 <b>Wairarapa DHB</b> <small>Wairarapa District Health Board</small> <small>Te Poari Hauora a-rohe o Wairarapa</small>		<b>AGENDA</b> Held on Thursday 14 April 2022 Lecture room, Wairarapa DHB (zoom available) 9.00am			
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE		PUBLIC SESSION			
	Item	Action	Presenter	Min	Time
<b>1. PROCEDURAL BUSINESS</b>					
	Karakia				9.00am
1.1	Apologies	ACCEPT		5mins	
1.2	Continuous Disclosure 1.2.1 <a href="#">Interest Register</a> 1.2.2 <a href="#">Conflict of Interest</a>	CONFIRM / ACCEPT		"	
1.3	<a href="#">Minutes</a> of previous meeting	APPROVE		"	
1.4	<a href="#">Schedule of Action Points</a>	NOTE		"	
1.4.1	<a href="#">Work Programme</a>	NOTE		"	
<b>1 DECISION</b>					
1.1	<a href="#">Wairarapa Wellbeing Plan</a>	APPROVE	Sandra Williams, General Manager, Planning and Performance		9.10am
	- Wellbeing Plan presentation		Ashleigh Baker General Manager Delivery, Nuku Ora	40mins	9.10am
<b>2. DISCUSSION</b>					
2.1	<a href="#">Update on Immunisation services</a>	DISCUSS	Robson Lumukana, Service Development Manager, Planning & Performance	20mins	9.50am
2.2	Child Health Update	PRESENTATION	Andrea Rutene, Service Development Manager, Planning & Performance	30mins	10.10am
<b>3. OTHER</b>					
3.1	General Business			5mins	10.40am

## Wairarapa Community and Public Health Advisory Committee (CPHAC)


### Disclosure of Interests Register - as at April 2022

Name	Appointment Date	Health Sector Interests Disclosed	Other Interests Disclosed
<b>Committee members</b>			
<b>Dr Tony Becker</b> <i>Deputy Board Chair</i>	December 2019	<ul style="list-style-type: none"> <li>Shareholder and Director (Clinical) Masterton Medical Limited</li> <li>Shareholder and Director Wairarapa Skin Clinic</li> <li>Wife contracts to Wairarapa District Health Board</li> <li>Sister-in-law is Associate Director of Nursing at Surgery, Womens and Childrens Directorate, Capital &amp; Coast DHB</li> <li>Wairarapa GP Trustee Tu Ora Compass Health</li> </ul>	<ul style="list-style-type: none"> <li>Trustee, Hau Kainga</li> </ul>
<b>Helen Pocknall</b> <i>Board Member</i>	December 2019	<ul style="list-style-type: none"> <li>Contractor with Ministry of Health</li> </ul>	-
<b>Joy Cooper</b> <i>Board Member</i>	December 2019	<ul style="list-style-type: none"> <li>Nil to declare</li> </ul>	<ul style="list-style-type: none"> <li>Chairperson Wharekaka Trust Board Incorporated</li> </ul>
<b>Jill Stringer</b> <i>Board Member</i>	December 2019	<ul style="list-style-type: none"> <li>Member of 3DHB Disability Services Advisory Committee (DSAC)</li> <li>COVID-19 vaccinator</li> </ul>	<ul style="list-style-type: none"> <li>Director, Touchwood Services Limited</li> <li>Husband employed by Rigg-Zschokke Ltd</li> <li>Trustee, Wellington Welfare Guardianship Trust</li> </ul>
<b>Yvette Grace</b> <i>Board Member</i>	December 2019	<ul style="list-style-type: none"> <li>Member, Hutt Valley District Health Board</li> <li>Husband is a Family Violence Intervention Coordinator at Wairarapa District Health Board</li> <li>Sister-in-law is a Nurse at Hutt Hospital</li> <li>Sister-in-law is a Private Physiotherapist in Upper Hutt</li> <li>Member concurrent FRAC Hutt Valley and Capital and Coast DHBs</li> <li>Member 3DHB Disability Services Advisory Committee (DSAC) for Hutt Valley DHB</li> <li>Board member - Te Hauora Rūnanga o Wairarapa</li> <li>Local review member - Wairarapa Child and Youth Mortality Review Committee.</li> <li>Member on the Māori Executive Board for Tū Ora Compass Health</li> <li>Tiriti Implementation Lead at the Occupational Therapy Board New Zealand.</li> </ul>	<ul style="list-style-type: none"> <li>Trustee, House of Science Wairarapa</li> <li>Trustee, Equippers Church and Oasis Trust</li> <li>Board member, He Kāhui Wairarapa</li> </ul>
<b>Dr Stephen Palmer</b> <i>Regional Public Health Clinical representative</i>	April 2020	<ul style="list-style-type: none"> <li>Employee of Hutt Valley DHB as Medical Office of Health in Regional Public Health</li> <li>Member of the Policy Committee of NZ College of Public Health Medicine</li> </ul>	-

<b>Limoe Kelly</b> <i>Pacific representative</i>	February 2020	<ul style="list-style-type: none"> <li>Nil to declare.</li> </ul>	<ul style="list-style-type: none"> <li>Works at Lyndale Rest Home</li> </ul>
<b>Justine Thorpe</b> <i>Primary Care representative</i>	February 2020	<ul style="list-style-type: none"> <li>CEO of Tū Ora Compass Health</li> </ul>	<ul style="list-style-type: none"> <li>Member of Papakanui Iwi Land Trust</li> <li>Member of South Wairarapa District Council Water Race Management Committee )</li> </ul>
<b>Name</b>	<b>Appointment Date</b>	<b>Health Sector Interests Disclosed</b>	<b>Other Interests Disclosed</b>
<b>Committee members continued</b>			
<b>Sophonria Smith</b> <i>Māori representative</i>	October 2020	<ul style="list-style-type: none"> <li>Member of Te Oranga o Te Iwi Kainga</li> </ul>	-
<b>Holly Jackson</b> <i>Māori representative</i>	October 2020	<ul style="list-style-type: none"> <li>Member of Te Oranga o Te Iwi Kainga</li> <li>Employed as Practice Manager, Whaiora</li> </ul>	<ul style="list-style-type: none"> <li>Board volunteered member at ArrowFM (Access Radio)</li> </ul>
<b>Wairarapa DHB Management</b>			
<b>Dale Oliff</b> <i>Chief Executive</i>		<ul style="list-style-type: none"> <li>Daughter is an employee of Ministry of Health</li> </ul>	-
<b>Sandra Williams</b> <i>Executive Leader Planning &amp; Performance</i>		<ul style="list-style-type: none"> <li>Nil to declare</li> </ul>	-
<b>Jason Kerehi</b> <i>Director Maori Health</i>		<ul style="list-style-type: none"> <li>Partner is employed as a school nurse by Compass</li> <li>Daughter works for Tekau Ma Iwa as part time administrator</li> </ul>	<ul style="list-style-type: none"> <li>Negotiator – Rangitane Settlement Negotiations Trust</li> </ul>

## COMMUNITY &amp; PUBLIC HEALTH ADVISORY COMMITTEE

PUBLIC

 <p><b>Wairarapa DHB</b> Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa</p>	<p><b>MINUTES</b> Held on Thursday 17 March 2022 Lecture room, Ground floor Wairarapa District Health Board 9.00am</p>
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE	PUBLIC SECTION

**PRESENT**

Tony Becker	Chair
Helen Pocknall	Deputy Chair
Joy Cooper	Member
Yvette Grace	Member
Jill Stringer	Member
Stephen Palmer	Member (Regional Public Health (RPH) Clinical Representative)
Limoe Kelly	Member (Pacific Peoples representation)
Justine Thorpe	Member (Primary Care Representative)

**ATTENDANCE**

Sandra Williams	General Manager, Planning & Performance (GMP&P)
Sharon Reilly	Service Development Manager, Planning & Performance
Jen Bergantino	Minute taker, Planning & Performance

Helen Pocknall chaired the meeting.

**1.0 PROCEDURAL BUSINESS****1.1 APOLOGIES**

Apologies were received from Dale Oliff, Holly Jackson and Sophronia Mete-Smith.

**1.2 CONTINUOUS DISCLOSURE**

Yvette Grace has notified the DHB with her changes to the interest register.

**1.3 CONFIRMATION OF MINUTES****RESOLVED****MOVED:** Joy Cooper**SECONDED:** Yvette Grace**CARRIED****1.4 SCHEDULE OF ACTIONS**

NOTED.

**2.0 DISCUSSION****2.1 UPDATE ON IMMUNISATION SERVICES**

Report taken as read. Amendment to recommendation 5 – should be referring to boosters.

Last month saw a decrease in immunisations but this month they have increased.  
Child immunisations are low due to parents not taking their children into a practice for fear of getting COVID.

**COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE****PUBLIC**

The focus on immunising youth for MMR has been lost due to Ministry requesting COVID vaccinations to be a priority. Pacific rates are low. There will be new staff coming on board to focus on the youth cohort. This will give more capacity to ramp up the engagement with families.

*Primary care*

Influenza vaccinations start on 1<sup>st</sup> April 2022. Practices are currently extremely busy with COVID. This year free access to the flu vaccination will include Māori and Pacific peoples aged 55 and older.

RESOLVED that the Community and Public Health Advisory Committee:

1. Noted the significant improvement in immunisation coverage for the 24 month of age key milestone since the end of Q2, 2021/22.
2. Noted the DHB continues to work with the providers to see improvements in performance.
3. Noted the national influenza campaign for 2022 planning is currently underway and the campaign will commence on 1 April 2022.
4. Noted the Covid 19 vaccination programme has seen our dose 1 rates reach 97% with 95% for dose 2 as at 7 March 2022.
5. Noted Wairarapa has vaccinated 76% of those eligible for boosters at 7 March 2022.
6. Noted we have vaccinated 49% of our five to eleven year old children as at 7 March 2022.

**2.2 FRAIL ELDERLY**

The committee received a report on the developments being undertaken and in particular the work on a business case for the LifeCurve prototype being prepared. The LifeCurve app is easy to use. People can identify activities of daily living they have difficulties with and find exercises and activities that will help them maintain or improve their abilities. This can lead to improved independence. The app is free to download and is available to anyone.

The Committee:

1. Noted the presentation on the work being done in the older persons services area.

**MEETING CLOSED AT: 10.20AM**

Date of next meeting: 14 April 2022

CONFIRMED that these minutes constitute a true and accurate record of the proceedings of the meeting.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_ 2022

Chair

Community & Public Health Advisory Committee (CPHAC)  
Wairarapa District Health Board

**Resolution to move to Public Excluded meeting**

**RESOLVED**

**MOVED** Joy Cooper **SECONDED** Limoe Kelly

WAIRARAPA DISTRICT HEALTH BOARD

PUBLIC CPHAC

**Schedule of Actions**


<b>Meeting Date</b>	<b>Action</b>	<b>Person Responsible</b>	<b>Status</b>
18 June 2020	The Implementation plan, for the Pacific Health and Wellbeing Strategic Plan, will be available at the time of the launch.	Director, Pacific Health	Update in May
15 October 2020	Work with Tū Ora Compass Health and GP Liaison, to find what data on e-prescribing is available and whether this information could be helpful with the Health Care Homes programme.	Executive Leader, Planning & Performance	November 2021 Move to June 2022
15 July 2021	Health System Plan - The Committee requested work be done on the next steps to set out the actions and deliverables/timelines.	Executive Leader, Planning & Performance	June 2022
19 August 2021	The Committee requested that they would like to see some context around where Wairarapa is sitting nationally in regards to self-harm hospitalisation rate of Maori 10-24yrs.	Executive Leader, Planning & Performance	June 2022

## Community and Public Health Advisory Committee Work Programme (2022)

This programme will continue to be updated as we move through the year

	<b>February 2022</b>	<b>March 2022</b>	<b>April 2022</b>	<b>May 2022</b>	<b>June 2022</b>
System and service planning	<ul style="list-style-type: none"> <li>Wellbeing Plan</li> <li>Refugees</li> </ul>	<ul style="list-style-type: none"> <li>Healthy Ageing</li> </ul>	<ul style="list-style-type: none"> <li>Wellbeing</li> <li>Child Health</li> </ul>	<ul style="list-style-type: none"> <li>Māori Health</li> <li>Pacific Health</li> </ul>	<ul style="list-style-type: none"> <li>Mental Health and Addictions</li> <li>Update on actions planned arising Health System and Wellbeing plans</li> </ul>
Performance	<ul style="list-style-type: none"> <li>Regional Public Health</li> <li>Immunisation</li> <li>Alliance and SLM report</li> </ul>	<ul style="list-style-type: none"> <li>Immunisation</li> <li>Primary Care services update</li> </ul>	<ul style="list-style-type: none"> <li>Immunisations</li> </ul>	<ul style="list-style-type: none"> <li>Immunisation</li> <li>Regional Public Health</li> <li>Alliance and SLM report</li> </ul>	<ul style="list-style-type: none"> <li>Immunisation</li> <li>Youth Health</li> <li>Cancer Services</li> <li>COVID 19 response update</li> </ul>

PUBLIC

 <p><b>Wairarapa DHB</b> Wairarapa District Health Board Te Pōari Hauora a-rohe o Wairarapa</p>		<b>DECISION PAPER</b>
		<b>Date: April 2022</b>
<b>Presented By</b>	Sandra Williams, General Manager Planning & Performance	
<b>Endorsed By</b>	Dale Oliff, Chief Executive	
<b>Subject</b>	<b>Wairarapa Wellbeing Plan</b>	
<b>RECOMMENDATION</b>		
It is recommended that the Committee:		
<ul style="list-style-type: none"> <li>a. <b>Notes</b> the work done by Nuku Ora to develop the plan for the Wairarapa DHB</li> <li>b. <b>Agrees</b> to recommend to the Wairarapa District Health Board to approve of the plan</li> </ul>		
<b>APPENDICES:</b>		
1. Well Wairarapa through Healthy Neighbourhoods		

## 1 PURPOSE

The purpose of this paper is for the Community and Public Health Advisory Committee to consider the Wellbeing Plan and recommend the approval of the plan to the Wairarapa District Health Board.

## 2 BACKGROUND

During the development of Hauora Mō Tātou a number of supporting plans were discussed. The Wellbeing Plan is the last of the key supporting plans expected to come before the Board for approval. From these plans we expected to develop action plans and associated investment plans for each. The Health Reforms have not enabled us to complete the detailed action and investment plans but the plans themselves still lay out the opportunities and challenges the Board has identified for the Wairarapa population. It is expected these plans will assist the new Health NZ Agency and Māori Health Agency to develop and implement plans based on local needs to improve the health and wellbeing of communities.

## 3 THE PLAN

The purpose of this plan is to support the implementation of Hauora Mō Tātou through supporting the development of healthy neighborhoods across the Wairarapa. The Planning & Performance team commissioned this plan from Nuku Ora (previously Sports Wellington).

Health care, including access to health services contributes only 20 percent toward a person's health and wellbeing so it is clear that if we want to improve overall health outcomes then we need to focus on other circumstances and wider forces that contribute to people's health, wellbeing and quality of life.

Feedback from Māori during the Māori Health Strategy 2021 development indicated our communities wanted assistance to improve their health with opportunities rather than handouts and that wellbeing through good diets, kai, water and relationships would be key factors in future planning work.



**PUBLIC**

In February 2022 the Committee received a presentation introducing the content of the plan to enable the team to check that the content of the plan was in line with the Committee's expectations. This month sees the plan presented to the Committee along with the video developed to give a voice to the plan- this is the first time a video has been used alongside our Wairarapa DHB plans.

The plan focuses on community led approaches to support neighbourhoods and healthy behaviors that lead to improved wellbeing. The key objectives are:

- Engaged neighbourhoods
- Creating a connector workforce
- Easily accessed spaces and places
- Provider network development

**4 NEXT STEPS**

- Following agreement from the Committee the plan will be presented for approval by the Board at their next meeting.
- Begin work with the DHB and Wairarapa Councils Group to consider areas of joint actions and priority neighbourhoods.
- Consider the likely investment opportunities in the remainder of the year and next year and development of implementation plans where possible (for example the business case for the Life Curve prototype and connector workforce).

**WELL WAIRARAPA**  
Through  
**HEALTHY NEIGHBOURHOODS**

## FOREWORD

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Tena koutou katoa

Evidence shows that where people live plays a key role in their health. Housing, workplaces, street design, and transportation all influence individual and community health factors such as safety, physical activity, access to healthy food, community engagement, and affordable living.

The purpose of this plan is to support the implementation of Hauora Mō Tātou, Wairarapa DHB's Strategic Direction 2020 – 2030 through supporting the development of healthy neighbourhoods across Wairarapa. It aligns with the vision and mission outlined in Hauora Mō Tātou and supports several of the actions identified.

Wellness through healthy living is a significant contributor to wellbeing. The Global Wellness Institute describes wellness as *the pursuit of activities, choices and lifestyles that lead to a state of holistic health*. Wellness embraces physical, mental, social, and community health and is impacted by lifestyle habits, the environment – both natural and built, the quality and accessibility of services, and individual and social factors.

Physical activity provides a great platform for achieving wellness. This plan emphasises the role that being physically active can play in achieving wellness. At the same time it recognises the opportunities this may create to influence other related healthy behaviours such as healthy eating and cigarette smoking for example.

The Global Burden of Disease Study estimates that 39 percent of New Zealanders' health loss is due to risk factors that can be modified. Physical activity is both a preventative and restorative factor in wellness and is recognised as a modifiable health behaviour. There is a high correlation between lower levels of physical activity and lower levels of wellbeing. The World Health Organisation (WHO) identifies that physical activity is now a 'must have' and an essential component of public policy to achieve healthier populations and a healthier planet.

However, while New Zealanders by and large enjoy good health, high levels of wellbeing are not universally experienced by all. To address this inequity requires a community-led approach working with neighbourhoods to find local solutions and opportunities as well as collaboration from key influencers and organisations from a variety of sectors including local government, central government organisations, Nuku Ora, Iwi, Māori health providers, sport and recreation providers, and funders.

**INTRODUCTION**

Wellbeing is first and foremost about people.

It is hard to define succinctly because it means different things to different people so can be subjectively determined and nuanced depending on who you talk to.

There is no sole determinant of individual wellbeing, but in general, well-being is dependent upon good health, positive social relationships, and availability and access to basic resources such as shelter, food, and income. When we consider wellbeing in this way, we see that there are many dimensions to wellbeing including having a job and access to regular income, somewhere warm and affordable to live, access to the natural environment, safe communities and neighbourhoods, access to transport, availability of healthy food, and our ability to access a range of support services as and when we need them.

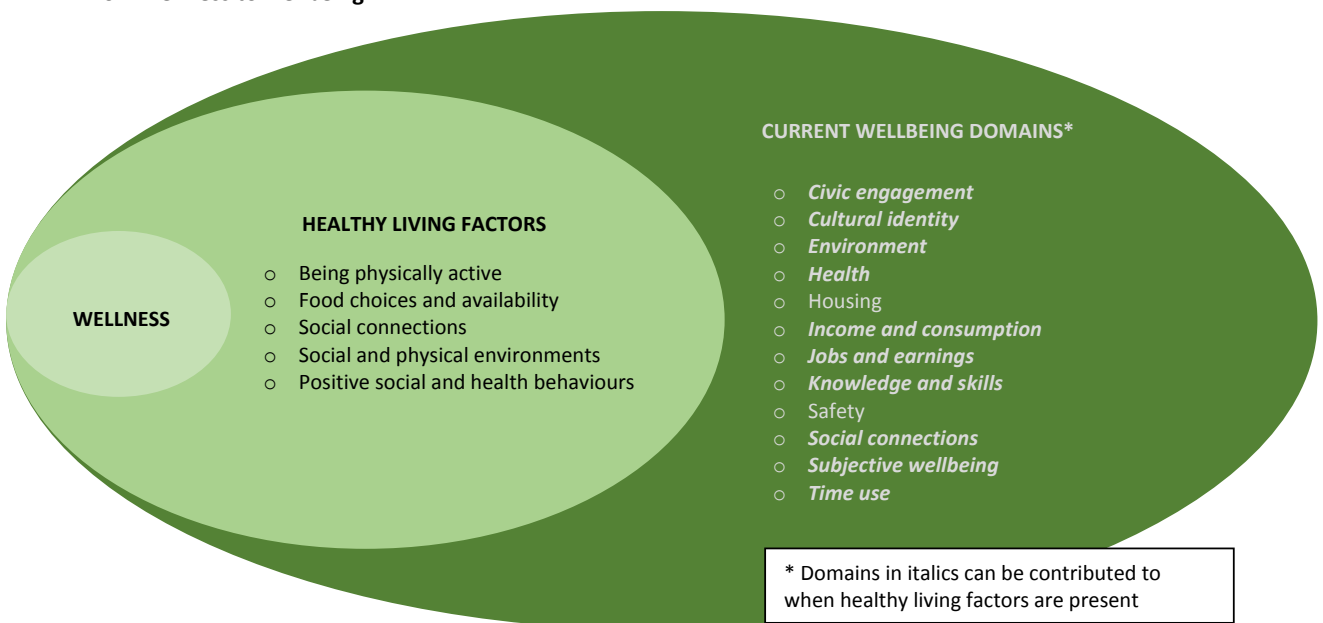
Wellbeing is also linked to feeling loved and respected, the status of our physical and mental health, feelings of achievement and fulfilment, our social connections and the quality of our relationships, and the extent of the control, agency, and choice we have in our lives. Social connectedness is a key driver of wellbeing and resilience. Socially well-connected people and communities are happier and healthier and are better able to take charge of their lives and find solutions to the problems they are facing.



Wellness is an active process of making choices toward a healthy and fulfilling life. It is about our individual health behaviours and is an important contributor alongside other factors to enhancing wellbeing. Wellness equates to living a healthy lifestyle which implies that wellness is about our habits and factors that individuals have some agency over although individuals vary in their level of control over some of them. But to develop these behaviours also requires a supportive system that removes barriers and provides for individual and community agency around provision.

Healthy living requires a focus on those behaviours that enhance health, both physical and mental, including nutrition, physical activity, smoking, alcohol and drug use, and stress management amongst others.

**From wellness to wellbeing**



**OUTCOMES AND ACTIONS**

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Our desired outcome is: Well communities and high levels of wellbeing across Wairarapa.

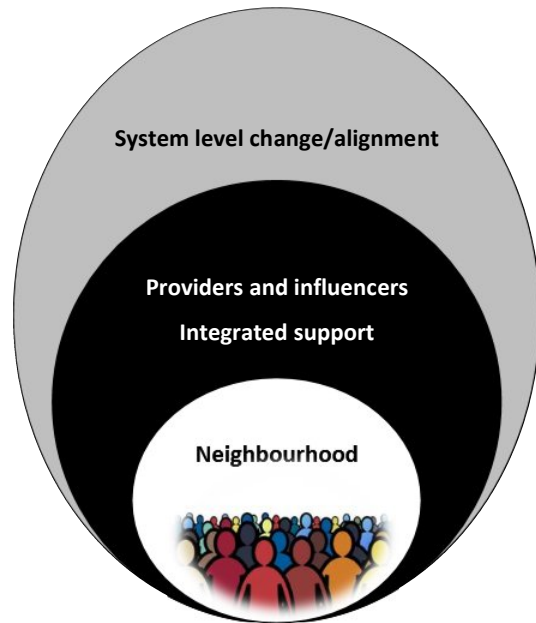
Our aim is to: Support neighbourhoods to develop and maintain healthy behaviours that lead to improved wellbeing.

*Considerations*

- The greatest gains in individual, family/whānau, and community health will be made when we focus on those neighbourhoods within our broader community where good health is not currently enjoyed or widely experienced, and where disparities currently exist.
- We know from the 2019 Health and Independence Report that 30 percent of our health and wellbeing is determined through our health behaviours.
- Behaviour change is complex and doesn't occur simply because something is good for us. It requires sustained action over time.
- WHO identifies three key drivers for physical activity behaviour change: sustained physical activity communication campaigns and messages; a physical environment that provides easy access and is safe and affordable; and programmes, events, and services that are affordable and inclusive across all life stages.
- A community-led approach requires engagement with neighbourhoods to co-create solutions that build from the strengths within that community.

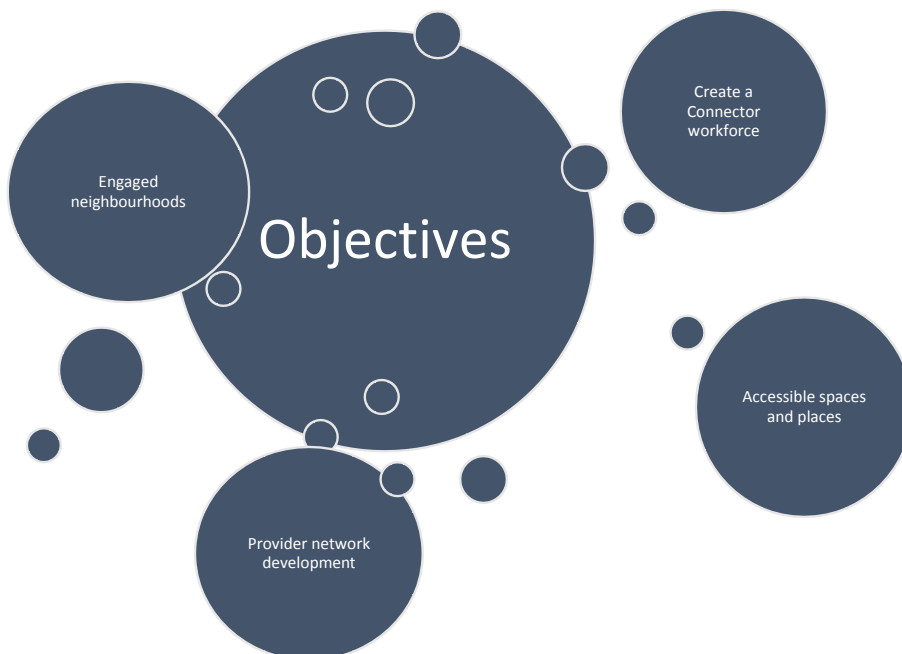
*The need to work in three different but connected contexts*

Just focusing on neighbourhoods will only take us so far on the change journey. To support sustained change, we also need to connect the sometimes many providers and influencers to create an integrated support system, and effect change in the system to ensure that there is greater alignment in policy, funding, leadership, workforce capability and capacity, research and knowledge, and innovation.



**OBJECTIVES and ACTIONS**

There are four key areas of focus required to support neighbourhoods to develop and maintain healthy behaviours that lead to improved wellness, and these are articulated in the diagram below. Key actions relate to each of these areas of focus.



**Objective: Engaged neighbourhoods**

**Actions:** We will ...

1. Use data and evidence to identify priority neighbourhoods. From this we can create a thorough understanding of the interests and challenges and opportunities for local people.
2. Identify a key leader(s) in each neighbourhood and work with that person (people) to learn more about the neighbourhood.
3. Apply community-led principles and community-led change practices as we build relationships
4. Design with locals, initiatives, and opportunities for increased physical activity across all four of its domains (play, active recreation, active transport, and sport)
5. Create opportunities to develop capacity and capability.

**Objective: Create a Connector workforce**

**Actions:** We will ...

1. Create neighbourhood ‘connector’ roles whose purpose will be to:
  - a. Engage with neighbourhoods
  - b. Connect local needs with available opportunities and services
  - c. Facilitate collective action between providers and locals
  - d. Distribute and reinforce key messages about the value of physical activity
  - e. Advocate for neighbourhoods with key stakeholders

**Objective: Easily accessed spaces and places**

**Actions:** We will ...

1. Work with providers of community infrastructure to ensure there are spaces and places that enable people to be active in a variety of ways and across all domains.
2. Advocate for the inclusion of active design principles in the development of new and existing community infrastructure
3. Work with providers to consider ways to reduce barriers to accessing spaces and places where barriers exist
4. Encourage activity that connects neighbourhoods and the people in them to the various activities of their daily lives such as home and work, home and school etc.
5. We will encourage active transport as both an activity and a provider consideration

**Objective: Provider network development**

**Actions:** We will ...

1. Work with the providers of physical activity opportunities to develop collective action that will benefit local people to enjoy great experiences while also ensuring there are a diverse range of opportunities to match different interests and life stages.
2. Connect the physical activity provider network with other providers of healthy lifestyle initiatives to ensure an integrated array of healthy lifestyle services and activities.
3. Connect providers with neighbourhoods to create co-design and community-led opportunities.
4. Advocate for inclusive practices in planning and delivery.

**IMPLEMENTATION PRINCIPLES**

How this work is implemented is extremely important. The following are core principles for guiding this work.

- A **locality** approach to planning and provision to enhance community engagement
- Ensuring that individuals, their families/whānau and neighbourhoods front and centre.
- **Equity** and equitable access to services through consideration of different needs and barriers
- Preserving the **mana** of the person in front of you – acknowledging their Mauri and their specific context and enhancing these through a strengths-based lens
- Working **better together** – cross- sector collaboration and connectivity (including with local people)

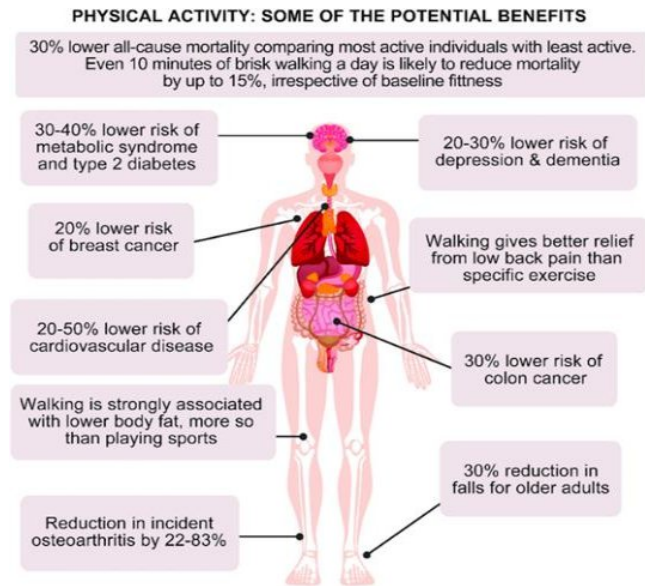
**THE VALUE OF PHYSICAL ACTIVITY**

Physical activity is human movement. For this plan we have identified four physical activity domains: play, active recreation, active transport, and sport. While all involve movement, each domain has specific characteristics that make them unique.

Being physically active is a well-documented way of maintaining good health and wellness. Physical inactivity is a modifiable health behaviour and being physically active has proven to have a beneficial effect on several different aspects of health and wellbeing. The diagram below identifies some of these.

A physically active person is someone who meets the guidelines established by the Ministry of Health which outline the minimum levels of physical activity required to gain health benefits and include commentary around sedentary behaviour and sleep. The guidelines set out different requirements for different ages.

Changing physical activity behaviour may indirectly influence health behaviours such as overeating, smoking, substance abuse, stress management, risk taking, and others. Substantial evidence indicates that physical activity is positively associated with weight control and caloric intake. The data weakly support the hypothesis that physical activity and smoking are negatively associated. Few data are available to evaluate the association between activity and alcohol consumption, alcoholism, substance abuse, stress management, preventive health behaviours, and risk-taking behaviour.



Sourced from: Menhas, Rashid. (2020). Physical Activity is a Medicine for Non-Communicable Diseases: A Survey Study Regarding the Perception of Physical Activity Impact on Health Wellbeing.

Other benefits of being physically active are well-documented. Being regularly active can contribute to:

- physical and mental wellbeing
- social development
- cultural connections
- community development
- sustainable transport
- economic growth
- employable skill development
- personal development.



**Notes**

*Collective Oversight*

A common practice with these types of projects is a form of collective oversight. This allows for both accountability and continuous improvement. Currently the DHB and the Councils have formed a Wairarapa Wellbeing Group.

For the purpose of this plan, rather than creating another group, a viable approach might be to slightly expand current membership to include Nuku Ora and a representative from the Physical Activity Provider Network (once established) and perhaps a funder to oversee the implementation of the plan. The group could also provide strategic advice to the parties involved and provide and receive feedback from the parties.


*Resourcing*

The most significant resource supporting this plan is the creation of a Connector workforce and any costs associated with capability build and providing them with the tools to be effective in their roles. The value of their work in a face-to-face, community-led approach is significant.

*GRx and He Oranga Poutama models*

The Green Prescription (GRx) model of delivery was considered as the basis for the approach in this plan. The process is highly client centric and while this is a national service it operates within parameters that ensure consistency of quality and delivery with a high degree of client control and agency.

He Oranga Poutama promotes the development and implementation of physical activity in a way that is culturally appropriate to Māori. It aligns with the Whanau Ora approach and is also consistent with community-led development principles.

 <b>Wairarapa DHB</b> Wairarapa District Health Board Te Pōari Hauora a-rohe o Wairarapa		<b>CPHAC DISCUSSION PAPER</b>
		<b>Date: April 2022</b>
<b>Author</b>	Robson Lumukana, Programme Lead – Health & Wellbeing (Quota Refugee Health)	
<b>From</b>	Sandra Williams, General Manager, Planning & Performance	
<b>Endorsed By</b>	Dale Oliff, Chief Executive	
<b>Subject</b>	Immunisation report for April 2022	
<p><b>RECOMMENDATION</b> It is recommended that the Committee:</p> <ol style="list-style-type: none"> <li>1. <b>Accept</b> the Q3, 2021/2022 childhood immunisation coverage verbal update will be provided to the Committee at the meeting.</li> <li>2. <b>Note</b> the 15-30 year old MMR campaign’s final push is currently underway, led and coordinated by primary care and supported by the DHB COVID-19 vaccination workforce.</li> <li>3. <b>Note</b> the national influenza campaign commenced on the 1<sup>st</sup> of April 2022.</li> <li>4. <b>Note</b> the Covid 19 vaccination programme has seen our dose 1 rates reach 96% with 95% for dose 2 as at 5 April 2022.</li> <li>5. <b>Note</b> on the 30 March 22 our Māori population reached 91% for dose 2.</li> <li>6. <b>Note</b> Wairarapa has vaccinated 75% of those eligible for a booster at 5 April 2022.</li> <li>7. <b>Note</b> we have vaccinated 51% of our five to eleven year old children as at 5 April 2022 for dose 1 and 14% for dose 2.</li> </ol>		

## 1. PURPOSE

This paper provides an update to the Committee on immunisation services.

## 2. IMMUNISATION

### 2.1 Childhood Immunisations

Childhood immunisation coverage for Q3, 2021/22 has not been published at the time of report writing. A verbal update will be provided to the Committee.

The Wairarapa DHB is working closely with the primary care sector to capture the two to five year olds overdue for their MMR vaccinations due to the introduction of the 12 month MMR event in October 2020. Additional support is being provided to the Outreach Immunisation Service (OIS) to increase its capacity to manage the increased MMR overdue referrals from primary care.

The Immunisation Operations Working Group is being refreshed. The Group will work collaboratively to identify issues and barriers, share what is working well; what is not working well and develop strategies to improve childhood immunisation with an equity focus. The first meeting is planned to be held in April/May 2022. We continue to support and work with our PHO colleagues to use the Qlik reporting platform for on-time immunisation and monitoring.

**2.2 Measles, Mumps and Rubella Youth 15-30 year olds**

Data for March 2022, shows 64.4% of the Total eligible 15-30 year olds were immunised for MMR. The Māori youth cohort rate is 67.7% while Pacific is 49.5%. The 25-30 year old group have the lowest uptake at 44.7%.



Note: MMR Youth Cohort 15-30yrs. Data source - Tū Ora Compass Health 28/03/2022.

We continue to work closely with existing service providers and explore opportunities to support providers to deliver MMR. A team of vaccinators led and coordinated by primary care and supported by the DHB COVID-19 vaccination workforce is undertaking a final push to deliver MMR in various community settings in the last three months of the campaign ending 30 June 2022.

**2.3 Influenza**

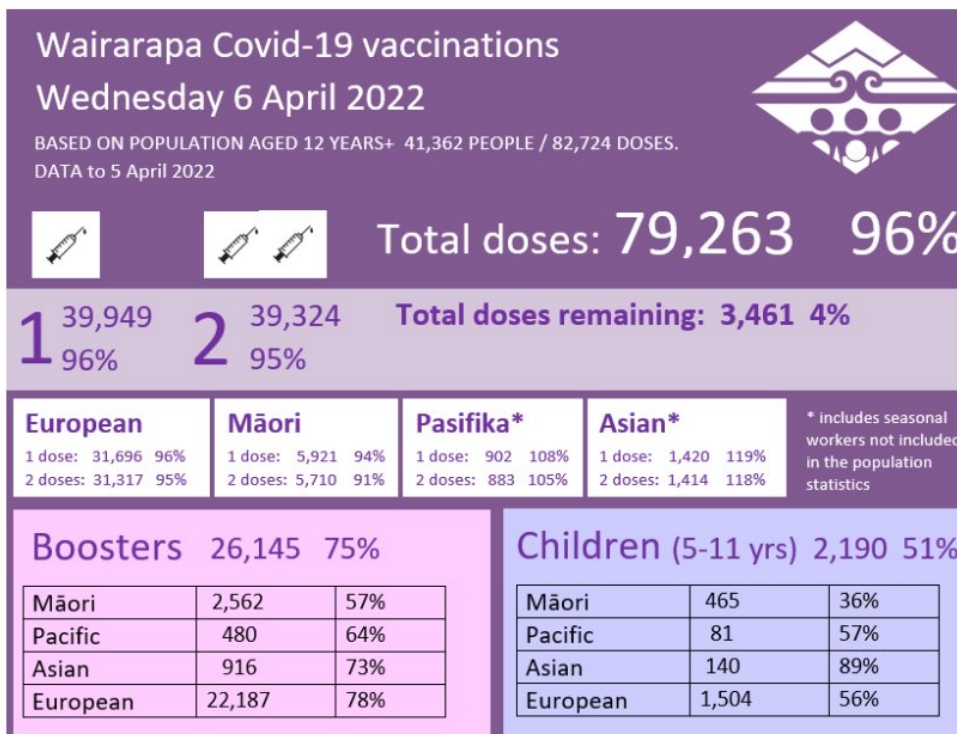
The 2022 national influenza campaign is currently underway (commenced on the 1st of April 2022) with the eligibility for funded flu vaccines extended to Māori and Pacific people aged between 55-64 years. This is in addition to the usual groups; people aged over 65 years, Hapū māmā, and for people (including children) at risk of severe outcomes because of underlying health conditions.

Primary care is leading the delivery of influenza as part of their business as usual yearly immunisation activity (including Maori and Pacific targeted approach) and the DHB is working alongside them to provide support where and when it is required.

In addition, Tu Ora and the DHB will be monitoring flu vaccine uptake and will consider additional targeted approaches to improve coverage for high risk populations such as Māori and Pacific peoples and those with certain medical conditions/disabilities and Hapū māmā during the course of the campaign.

## 2.4 COVID-19 Vaccination Programme

The COVID-19 vaccination programme roll out continues. All people over the age of 5 years are eligible. The graphic below shows statistics as of 5 April 2022.



To date (5 April 22) the Wairarapa sites have delivered 108,043 vaccinations. In February some of our local Pharmacies and Medical Centres began vaccinating. As at the 5 April the Pharmacies and Medical Centres had delivered 6,082 vaccinations. Tekau Ma Iwa continues to deliver vaccinations and by 5 April 2022 had delivered 12,852 vaccinations. We have seen a substantial slowing of vaccinations pace since Christmas which is reflected across the country.

### 2.4.1 Programme Changes

A Pfizer COVID-19 vaccine booster dose will be available from 7 April for all rangatahi aged 16 and 17, six months after completion of the primary course (for most people, this is two doses). Medsafe has provisionally approved the booster dose for this age group, following a robust assessment of Pfizer’s application.

A booster dose is especially recommended for 16 and 17-year-olds who are at higher risk of severe outcomes from COVID-19. This includes those who are immunocompromised (or living with a family member who is immunocompromised) and Māori and Pacific rangatahi.

The side effects of this booster vaccine for this age group are expected to be the same as those for people aged 18 and older.

#### Getting a booster

- You can check when you are due for a booster by visiting [mycovidrecord.nz](https://mycovidrecord.nz) or referring to your purple vaccination card, if you have one.
- If your second dose was six months ago you can get your booster by:
- finding a walk-in vaccination centre at [BookMyVaccine.nz](https://BookMyVaccine.nz).

- From 14 April, you'll be able to book an appointment on BookMyVaccine.nz.
- From 14 April, you'll also be able to book for yourself or make a whānau booking (group bookings for more than one person) by calling the COVID Vaccination Healthline 0800 28 29 26 (8am - 8pm, 7 days a week).
- If you've had COVID-19, you should wait at least 3 months after you test positive before you receive a COVID-19 vaccine.

#### **Boosters for other age groups**

- For rangatahi under 16 years of age, a booster dose is not currently approved by Medsafe or recommended by the immunisation programme.
- Medsafe has received some data from Pfizer for booster doses for the 12–15-year-old age group, however, they are currently waiting for Pfizer to submit further information. Once Medsafe receives this additional information, it will be reviewed as a priority.
- Clinicians may consider giving a booster dose to 12- to 15-year-olds who are clinically at-risk. This would be considered unapproved (off-label) use and requires a prescription under Section 25 of the Medicines Act 1981, following a conversation about the risks and benefits.

#### **2.4.2 Bookings**

Book My Vaccine is the national online booking system for COVID-19 vaccinations. Book My Vaccine and dialling 0800 28 29 26 can be used to book appointments.

#### **2.4.3 Communications**

The go-to-site for Wairarapa is <http://www.wairarapa.dhb.org.nz/news-and-publications/covid-19/>. Resources are produced and available in multiple formats. Regular updates are circulated to stakeholders.