



WELLINGTON FREE AMBULANCE SERVICE

POP-UP REPORT

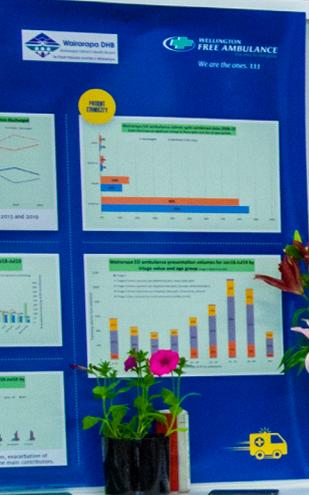
TE HUIHUINGA HAUORA KI WAIRARAPA

December 2019



WELLINGTON
FREE AMBULANCE
kia ora te tangata

We are the ones. 111




WELLINGTON FREE AMBULANCE
 kia ora, te totago

NAU MAI, HAERE MAI, WHAKATAU MAI
 E NGĀ MANA
 E NGĀ REO
 E NGĀ WAKA
 E NGĀ KARANGATANGA
 TENA KOUTOU, TENA KOUTOU, TENA KOUTOU KĀTOA

WELCOME!
 COME IN!
 BE WELCOME!

TO OUR
 ESTEEMED
 GUESTS

TO OUR
 COLLECTIVE
 VOICE

THE CALL
 GOES OUT

GREETINGS
 GREETINGS,
 GREETINGS


 LAKE WAIRARAPA

**WE ARE THE
 ONES
 111**

wfa.org.nz


**WELLINGTON
 FREE AMBULANCE**
 kia ora te totago
 We are the ones. 111

INTRODUCTION

Overview

Wairarapa General Practice (GPs) are reporting the highest rates of burnout in Aotearoa.¹
Wairarapa's older population is on the rise.²
People are experiencing longer wait times for ambulances.³

Against these health trends stands possibility. Wairarapa's ambulance service has traditionally been a place for experimentation and 'firsts'. Aotearoa's 111 service was first trialled in the region.⁴ Wairarapa local Marie Long was the first female paramedic in Aotearoa to manage an ambulance service. We have continued the tradition by launching the first co-design "pop-up" for a health service on the main street of Whakaoriori/Masterton. The pop-up's kaupapa (purpose): to explore how Wellington Free Ambulance can help support community health, resilience, and wellbeing in Wairarapa.

During the pop-up, we engaged with dozens of stakeholders in Wairarapa, held three weeks of workshops, and literally covered the walls with insights and ideas for change. This report captures what we have learned. It sets out a journey to more impactful integration with primary healthcare

providers for the benefit of our community. We learned that our patients and stakeholders appreciate our service and trust our people. They simply haven't been provided with the details on who we are (many people mistook Wellington Free as another provider), and what we can do to support them.

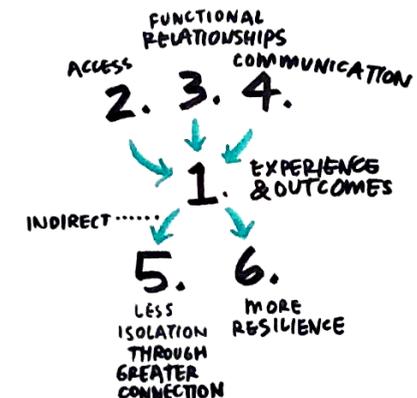
Similarly, we have positive relationships with our healthcare partners. But we haven't often had space to sit down and talk in depth about how we work together (or could work better together). The pop-up has sparked many conversations – with tangata whenua, the public, the DHB, healthcare providers, other social services, and NGOs. We must continue this work, so that we can strengthen the ways we help support community health, resilience, and wellbeing in Wairarapa.

¹ Medical Council of New Zealand 2012
² Wairarapa DHB Annual Report 2018
³ Wellington Free internal data 2019
⁴ Wairarapa Times-Age 'Wairarapa home to 111 trial 60 years ago' 8 October 2018

Focus areas

We invested time listening to our patients, stakeholders, and staff. This helped us identify opportunity areas for Wellington Free. We then brainstormed dozens of ideas on what change might look like in these opportunity areas.

Almost every idea generated in workshops fall into five key focus areas that highlight where Wellington Free is best placed to reorient how it supports Wairarapa. These areas are: primary care support, mental health and social isolation, relationships, pathways, and our people. Ideas were ranked based on having a positive impact on the six key outcomes set out below.



08

WORKSHOPS

delivered together
with Wellington Free
Ambulance employees

03

HOSTED

community events

30+

INTERVIEWS

with the people of Wairarapa,
tangata whenua, healthcare
providers, and our team

17

DAYS

pop-up was open to
the community

What next

We learnt that functional relationships build resilience – and vice versa. Forging strong functional relationships with our communities, within our organisation, and with our stakeholders, is key to achieving our kaupapa of helping to support community health, resilience, and wellbeing.

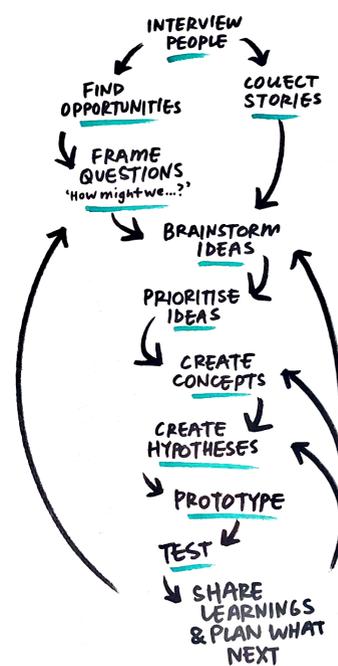
The following initiatives emerged from the pop-up as top priority areas for us to explore.

- Extend our Extended Care Paramedics* service offering to help alleviate the pressure on primary healthcare organisations (PHOs)
- Take the initiative to improve health literacy within the community
- Work towards establishment of a Wairarapa Leadership Hub
- Create a role for a Wairarapa-based community liaison officer

*Extended Care Paramedic: Paramedic practitioners with extended primary care skills. Enabling more patients to be treated at home or in the community.

Pop-up process

The pop-up was based on human centred design principles, using the globally recognised ISO standard for human centred design. The diagram below visualises the process we followed during the pop-up.



Kia Ora

We would like to thank you for stopping by the pop-up, attending workshops, sharing your whakaaro, and having a kōrero with us!



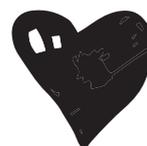
POP-UP PRINCIPLES

The team agreed on seven guiding principles for how we worked in the pop-up.



MANAAKI

welcome people and appreciate each other



CARE

for yourself and each other – hold the space lightly



ENJOY YOURSELF

bring your energy, fun, enthusiasm, and happiness



BE KIND AND LISTEN

we're people just trying to be people. Listen to understand. Don't judge – care



GO WITH THE FLOW

change as we learn



SHARE

engage, commit, contribute. Lend your skills, experience, heart, and mind



TAUTOKO EACH OTHER AND THE KAUPAPA

trust each other

DIRECTION OF TRAVEL

Overview

The table sets out an array of initiatives that Wellington Free could launch to help it fulfil its purpose of supporting the community. They range from working with hapū to deliver services from a Te Ao Māori view, to launching a mobile health bus with allied health partners. Some initiatives are big – like the bus; and some are small – like having more regular BBQs with Wellington Free staff. Many will require collaboration with others, and some we can develop and launch ourselves. All are relevant to Wairarapa; only some are relevant to the whole of the Wellington region.

How we got there

From the stories shared with us during interviews and workshops, we identified 13 areas in which problems kept coming up. We called these ‘opportunity areas’. They were:

- Health literacy (when to call 111, for example)
- Staff wellbeing
- A Wairarapa ‘health hub’
- Technology infrastructure
- Mental health

- Supporting primary healthcare
- Ageing population
- “Nothing about us without us” (an opportunity about decision-making)
- Making the most of our trusted relationships
- Respecting traditional health practices
- Working better together for improved outcomes
- Treating people at home

During workshops, participants chose an opportunity area and framed some “how might we” questions. Ideas were generated from these questions.

For example, “how might we support primary healthcare?” led to conversations with practice managers at local medical centres. From there, an initiative was developed to explore provision of Extended Care Paramedics services together with medical centres.

The initiatives were prioritised against our kaupapa to help us determine which to focus on first (see the table on the following page for a full list of initiatives).

What next?

Wellington Free will review the initiatives to confirm which to progress further. Other work-ons for each initiative include the following.

- Checking what’s already being done (within Wellington Free and in the community), to avoid duplication
- Bringing in partners where relevant
- Undertaking further testing with stakeholders
- Scoping level of required resources (people, materials, time)
- Estimating costs against budget
- Identifying and then fulfilling our Te Tiriti obligations
- Reviewing initiative from a Te Whare Tapa Wha perspective
- Mapping initiative(s) on a timeframe

PROGRAMME OF WORK

#	Initiatives	Do now	Do soon	Do later	Parked	Wairarapa	Wellington	Focus areas					
								Primary care support	Mental health and social isolation	Relationships	Health pathways	Our team	
1.	Deepen relationships with allied partners	●				●		●	●	●	●	●	●
2.	Create community liason role	●				●		●	●	●	●		
3.	Upskill our staff in ECP competency	●				●	●	●		●			●
4.	Staff wellbeing checks	●				●	●						●
5.	Broaden staff wellbeing initiatives		●			●	●						●
6.	Provide partner orientation on what we do		●			●	●	●	●	●	●		
7.	Implement social isolation checklists		●			●			●		●		
8.	Targeted 111 campaign – call us for ANY health need		●			●	●	●	●	●	●		
9.	Create policy to prioritise care for our sickest patients		●			●	●	●			●		
10.	Hapū-specific collaboration		●			●		●	●	●			
11.	Increase diagnose and treat at point of care services		●			●	●	●			●		
12.	Wairarapa Leadership Hub		●			●				●			●
13.	“Free-shift” rostering		●			●	●						●
14.	Increase scope of non-emergency phone support		●			●		●			●		
15.	Re-prioritise consumables based on region’s needs		●			●	●	●		●	●		
16.	Partner with local medical centres to provide ECP competency			●		●	●						●
17.	Sub-brand of Wellington Free Ambulance (Wairarapa identity)			●		●				●			●
18.	School and community education programme			●		●	●			●			
19.	Mobile allied health bus			●		●	●	●	●	●	●	●	●
20.	Static allied health hub			●		●		●	●	●	●	●	●
21.	Mobile diagnostic technology			●		●	●	●			●	●	●
22.	Wellington Free community event				●	●				●			
23.	Non-emergency number for Wairarapa health navigation				●	●	●	●	●	●	●	●	
24.	111 app (informative)				●	●	●	●	●		●		

#: Initiatives are numbered throughout the rest of the report for ease of reference

KAUPAPA

Origins of our kaupapa

Together, co-design how ambulance services can help support community health, resilience, and wellbeing in Wairarapa.

Wellington Free took over ambulance services from Wairarapa DHB in 2012. The headquarters has been based in Pōneke/Wellington since that time. In 2018, we started looking at how to better support Wellington Free's Wairarapa communities. We decided to work on this together with the people of Wairarapa, mana whenua, partners and others in an accessible, public space.

Working 'together' meant involving our communities from the start. We held a half-day workshop with health stakeholders to co-design a draft kaupapa statement and identify potential opportunity areas. Through a series of framing meetings with a core group of Wellington Free staff from across the organisation, we refined the kaupapa.

Reflection

We do some amazing work for our Wairarapa community. As we anticipated, there's lots more we could do to support community resilience and wellbeing.

We want to integrate Te Tiriti and Te Whare Tapa Wha into everything we do. We are still learning what this means for us in practice. Wairarapa could be a great place for us to start applying our learnings. There was interest from our people and our healthcare providers to increase the level of Extended Care Paramedics services we offer. This aligns neatly with our intention to support community resilience. The pop-up has also sparked a number of conversations with the community and our partners that will continue to inform where we go from here.

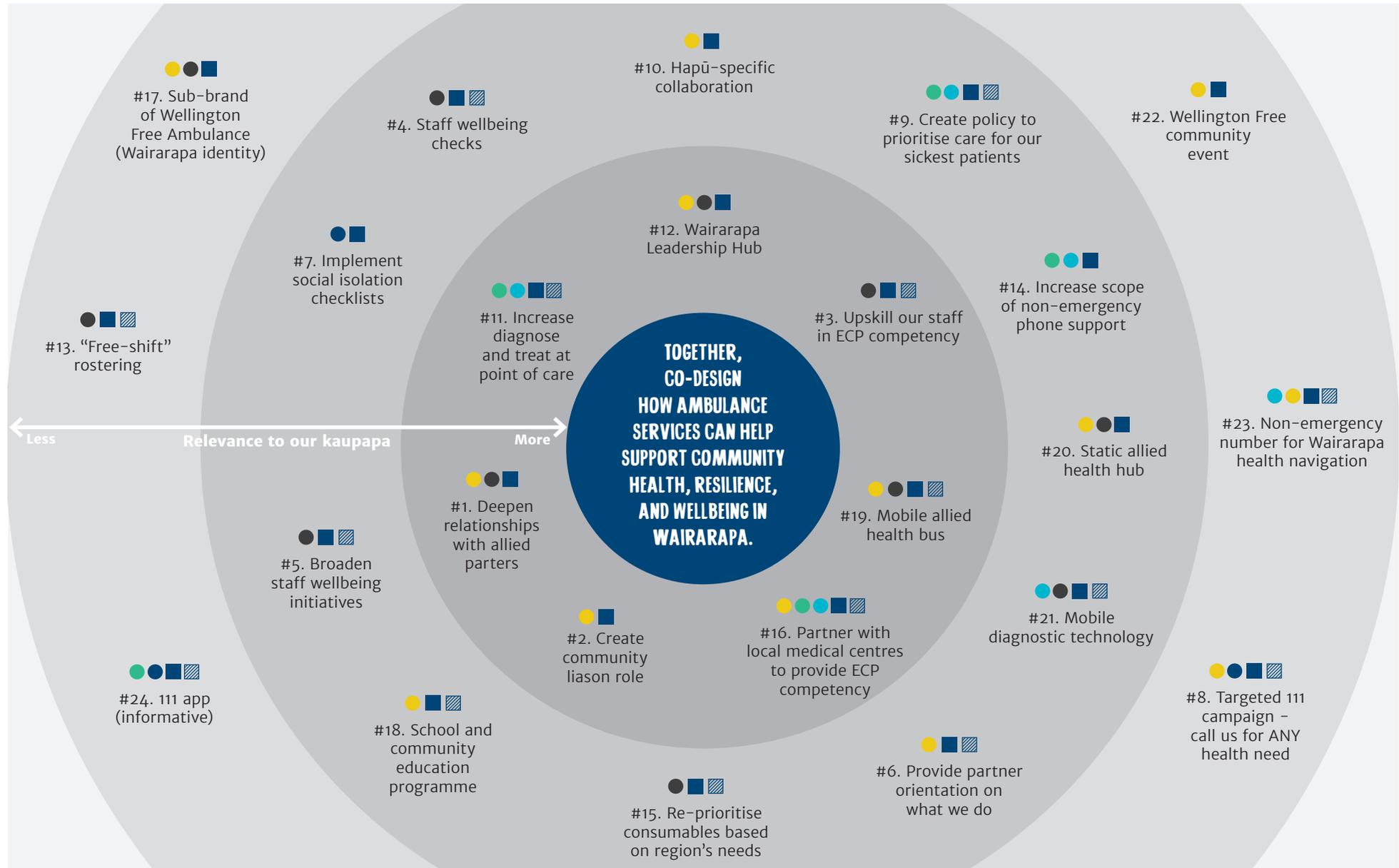
We note an important qualification to the findings and initiatives presented in this report. They represent the views of participants who attended workshops during the pop-up. They need further testing with the community, mana whenua, wider Wellington Free team, partners, and stakeholders.

Prioritisation

We co-designed prioritisation criteria to help us identify which initiatives best fulfil our kaupapa:

1. Does the initiative fulfil our Te Tiriti obligations?
2. Does the initiative align with our kaupapa?
3. Does the initiative align with our outcomes?
4. Can we get the resource or collaborate?
5. Does the initiative support Te Whare Tapa Wha?
6. If the answer to all of the above is yes, then prioritise ideas and concepts by how essential they are to fulfilling our outcomes. Is it a necessary condition? If we don't do it, can we still achieve our outcomes?

PROGRAMME OF WORK MAPPED AGAINST OUR KAUPAPA



- Primary care support
- Mental health and social isolation
- Relationships
- Health pathways
- Wairarapa
- ▨ Wellington
- Our team



FOCUS AREA ONE

PRIMARY CARE SUPPORT

What we know

Primary health services are under significant pressure in Wairarapa. Specifically, it's hard to recruit and retain GPs.⁵ With fewer GPs available, patient lists are commonly full or almost at capacity.⁶ This can result in people delaying medical care, with the consequence of needing Wellington Free's emergency services.⁷

Other healthcare services, including our own, also face increasing demand. Over the last five years, emergency ambulance responses have increased by 15%.⁸ Wairarapa Hospital has been operating at capacity in recent years.⁹ Factors cited by the DHB include recruitment challenges and rapid rises in routine surgery wait lists.¹⁰

These factors hint at the challenges faced by other PHOs. Healthcare providers are doing their best to cope with the pressure. Meanwhile, a shortage of primary healthcare support paves the way to lower rates of community health and resilience.

In the next
1-5 years,
36%
of GPs intend to
retire in Wairarapa

There is a
forecast of an
32%
increase of 65+ year olds
in the next 10 years in
New Zealand

What we learnt

We heard that fewer GPs are choosing to practise in Wairarapa long-term.¹² At the same time, Wairarapa has become a popular retirement destination.¹³ The 65+ age group is projected to increase by 32% over the next decade.¹⁴ We can deduce that the average patient is increasingly likely to have complex medical needs.

People want to be treated in their own home. But medical centres are often too busy to consistently offer home visits to those that need them.¹⁵ We observed that they are often too full to take on new patients and too overwhelmed to develop proactive, preventative health initiatives to the extent they'd like to. This pressure has led some medical centres to consider how they can provide Extended Care Paramedic services from their organisations.¹⁶

⁵ Medical Council of NZ (The New Zealand Medical Workforce in 2017), <https://oldgpi16.rnzcgp.org.nz>

⁶ Interviews with practice managers at Masterton Medical, Whaiora, Greytown Medical Centre and Martinborough Health Centre, October 2019

⁷ Interviews with pop-up visitors, October 2019

⁸ Stats NZ

⁹ Wairarapa Hospital latest news, 12 July 2017 <http://www.wairarapa.dhb.org.nz/news-and-publications/latest-news/2017-07-12-hospital-operating-at-full-capacity/>;

Wairarapa DHB media releases, 23 October 2019

¹⁰ Wairarapa DHB media releases, 23 October 2019

¹¹ Wairarapa DHB media releases, 23 October 2019

Medical Council of NZ (The New Zealand Medical Workforce in 2017), <https://oldgpi16.rnzcgp.org.nz>

What next?

The Government recently announced that paramedic services will officially be designated as a regulated health profession from 1 January 2020. This is an opportunity for Wellington Free to look at new ways of supporting primary care providers. Initiatives developed during the pop-up:

- | # | KEY PRIMARY CARE SUPPORT INITIATIVES |
|-----|---|
| 1. | Co-designing how to share patient information with our healthcare partners |
| 11. | Working with PHOs and the DHB to identify where and how paramedics' triage skills might be called upon |
| 15. | Partnering with local medical centres to provide Extended Care Paramedics services to help alleviate pressure in availability and accessibility of primary care |
| 19. | Launching a Wairarapa mobile allied health bus, to educate the community on how we can support them, and to provide preventative care such as blood tests |

¹² Interview with local practice managers, October 2019

¹³ Interview with Masterton District Council, October 2019

¹⁴ Medical Council of NZ (The New Zealand Medical Workforce in 2017) <https://oldgpi16.rnzcgp.org.nz>

¹⁵ Interviews with local practice managers, October 2019

¹⁶ Interviews with local practice managers, October 2019



FOCUS AREA TWO

MENTAL HEALTH AND SOCIAL ISOLATION

What we know

Mental health, labelled by the media as “New Zealand’s quiet crisis,” is an overwhelming issue in Wairarapa. Carterton, for example, has the highest level of self-harm related hospitalisations in the country. It also has a higher than average suicide rate.¹⁷ During the pop-up, we heard many personal stories of depression, anxiety, addiction, social isolation, and loneliness.

Many paramedics identified with social isolation as a mental health problem they routinely encounter in their work. Social isolation is an absence of social contact. It can lead to loneliness, depression, and lack of timely medical attention. The focus on social isolation in the pop-up reminds us that not everyone experiences Wairarapa as a strong, and connected community.

What we learnt

Pop-up visitors often referred to incidences of poor mental health as a growing concern in Wairarapa. However, not many initiatives started out as an idea specifically addressing mental health. It appeared people simply didn’t know where to begin. This is unsurprising given the general agreement nationwide that mental health is an extremely complex issue, current systems are under pressure, and those systems often miss key components of care.¹⁸ Even so, as the table on page 9 illustrates, a number of initiatives do in fact address mental health.

Some of our healthcare partners are already out there making a huge impact in the mental health sector. Age Concern and Connecting Communities work to strengthen the support networks of individuals and neighbourhoods. Pathways Wairarapa provides free mental health and addiction recovery services, and expressed enthusiasm for working more closely with Wellington Free.¹⁹ Te Hauora offers kaupapa Maori health services including drug and alcohol support.

What next?

Next steps we could take in relation to mental health could include:

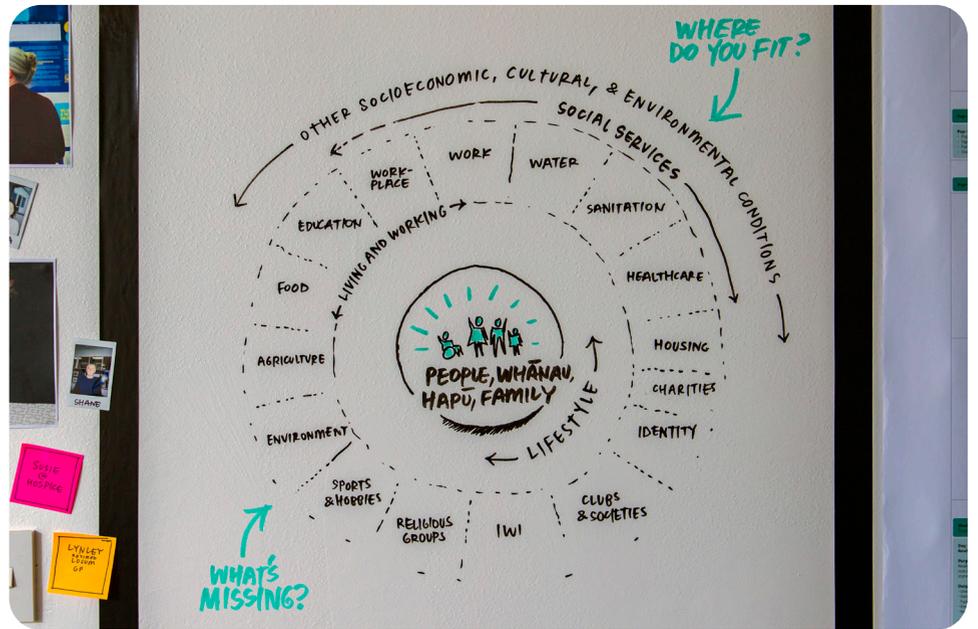
KEY MENTAL HEALTH AND SOCIAL ISOLATION INITIATIVES

1. Building stronger relationships with specialty services such as Pathways Wairarapa and Te Hauora to understand how and when they can step in as a referral partner
Researching how ambulance services support the mental healthcare sector in other countries to give us more ideas on how Wellington Free might tautoko/support these services
7. Developing a paper-based ‘social isolation checklist’ for paramedics, that comes with a directory of mental health and community oriented services to whom paramedics could refer on ‘at risk’ patients
14. Extending our self-care phone service to include mental health counselling

¹⁷ Infometrics Regional Wellbeing Report, 2019

¹⁸ He Ara Oranga: report of the Government Inquiry into Mental Health and Addiction 2018

¹⁹ Interview with Pathways Wairarapa at Karakia Forum, October 2019



FOCUS AREA THREE

RELATIONSHIPS

What we know

Functional relationships build resilience – and vice versa. Good information sharing leads to better patient experiences and outcomes – and vice versa. Our stakeholders already appreciate this. This year for example, Wairarapa DHB stated that regional collaboration is a “significant focus”.²⁰ Against this is the reality that healthcare services are often under too much pressure to make time to connect with others about a shared patient, or to know of referral options.

What we can do is use this knowledge to help shape how we create, maintain, and invest in relationships with mana whenua, the public, the DHB, healthcare providers, schools, other social services, and NGOs.

What we learnt

We have positive relationships with the people we work with. They love our service. However, they often mistake us for another provider or aren't sure of the extent of what we can do to help.

During the pop-up, we found that healthcare providers in particular were too busy to attend workshops. When we went to them, a consistent pain point was information sharing methods. For example, District and Plunket Nurses often miss out on being sent relevant information on their families (by ED, GPs, or others). Some GPs find the Wellington Free's sharing method (a 'Code Sheet') time-consuming to navigate and digest. Other GPs are exploring how to create better information sharing with Oranga Tamariki.

What next?

The first step is to deepen existing relationships and build new ones. By connecting and learning about our healthcare and community partners, we have the opportunity to share who we are and what we do. This might be achieved through:

KEY RELATIONSHIP INITIATIVES

1. Establishing regular 1:1 meetings with healthcare partners like medical centre practice managers to share pain points and opportunities to support one another. Participating in the Karakia Forum, a weekly collective to share karakia and network with other agencies – and exploring how to bring this beautiful example of connecting to other areas we work in.
2. Developing a community liaison officer role so there is a dedicated person in Wairarapa working with partners to clarify, develop and test opportunities for cross-healthcare collaboration.

²⁰DHB media release, 23 October 2019



FOCUS AREA FOUR

HEALTH PATHWAYS

What we know

A helpful way to think about health pathways is a map. Pathways are the roads showing how a patient can access destinations like treatments, services, and specialists.

In theory, every person involved with the patient can see the whole map. In practice, information sharing was consistently identified as a pain point.

An idea floated in the pop-up was initiating multi-disciplinary team meetings as a way to 'share the map around'. Against this were stories of healthcare practitioners attending such meetings previously and walking away having learned little.

People also have varying levels of knowledge when it comes to the myriad of pathways a patient may need. Some are straight-forward – such as ways to access a GP. Others are not – such as who to call when a house visit reveals the patient has an unkempt house and an apparent lack of support networks.

²¹Rural Women NZ (Accessing Rural Health Services), 24 July 2017; Innovations Unit (Ngā Kokonga Ngākau), October 2018

²²<https://www.mastertonmedical.co.nz/fees/after-hours/>

²³DHB media release, 25 March 2019.

What we learnt

We know that some populations, for example rural mothers, and Māori, find it more challenging to navigate the healthcare system than others.²¹ Roadblocks include physical distance to the healthcare service, a lack of transport, cultural needs not being met, and not knowing who to go to for help.

Societal beliefs may also form roadblocks. For example, we heard from many people that their elderly relative won't call 111 after-hours. This is often due to a mistaken belief that their call will pull the paramedic out of bed.

Financial constraints can also determine what pathway the patient chooses. All medical centres in Wairarapa close by 7pm. An after hours services is available – at a cost. An adult who isn't registered with a Wairarapa medical centre might have to pay up to \$85.²² This cost is essential to keep the service going, but it does mean some people will choose to go to ED (a free service) instead.²³ This choice can place more demand on ED services, leading to longer wait times for low priority patients.

What next?

People frequently pointed to health literacy as a way to improve community resilience and wellbeing. Initiatives in this space included:

KEY HEALTH PATHWAYS INITIATIVES

1. Providing localised training to our people on Wairarapa's health pathways
8. Taking the United Kingdom's lead in rolling out a separate number for non-emergency health situations and launching a campaign to educate people on when to call 111
10. Upskilling our people on the Te Whare Tapa Wha model and how to apply it
18. Developing a community and school education programme, ideally run in collaboration with allied health partners



FOCUS AREA FIVE

FOR OUR TEAM

What we know

Our staff are the heart of what we do. When we look after our team, we are setting them up to look after the communities they work in. Our people know what they need in order to improve their experience, and the experiences of their patients. They highlighted learning and development, wellbeing, and autonomy as the fundamentals of a thriving organisation.

What we learnt

The Wairarapa team sometimes experience delays in resourcing and other decisions at headquarters. For example, energy to launch a Wairarapa-based Heartbeat programme dissipated after delays in securing approval from the headquarters. Our staff understand that everyone operates under sometimes challenging time constraints. One way to fast-track processes within the organisation could be empowering the Wairarapa team to make decisions at a local level.

²⁴Interviews with local practice managers, October 2019

²⁵Interview with pop-up visitor, October 2019

People's health needs and expectations are becoming more complex and specialised.²⁴ Our staff highlighted the importance of regular learning and development opportunities to keep relevant. A further consideration is how to create space in paramedics' busy and unpredictable schedules to attend training.

Our staff are working in or for the community, 24 hours a day, seven days a week. Looking after their hauroa/wellbeing is paramount to ensuring they have the strength and resilience to look after the people they serve.

One visitor to the pop-up put it well when they said: "Resilience is the most important skill you give a person – it is learned."²⁵ Examples of how we can build our staff up as role models in resiliency include reorienting staff culture around seeking EAP services, and holding regular social gatherings.

What next?

Five key initiatives were developed to help our staff better service our communities:

- | # | KEY TEAM INITIATIVES |
|-----|--|
| 3. | Developing a learning and development framework that supports a shift towards delivering more Extended Care Paramedics services |
| 4. | Launching a staff wellbeing check-in for paramedics who are coming off a shift that involved a challenging job |
| 10. | Working with Māori partners to develop education opportunities for staff on Te Tiriti obligations and application of Te Whare Tapa Wha in the context of Wellington Free |
| 12. | Establishing a Wairarapa leadership hub that manages operations, personnel, community engagement, logistics and fundraising for the region. |
| 16. | Developing technology to record and request restocks of consumables in real-time |

EXIT

HISTORY

1840: EUROPEAN SETTLEMENT BEGINS IN WAIRARAPA

1844: LAWRENCE DAWSON'S

1856: CONSTITUTION OF THE PROVINCE OF WAIRARAPA

1908: FIRST WAIKAREMOA AMBULANCE (BASED IN HASTINGS)

1920: FIRST AMBULANCE SERVICE OPERATING IN THE WAIKAREMOA DISTRICT

WHAT WE MEAN BY AMBULANCE SERVICES?

WE'RE MORE THAN AMBULANCES

MISSION STATEMENT

VALUES

VISION

STRATEGIC OBJECTIVES

KEY PERFORMANCE INDICATORS

STAKEHOLDERS

PURPOSE

Purpose

Together, co-design how ambulance services can help support community health, resilience and wellbeing in Wairarapa.

Objectives

Output

Report on findings opportunities identified by the group

GUIDELINES

OUTPUTS

YOU!



WAIKAREMOA
PC
TE HUMANI

AMBULANCE SERVICE
UP
WAIKAREMOA

THANK YOU

We would like to thank you for stopping by the pop-up, attending workshops, sharing your whakaaro, and having a kōrero with us.



PEOPLE OF WAIRARAPA OUR PATIENTS
OUR PARAMEDICS MASTERTON MEDICAL
WAIRARAPA DISTRICT HEALTH BOARD
THE MĀORI HEALTH TEAM GREYTOWN MEDICAL CENTRE
WHAIORA CARTERTON MEDICAL CENTRE TRUST HOUSE
MARTINBOROUGH MEDICAL CENTRE CITIZENS ADVICE BUREAU
HEART FOUNDATION WAIRARAPA MASTERTON DISTRICT COUNCIL
NEW ZEALAND POLICE WAIRARAPA MEMBERS OF THE KARAKIA FORUM
CARTERTON DISTRICT COUNCIL SOUTH WAIRARAPA DISTRICT COUNCIL
HOSPICE WAIRARAPA KAHUKURA AGE CONCERN WAIRARAPA VILLAGE
HEADQUARTERS FIRE EMERGENCY NEW ZEALAND WAIRARAPA PLUNKET FAB
STAFF TE ROOPU WHAKAHAERE MENZ SHED FEATHY



