



October Community Panel Meeting Minutes

Date	6 October 2021
Time	2.00-4.00pm
Venue	Zoom
Attendees	<p>Api Talemaitoga, Aram Kim, Anthony Taueki, Habib Ulla Marwat, Jordon Milroy, Michelle Mascoll, Sarah Sparks, Chloe Kincaid, Kimba Stainton-Herbert, Jessica Ferreira, Amber Bill, Daniel Kawana and Rory McKenzie.</p> <p>Guests: Philip Hill from CICRIAG, Stephen Harris from the Ministry of Health and Megan Stratford from DPMC Policy team.</p>
Chair	Sarah Sparks
Minute taker	Chloe Kincaid

Item 1: Welcome and apologies

1. Sarah Sparks welcomed members with a karakia and invited others to take turns at opening and closing the meetings with their own karakia.
2. Sarah sent out readings, including a pānui on ethics to the group ahead of the hui and discussed how she frames these issues when she's reading them to guide her on justification, equity, transparency, legalities, dignity, ethics, Te Tiriti etc.
3. Sarah then welcomed Philip Hill and provided some background on his previous experiences in epidemiology and prior public health research work.

Items 2-9: Minutes and Actions

4. The Panel took turns at giving quick updates on the current situation in their communities. Aram Kim and Api Talemaitoga both discussed the level of fatigue in their communities and that there is a lot of uncertainty and anxiety in patients that they are seeing.
5. Chloe asked for agreement on the previous minutes which were agreed to.
6. Stephen Harris, a Policy Manager at the Ministry of Health joined the meeting and he provided an **update on the Ministry's Reconnecting New Zealand work programme**. He emphasised that New Zealand is still trying to maintain the elimination strategy by having zero tolerance towards new cases and that greater health system capacity will underpin greater freedoms and less restrictions.
7. The Ministry is currently working on the health system capacity and working across agencies to ensure system readiness. Stephen indicated that the team is currently looking at options for

managing risks with open borders, including community care and containing outbreaks within communities.

8. Sarah asked about working with Māori health providers and ensuring Te Tiriti obligations are met and Stephen said that these are being considered and his team is working with the Māori Health Directorate.
9. **Megan Stratford then gave an overview of the proposed vaccination certificates** and how they would work domestically in New Zealand. The presentation was sent out before the meeting and is attached to these minutes.
10. Megan discussed potential exemptions to vaccination certification on medical grounds and for children under 12 years old. There will be a framework for this and the Ministry of Health is developing the technology needed to provide a straight yes/no answer whilst respecting privacy and dignity.
11. Sarah asked Megan to consider allowing communities deciding what would work for them for particular events or gathering, the example given was wānanga at marae and iwi deciding how this could work for marae-based gatherings.
12. Aram asked when the vaccine certificate would be issued, e.g. how long after the second vaccination and asked about numbers of people that would be allowed into events without vaccinations. He also discussed the need for more resources to go into vulnerable populations to encourage vaccination uptake before the introduction of such certificates.
13. Megan said that the vaccination certificate would be likely to be most used for high risk events, e.g. over 100 people. Public health advice is that negative tests are not as effective as vaccinations which means that the preferred method of restriction would be vaccination. Megan also pointed out that the requirement for vaccination will be time limited, at some point vaccination won't be a requirement for strong public health measures.
14. Api suggested that decisions should be based on public health principles and that restrictions should be based around certain percentages of vaccinations. He also brought up again, the point of communities knowing what their people need the most. He gave an example of being at a Samoan vaccination event in South Auckland where food parcels were given out to all those getting vaccinated instead of vouchers for supermarkets, as majority of the supermarkets in that area were locations of interest.
15. Michelle raised the issue of how to balance the need for certification of vaccination with those afraid of providing identification for a number of reasons.
16. She raised issues of print versus digital certification – if someone isn't able to use a smartphone and doesn't have a printer, how would they have access to a certificate? This would just provide these people with another reason not to get vaccinated.
17. Jordon raised further issues with accessibility:
 - a. The COVID app is not very accessible to use for scanning for those with limited mobility
 - b. Building the vaccination certificate into the scanning app would be another obstacle for the disabled community
18. **Amber then provided an update to the Community Panel on the 'traffic light framework'** material that they had consulted on the week previously.
 - a. First note – this still needs to be agreed by Cabinet.
 - b. They will likely continue with the traffic light and the three different levels.

- c. The thresholds for moving levels/transition between them still needs to be clarified and is a work in progress. The team has taken the note about being explicit on any use of settings similar to Alert Level 3/Alert Level 4.
 - d. There will be clarity sought on how the elimination strategy fits into this framework, e.g. would one community case cause a shift in traffic lights.
19. Aram raised the need for clarification on the restrictions to lessen the uncertainty for people. E.g. the current settings in Auckland with meeting up to 10 people in outdoors setting – this has created confusion on whether this is including your current household or not.
 20. Sarah supported Aram in that the messaging is currently confused and not clear as there seems to be variations with meeting rules. She emphasised that less is more in terms of communications when in a pandemic, particularly in a complex situation.
 21. Habib raised an issue of vaccination certificates being free as he had heard from some peers that they had paid \$400 to get a certificate to go back to their home country. Chloe and Amber are going to look into this as any current certificate should be free.
 - a. Michelle also wanted clarification on access to vaccination certificates and costs for doing so, particularly for non-New Zealand citizens and residents. She also raised the question of how this would work for those who have had their vaccination overseas and then returned to New Zealand. Aram also saw this as a significant issue in many ethnic communities.
 22. Sarah discussed the possibility of a criteria matrix being developed to see whether vaccination certificates should be used in certain settings. This would include considerations such as ethics, risks to public health/epidemiology, cultural considerations, economics, spiritual/faith, Te Tiriti, legalities, community, etc.
 23. The **discussion then moved to lessons/learnings and opportunities** that were gained through the Alert Level 4 lockdown in Auckland:
 - a. Different communities know what works best for their people. Michelle gave an example of food vouchers being better than food parcels for people in her community to enable people to get the products they need with dignity (e.g. trans male needing sanitary products).
 - b. The vaccination taxis have been seen as a positive improvement for people who are still not comfortable being outside or around a lot of other people.
 - c. There has been over-policing in some areas but then no police presence in others. Example given was that there seems to be a heavy police presence in West Auckland but none in Ponsonby.
 - d. Jordon raised the point of trying to remember the people who struggle but don't ask for support. There are many, especially in his community, that need communication, support, assistance but don't ask for it and it's important to be able to help those people.
 - e. Across communities, many times resources are not distributed evenly, even between NGOs. Some are begging for resources and some (from different ethnic backgrounds) are getting more than they actually need.
 24. Habib discussed vaccinations and that the last 10-20% of the population either doesn't see vaccination as a priority or has decided not to get vaccinated. He said more resources need to be employed and in innovative ways to convince these people to get vaccinated.

25. Sarah was concerned that Māori don't have the same vaccination rates as the general population. She had some suggestions for how Māori vaccination rates could be increased, including:
 - a. Allowing data sharing with community based health providers to allow them to do targeted vaccination drives in particular communities.
 - b. Supporting communities to support their people, e.g. supporting gangs to encourage gang whānau to be vaccinated.
26. All of the Panel members raised issues with the diversity at the 1pm stand-ups. It would be a relatively easy issue to fix and it just reinforces 'otherness' from many communities as they don't see any representation in Government.
27. Sarah discussed how the lockdowns have shown us about our vulnerabilities to our dependencies, whether it be family, supply chains, healthcare, etc.
28. Rory McKenzie shared that 16 October will be National Vaccine Day and will share the link to the press release with the Panel.
29. All of the Panel members shared similar sentiments about moving to a different framework, e.g. the 'Traffic Light' framework will create a lot of uncertainty and anxiety. In general, the population is used to thinking about the Alert Levels and case numbers so to shift the thinking to unlinked cases or hospitalisations will take a lot of time, clear communication and support from the government with community.
30. The **discussion then turned to stakeholders** that the group could engage with to bring the kōrero to a wider audience.
31. Habib raised an issue of faith-based members missing from the picture – potentially could engage with the Ministry for Ethnic Communities to include these perspectives.
32. All of the Panel members would like to hear from the Ministry of Social Development in terms of the services they are providing and how their service provision functions. This could also include someone from the Ministry of Youth Development and from the Office for Seniors.
33. Aram would like to hear from someone from the Ministry of Education in relation to supporting the education sector as this has a significant impact on families.
34. Sarah invited Philip Hill to share his insights to finish the meeting. He shared:
 - a. The overlapping areas of insights with the Community Panel and the CICRIAG, including whether resourcing to different social service providers has been biased or unfair and the lack of diversity at the 1pm standups.
 - b. He agreed with the criteria methodology needing to be clearer for any sort of vaccination certification and liked Sarah's eight criteria example.
 - c. Lastly, he spoke to the relative simplicity of the current Alert Level framework and any move to a different framework would need to maintain simplicity.
35. The **key insights** that came from the panel discussion were:
 - a. Accessibility remains a significant issue across the COVID response. There are many areas for improvement and needs to be an important part of future considerations.
 - b. There is a lot of exhaustion, particularly in Auckland, with the current settings and response.

- c. Communities need to be given more power and resources to make decisions and provide support to their people.
- d. Ethnic communities will likely be wary of vaccination certificates because of issues around costs, vaccinations from other countries and how it could be used to prove vaccination in overseas countries.
- e. More support and resources need to go into areas of communities that have low vaccination rates to strengthen accessibility and encourage uptake.

Item 9: Final thoughts and wrap up

36. The meeting closed at 4.00pm with a closing karakia from Sarah.

Action register – Live actions

	Date of meeting	Action	Responsible owner	Due date	Comments
1	03/08/2021	All Panel members to sign and send confidentiality and conflict of interest documents.	Panel members.	01/09/2021	COMPLETE
2	03/08/2021	Send amendments to the Terms of Reference before next meeting.	Secretariat.	01/09/2021	COMPLETE
3	03/08/2021	Secretariat to provide Panel with wording to use if asked about Prime Minister's public forum next week.	Secretariat.	06/08/2021	COMPLETE
4	1/09/2021	Provide feedback on the Reconnecting New Zealanders presentation and the stakeholder mapping from DPMC before the next meeting.	Panel members.	01/10/2021	COMPLETE