1 22/22.
- Overall, the BOP Childhood Immunisation Collective is working productively and in synergy to a large degree.
- OIS advocate roles invaluable and know their communities.
- GP Practice Handbook provides clear process for roles and timing of vaccination