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15 October 2021

Scott.

By email: fyi-request-15571-da3dea56@requests.fyi.org.nz
Ref: H202110077

Tēnā koe Scott

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) on 6 August 2021 for:

> *"…copies of all COVID-19 Immunisation Implementation Advisory Group meeting minutes, dated March to July 2021"*

The Ministry has identified eight documents within scope of your request. All documents are itemised in Appendix 1, and the grounds under which I have decided to withhold information are outlined. Where information is withheld, this is noted in the document itself. Please note, there is also a sub-group to the Immunisation Implementation Advisory Group, called Tātou Whaikaha, which provides perspectives of people with disabilities. We also hold the minutes of meetings of Tātou Whaikaha. If you would like to request a copy of the Tātou Whaikaha minutes, please let us know.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Nāku noa, nā

Jo Gibbs
National Director
COVID-19 Vaccine and Immunisation Programme

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	2 March 2021	COVID-19 Immunisation Implementation Advisory Group (IIAG): special meeting minutes/actions	Released in full
2	5 March 2021	IIAG meeting: minutes/actions	Released in full
3	19 March 2021	IIAG meeting: minutes/actions	Released in full
4	14 May 2021	IIAG meeting: minutes/actions	Released in full
5	28 May 2021	IIAG meeting: minutes/actions	Released in full
6	25 June 2021	IIAG meeting: minutes	Released in full
7	9 July 2021	IIAG meeting: minutes	Released in full
8	22 July 2021	IIAG meeting: minutes	Released in full

Document 1

Minutes/ Actions

IIAG Special Meeting

Date:	Tuesday 2 March 2021
Time:	12:00pm – 1.15pm
Location:	Teams
Attendees:	Ana Bidois, Api Telemaitoga, Angela Ballantyne, Carl Billington, Denise Mackay, Dr Rawiri McKree Jansen, Keriana Brooking, Loretta Roberts, Michael Dryer, Nikki Turner, Rhonda Sherriff, Taima Campbell, Te Puea Winiata, Wendy Illingworth, Casey Pickett, Nicky Birch

Item	Agenda Item
1.	**Introduction** • Wendy opened explaining that there are two pieces of advice that the Programme is working on this week; a process for alert level decisions and what they mean for the immunisation programme, and a paper on what the current outbreak means for sequencing scenarios. • Casey explained the current situation and a view of next steps. Cabinet wants reframed advice on the Sequencing Framework with a strong link back to the elimination strategy. The team is updating the paper this week, which will include options for responding to the current outbreak in South Auckland.
2.	**Open discussion** • There was some consensus from the group that mashing scenario 1 and 2 is problematic. Casey clarified that changes in early February talked about a relentless focus at the border, which is why there is an option to bridge scenarios 1 and 2, as the border isn't finished yet. • Mat noted that from the MOH Covid Directorate point of view, we should stay in Scenario 1 because the cluster is controlled. However the team is also thinking about South Auckland and is undertaking operational planning to speed up delivery. There is potential for a large scale vaccination centre in South Auckland next week. • Rawiri suggested that if Auckland stays at level 3, it will be hard to argue against going to scenario 2. If Auckland moves to level 4 we need to focus only on South Auckland. This could include one dose for everyone and drive-through vaccination centres. • Keriana noted the difference between urgent and important. It will be important we don't lose sight of all the different strategies e.g. from an equity perspective, at what point do we stop feeling ok about the data? ***Action 1: Nikki Birch requested a direct contact for iwi in each region as they don't know who to work with and don't want to miss opportunities.***
3.	**Clarification of actions for IIAG** • Mat clarified that the discussion landed in two places: 1. MOH requested a consolidated position from IIAG on which sequencing scenario to operate under next week. This will be copied into the Cabinet paper. 2. The agenda for IIAG on Friday will focus on the design of the programme, including success criteria and tolerances, and workforce issues and options

Document 2

IIAG Minutes/Actions

Date:	5 Poutū-te-rangi/March 2021
Time:	1:00 pm – 4:00 pm
Chair:	Keriana Brooking
Attendees:	Dr Rawiri Jansen, Nikki Turner, Loretta Roberts, Beth Williams, Rhonda Sherriff, Kevin Pewhairangi, Silao Vaisola-Sefo, Dr Tristram Ingham, Nicky Birch, Vince Barry, Angela Ballantyne, Taima Campbell, Apisalome Talemaitoga, Mathew Parr, Carl Billington, Michael Dreyer, Tamati Shepherd-Wipiiti, Te Puea Winiata, Allison Bennett, Fleur Keys, Mat Parr, Jo Bourne, Ray Finch
Apologies:	

Item	Agenda Item
1	**Introduction and welcome** • Opened with a karakia. • Minutes from the last meeting and the special meeting on 2 March were confirmed.
2	**Conflicts of interest register – any updates** • No conflicts of interests were registered.
3	**Programme update** *Mat Parr (Programme Director) provided an update about the programme* • Mat noted that in response to the special meeting on scenarios for the sequencing framework, MOH is looking to send a letter directly from IIAG to Minister Hipkins. The group supported the letter and this approach. • The Sequencing Framework has been lodged for Cabinet on Monday. • Mat noted that there are multiple important components that are starting to come together to create and overarching strategy for the programme. Discussion: • The group noted that they are interested to see how everything is coming together and would like to have a view across the programme. The group would also like updates on how the programme is going. **Action 6:** Mat Parr to share daily reporting with the group and ask Jo Gibbs to give an update at the next meeting.
4	**Success framework** *Allison Bennett and Fleur Keys (Policy) provided an update about the vaccinator workforce*

6	**Auditor General advice update** *Mat Parr noted that the Auditor General is conducting an audit on the vaccine and immunisation programme to provide independent advice to parliament. This will involve a series of interviews, including with IIAG members. Mat suggested that IIAG will have a valuable view, seeing as they have been involved in the programme since the beginning.*
7	**Service Delivery Models** *Joe Bourne (GM, Event Pillar) presented an update on service delivery models.* • Jo ran presented MOH's work on service delivery models. The goal of this work is to ensure every site is safe, makes the most of existing processes, and manages constraints and trade-offs. Joe also noted that MOH is focussed on creating partnerships with stakeholders in the event design work, to ensure that people have trust in the programme to meet their needs. Discussion: • The group raised the fact that they haven't seen all the documents as a whole and would like to see alignment across the whole programme. • The balance between DHBs and MOH managing the immunisation programme was raised. Jo mentioned that he is doing a lot of thinking on this point and there are positives and negatives with both. • A question was raised about whether anyone can receive the same services in any region e.g. a person with disabilities. Jo explained that the idea with the different service delivery models is that there will be underlying consistency across the programme, but the partnership approach means that DHBs will be responsible for ensuring that everyone in their region has the ability to get vaccinated. • The issue of monitoring was raised again with a request for a central point for all the information to feed back to.
8	**Te tiriti and equity framework** *Tamati Shepherd-Wipiiti and Ray Finch provided an update on the equity strategies.* • Last week a set of funding instruments for the Māori and Pacific strategies was approved by the Governance Group and by Ministers. • Tamati explained that there is a cross-agency equity team that is being led by MOH in partnership with other agencies that work with specific populations e.g. OEC, TPK, MSD, MPP • The goal of this work is to line up all of the support, regardless of where it comes from so that there is a match of local and regional support around the country. There will be a monitoring framework next week that explains how these outcomes can be measured. • Ali gave an update on the Pacific strategy, explaining that it is on track and embedded into the governance of the programme. A focus at the moment is working with MPP on community fonos. • Rae provided an update on the disability strategy, including that a disability subgroup of IIAG is being set up.

	this with the need to reassure people that the vaccines are safe and there are enough for everyone.
11	**Closing/Karakia whakamutunga**

Action Tracker 5 March

Item	Action	Lead	Due Date
01	Share daily reporting with the group and ask Jo Gibbs to give an update at the next meeting.	Mat Parr	19 March
02	Refine the success framework and return with a second iteration.	Allison Bennett	19 March
03	Follow-up on start dates for Māori and Pacific communications plans.	Tamati Shepherd-Wipiiti	19 March
04	Provide RAG ratings for the technology components to the group.	Michael Dreyer	19 March

Document 3

IIAG Minutes/Actions

Date:	19 Poutū-te-rangi/March 2021
Time:	1:00 pm – 4:00 pm
Chair:	Keriana Brooking
Attendees:	Dr Rawiri Jansen, Nikki Turner, Loretta Roberts, Beth Williams, Rhonda Sherriff, Kevin Pewhairangi, Dr Tristram Ingham, Nicky Birch, Vince Barry, Angela Ballantyne, Taima Campbell, Apisalome Talemaitoga, Mathew Parr, Carl Billington, Michael Dreyer, Tamati Shepherd-Wipiiti, Te Puea Winiata, Allison Bennett, Fleur Keys, Mat Parr, Joe Bourne, Ray Finch
Apologies:	Silao Vaisola-Sefo

Item	Agenda Item
1	**Introduction and welcome** • Tristram opened with a karakia. • Minutes from the last meeting confirmed.
2	**Conflicts of interest register – any updates** • No conflicts of interests were registered.

3	**Communications and engagement**
	John Walsh provided an update about the comms programme
	• John is leading the comms programme out of DPMC for the next 3 months.
	• The tentative overarching position of the campaign is "the stronger our immunity, the greater our possibilities"
	• There are three tasks for the comms campaign:
	  ○ Inform people
	  ○ Help people to understand their role and plan for it
	  ○ Share the notion of possibilities from immunisation
	• John will send a plan to the group next week for discussion at the next meeting
	• The advertising campaign could begin in early April
	
	Rachel provided an update on the "soft launch" last weekend
	• A press ad and radio ad went live last week and will continue until April 11.
	• The social media campaign started on Wednesday
	• The campaign is based around "safe, effective, free" messaging
	
	Group discussion:
	• There were questions about how the general campaign relates to the Māori comms campaign. General consensus from the group was that the overarching campaign doesn't work for Māori and isn't moving quickly enough. Māori and

6	**Service delivery models** *Joe Bourne gave an update on service delivery models, explaining that they are a work in progress so there is time for the group to provide input. While the plan is to have national consistency, there will also be variability and flexibility for what DHBs need for their regions.* Group discussion: • The group raised that marae centres will need to be a relationship building exercise with iwi. • Taima asked how Māori providers are linked to DHBs. Tamati explained that there are multiple avenues but we need to manage communications between them. This is a work in progress. • Concerns were raised about providers obligation to abide by the standard operating model e.g. how much vaccinators are being paid differs across providers. MOH acknowledged this is an issue that is being worked through and a paper is going to Steering Group next week.
7	**Tech update (Michael Dreyer)** *Michael Dreyer provided a technology update.*
8	**Programme update including ops (Luke Fieldes)** *Luke provided an update on the programmes reporting.* Group discussion: • Need to also provide public facing reporting for transparency • Agree with iwi data being collected predicated on having Māori data sovereignty and Māori data governance in place, and using standardised iwi data sharing protocol
	Closing/Karakia whakamutunga

Action Tracker 19 March

Item	Action	Lead	Due Date
1	Share Mahi Tahi videos with the group	Gabe Para	
2	Bring back a report on "soft launch" campaign and who it has reached to next IIAG	Carl Billington	
3	Send a briefing to Ashley on Monday about role of IIAG.	Mat Parr	
4	Organise the collection of disability information for vaccinator workforce.	Michael Dreyer & Loretta Roberts	
5	Ensure IIAG is looped into significant decisions / progress in the programme.	Carl Billington	
6	Agenda items for next meeting: • Comms update for Māori, Pacific, Asian and Disabilities • Logistics of the programme		

Document 4

IIAG Minutes/Actions

Meeting - Friday 14 Haratua 2021

Date:	14 May 2021
Time:	1:00 pm – 4:00 pm
Co-Chairs:	Te Puea Winiata, Keriana Brooking
Members attending	Dr Angela Ballantyne, Nicky Birch, Taima Campbell, Dr Tristram Ingham, Rhonda Sherriff, Kevin Pewhairangi
MoH Attendees:	Jason Moses, Mat Parr, Carl Billington, Joe Bourne (item), John Harvey (item), Fiona Michel (item), Petrus van der Westhuizen (item), Tamati Shepherd-Wipiiti Carol Hinton (Minutes)
Apologies:	Dr Helen Petousis-Harris, Loretta Roberts, Dr Apisalome Talemaitoga, Dr Nikki Turner, Silao Vaisola-Sefo

Item	Agenda Item
1	**Introduction and welcome** • Keriana Brooking opened with a karakia. • Mat Parr noted that the Director-General of Health, Dr Ashley Bloomfield, was unable to attend this IIAG meeting but was keen to in the future. • Mat Parr apologised that due to a change of timing for the weekly Vaccine Ministers' meeting, he could only attend part of the IIAG meeting. • No conflicts of interest were registered.
2	**Terms of Reference (ToR) refresh** *Context* • Te Puea Winiata acknowledged Keriana's contribution in the expression of the concerns of the group over past weeks. • This meeting was an opportunity regroup and review the ToR. • Keriana felt the group would be happy to put forward its thoughts but leave Te Puea to work with the Ministry to refresh the ToR. She also acknowledged that some may not wish to continue their membership. *Role of IIAG* • Te Puea noted the Director-General's letter confirmed IIAG was the principal advisory group helping to design the overall programme, and assured us that the Group has been influential, with many recommendations moving into Cabinet papers. • Members want to feel there is a point to the amount of time and advice they will be giving going forward. Being advised in a more timely way when the Group's

	• Taima asked if the vaccine supply constraints related to supply as a whole, or were simply about sequencing, and whether there would be opportunities to be involved on the safety and quality network. • Mat Parr said that confirmed DHB plans to end June required 1.161 million vaccines against 1.25 million supply. He confirmed that New Zealand had enough vaccine in hand to deliver to these plans but needed to manage distribution and storage carefully to avoid wastage. We expect confirmation of ongoing supply in the new few weeks and are in daily contact with Pfizer. He also noted that DHBs were expected to have a strong equity focus when prioritising distribution of any unused vaccine. • Keriana asked if DHB plans were available to IIAG members (in particular the plan relating to a member's DHB). Mat will follow up on this. ***Action 3: MoH to consider how the information in the A3 can be enhanced to include more information which Members can circulate more widely.*** ***Action 4: MoH to follow up re membership of safety and quality network.*** ***Action 5: Mat Parr to consider if IIAG members can receive the rollout plan for their own DHB.***
4	**Service delivery/rollout sequencing (Joe Bourne)** • Joe noted findings of a recent research article re large scale vaccination sites across Europe. Large sites are best suited to those who are keen to be vaccinated and do not have provider preference. NZ rollout planning must consider groups who are not comfortable in that environment and who want a trusted local provider. • Taima agreed, also noting that many people in her area are keen to be vaccinated but nonetheless would not attend a large site. So mass vaccination may address volume, but not equity. • Te Puea endorsed she would like to see more DHBs working with providers to do smaller bespoke events over the larger events. She also noted that the group had no visibility over funding streams, in particular for disability support for community service providers. • Mat Parr advised that Vaccine Ministers have been clear with the Ministry, and the Ministry has in turn been clear with DHBs, that funding should not be a barrier to maximising uptake. Funding is only partially 'fee for service'. There is also a significant amount of money for targeted high needs services including in rural and whanau settings and the Ministry's expectation is that this money is available over and above the 'fee for service' amount. • Taima noted that funding issues in her region have meant that both DHBs and providers had expended their own resources to deliver vaccination services, and she was pleased this appeared to be on track to be resolved. • Taima noted she had been asked to set up a large vaccination centre with little advice or guidance. She asked if guidelines are available. ***Action 6: MoH to follow up re operating guidelines for setting up large vaccination centres.***
5	**Focus on equity** • Te Puea invited Jason Moses to update the Group. • Jason introduced himself as the vaccine programme's new Group Manager Equity. He confirmed that Ministers had a very strong focus on equity for the rollout programme.

	• Members were also very positive about the future opportunities this new role could provide beyond COVID-19 vaccination. Fiona confirmed this was a longer-term goal of the Ministry, noting further legislation change would be needed. **Surge workforce** • Tristram asked if disability data could be incorporated into the surge workforce database. • Fiona confirmed that the recent refresh of the database meant that MoH is now asking those registering on the database for this type of information.
	Closing/Karakia whakamutunga - Te Puea Winiata

Document 5

IIAG Minutes/Actions

Meeting - Friday 28 Haratua 2021

Date:	28 May 2021
Time:	2:30 pm – 4:00 pm
Co-Chairs:	Te Puea Winiata, Keriana Brooking (apology)
Members attending	Dr Angela Ballantyne, Taima Campbell, Dr Helen Petousis-Harris, Rhonda Sherriff, Kevin Pewhairangi
MoH Attendees:	Mat Parr, Allison Bennett, Joe Bourne, Luke Fieldes, Fiona Michel (item), (item), Tamati Shepherd-Wipiiti Carol Hinton (Minutes)
Apologies:	Nicky Birch, Dr Tristram Ingham, Loretta Roberts, Dr Apisalome Talemaitoga, Silao Vaisola-Sefo, Jason Moses (MoH)

Item	Agenda Item
1	**Introduction and welcome** • Te Puea Winiata noted that co-Chair Kereana Brooking would be late or unable to attend due to an unexpected delay. • Taima Campbell then opened the meeting with a karakia. • The minutes of meeting held 14 May were accepted with a correction to record Nikki Turner as an apology rather than being in attendance. • Te Puea advised that Nikki Turner had submitted her resignation from the IIAG due to her workload. Nicky had advised she will, however, be able to provide input as may be requested from time to time. Te Puea thanked Nicky for her support during her time as a member of the Group. • No conflicts of interest were registered.

2	**Matters arising from the previous Minutes**
	Te Puea invited Mat Parr to update on progress re the actions from the 14 May meeting, noting members' desire to receive regular updates on progress across the programme:
	• Re actions 1-3, Mat advised that:
	  ○ the meeting's agenda contemplated substantive discussion on the 'success framework'. The IIAG's advice would then be incorporated into a paper for the Steering Group and Cabinet in the next fortnight. This discussion would be important to help shape how the future success of the programme will be defined and measured.
	  ○ MoH is considering how the A3 (COVID-19 Immunisation Programme Update – paper 2) can be enhanced to better inform the IIAG.

	implement some new practices. Joe encouraged these providers to apply to IMAC for adjustments to their accreditation as soon as possible so that they don't impact on their starting date. Finally, Joe confirmed that MoH will provide guidance to help all sites know exactly what they have to do to be ready for their 'day 1'. *Group discussion re accreditation for cold storage* Te Puea Winiata and Kevin Pewhairangi strongly endorsed the approach outlined. Kevin noted that additional accreditation would impose a significant burden on providers and Te Puea noted her service already held three different forms of accreditation. Taima Shepherd asked if it was correct that only DHB personnel could supply the vaccine to sites. Joe Bourne confirmed this was correct currently, however, the model under development for Group 3 rollout has a main hub in each island, and the hub will supply directly to accredited vaccination sites. DHBs will be able to see where the vaccine is being delivered. Joe also advised that, as long as there is assurance about managing the cold chain during transportation, there will be no reason why a staff member from the vaccination service provider cannot collect directly from the DHB. IIAG members endorsed this model as taking a common sense approach.
	3.4 Workplace vaccination (Mat Parr) • A workplace vaccination model is under development. CVIP needs to work out which businesses/ workplaces will be able to have a vaccinator on site and how to apply a pro equity approach. ***Action 2: Provide 'high level project update' to next IIAG meeting and discuss the service design for delivery of vaccination through businesses and workplaces – issues include how we take a pro equity approach to this. [Mat Parr].***
	3.5 Funding • Fee for Service model is in place for DHBs - $500 million. • Additional money will be paid for higher needs vaccination – for example mobile services. • CVIP is monitoring DHBs to get more clarity on costings for their different vaccination service provision models. *Group discussion – funding model* Te Puea Winiata agreed that a 'fee for service' model works for scenarios such as rest home care. However there were challenges in being able to adequately describe a service provision model (and therefore a funding model) adequately for more remote/rural areas such as in the Far North, and for delivery to Maori and Pasifika communities. Therefore flexibility is also required. Several members of the group noted their 'on the ground' experiences of service provision and current funding arrangements could usefully inform the funding model discussion going forwards: o Te Puea's organisation had operated five different mobile facilities, and had experienced some frustrations with the funding model.

3.7 National Booking System (Astrid Koornneef)

- The National Booking System has been piloted in Christchurch and in Auckland will be rolled out to all sites managed by DHBs over the next six months. It represents a significant change to current processes and allows New Zealanders to engage with the process. Taranaki and Wairarapa DHBs will be first to 'go live' – both scheduled for early June.
- CVIP is still considering how the booking system might be used in other settings e.g. settings that will take family or group bookings, or specific settings that are not available to other members of the public.

Group discussion – National Booking System

Taima Campbell noted that her Waikato-based organisation uses its general practice system to book appointments for both the flu and COVID-19 vaccine. They understand this system. It is reliable. It generates reminders. Taima wondered about the 'add value' of introducing a duplicatory system for COVID-19 vaccination, noting that many of those in Group 3 are people who are unlikely to use the booking system.

Astrid Koornneef and Mat Parr acknowledged that primary care providers may have a preference to use existing systems and agreed that CVIP is mindful of the need to not to create confusion. They agreed that the national booking system was one conduit only, and confirmed that decisions have not been made about its use by primary care providers. A real benefit of the booking system was in supporting bookings for mass vaccination sites, which will be essential to achieve the volume required by Group 3 rollout. It can also provide a consistent single focus from a 'public communications' perspective.

Wider discussion across all attendees agreed that the most important thing was to get people to come for their first vaccine as they are then recorded in the Immunisation Register (CIR) and will automatically get second dose follow up. Joe Bourne noted that he was noting the points raised to feed into a paper he was preparing on the national booking system.

3.8 Workforce and skills (Fiona Michel)

- Fiona Michel advised that the changes to regulations to allow for the establishment of the COVID-19 Vaccinator role had been gazetted that week. The Minister was likely to make the announcement.
- There are now 6,293 trained vaccinators, of whom 2,320 are/have been active in CVIP. However, 62% of these people are not being used in the programme. Fiona said she is working with DHBs to ensure that those who have taken the effort to train for the programme were in fact used for that purpose. She expected the final total of trained vaccinators to be about 8,000.
- The refreshed surge database is now live (weblink below) and available in English, Te Reo, Samoan and Tongan. Fiona noted this is a list of people with required skills, and their availability to assist with rollout workforce requirements. However, with only about 6% of registrations from Māori, and 2% Pasifika, we need to look more widely to address workforce equity issues.

Surge database website:
https://customervoice.microsoft.com/Pages/ResponsePage.aspx?id=JMfOlyBt0Uuf6dxER-3R-rPtHQW4g5dMvLRp5o2K1E1UN1Y3WkxBTUxLUTVDVFgyNk8yN1QxRFY4Ri4u

	• Allison confirmed that it was intended to be a 'living' document as rollout will provide valuable information that will feed back into the framework. • Joe Bourne noted that the intention is to use current reporting as much as possible when assessing performance against the Quality Framework. A 'low touch' approach will avoid burdening providers. ***Action 7: Send copy of the draft Quality Framework to IIAG members for their consultation comment (Mat Parr, Allison Bennett)*** ***Action 8: IIAG members who so wish to provide comments on the draft Quality Framework back to Mat Parr and Allison Bennett.***
5	**Focus on equity – disability communities** • Tamati Sheppard-Wipiiti noted that obtaining reliable data on the disability sector is a significant issue hindering identifying and reaching disability communities, even though we know these groups form a significant part of the population. DHBs share this problem. It is not solely an issue for COVID-19. • Tamati noted he will be meeting with Dr Tristram Ingham (who is an apology from this IIAG meeting) and others early in the following week to try to work this through in respect of the COVID-19 vaccination rollout. Some research will be required. However, leveraging local relationships will be critical to ensure people are not missed. • Te Puea Winiata agreed that this was something Dr Ingham had raised with the IIAG at an early stage and said that his support and networks will be critical. She saw that mobile support and home visits, combined with whanau vaccination bookings will be the key things in reaching members of the disability community.
	Closing/Karakia whakamutunga – Kevin Pewhairangi

IIAG Minutes

Meeting - Friday 25 Pipiri 2021

Date:	25 June 2021
Time:	1:00 pm – 3:30 pm
Co-Chairs:	Te Puea Winiata, Keriana Brooking
Members attending	Dr Angela Ballantyne, Nicky Birch, Taima Campbell, Dr Helen Petousis-Harris, Loretta Roberts, Rhonda Sherriff, Kevin Pewhairangi
MoH Attendees:	Andrew Bailey, Carl Billington, Joe Bourne, Geoff Gwynn, Rachel Mackay, Fiona Michel, Jason Moses, Mathew Parr, Petrus van der Westhuizen
Apologies:	Dr Tristram Ingham, Dr Apisalome Talemaitoga, Silao Vaisola-Sefo, Luke Fieldes (MoH), Tamati Sheppard-Wipiiti (MoH)
Format:	Most attendees at this meeting attended online. However, to ensure compliance with the Alert Level 2 in place in Wellington on 25 June, those present in the meeting room maintained appropriate social distancing.

Item	Agenda Item
1.	**Introduction and welcome** • Te Puea Winiata welcomed members. • Jason Moses opened with a karakia timatanga. • The minutes of meeting held 28 May 2021 were confirmed. The deferral and subsequent cancellation of the meeting scheduled for 11 June was noted. • No conflicts of interest were registered. **Matters arising from the previous Minutes** • Mat Parr advised he would report back after the meeting on the mechanism for sharing DHB production plans. • COVID-19 vaccinator assessments: Fiona Michel said that Loretta Roberts had confirmed the pathway for simulated assessment. The assessment can be arranged through the regional co-ordinator or directly through IMAC.
2.	**Strategy for Transition to BAU (Mat Parr)** • Focus over the second half of the year is driving uptake for New Zealanders, acknowledging that some will require more proactive effort to achieve this. We need to balance this activity against the need to transition COVID-19 vaccination into future BAU. • The Ministry will be preparing advice for Cabinet. Mat emphasised that nothing was written as yet and that 'blue sky' views of IIAG members were sought on where the system should be directed, including: o Access – ensuring the vaccine gets to those it is intended to reach. What vaccination settings are sustainable – what is the balance

	• distribution channels and the potential supply disruption they have seen in the past. • The Co-Chair summed up that from an equity perspective, 2020 saw the best ever response to immunisation. Evaluation of workforce and service settings could provide opportunities to help achieve equity objectives for COVID-19 vaccination roll-out. ***Action 1: Ministry to consider doing a Horizon Scan for research and published articles on the international experience to create demand for vaccination and make vaccination accessible.*** ***Action 2: Keep IIAG updated on the thinking about funding for COVID-19 vaccination into the future.***

3.	**Equity Programme overview (Jason Moses and Mat Parr)**
	
	Considerable work under way to promote equitable outcomes for Māori, Pacific and disability communities during the vaccination delivery phase:
	
	• To help improve uptake, the Ministry is providing funding for targeted support that is culturally appropriate and meets the needs of specific communities. Noted that five marae sites are already delivering vaccination services.
	• Further research has been undertaken into vaccine hesitancy and the factors preventing update by Māori and Pacific people. Results are encouraging. Overall potential uptake (those already vaccinated and those likely to get a vaccine), has increased to 80 per cent, up from 69 per cent in March 2021. Of these:
	  ○ Māori potential uptake is now 75 per cent, up from 71 per cent in April;
	  ○ Pasifika potential uptake is steady at 78 per cent, similar to 79 per cent in April, but up from 59 per cent in March.
	• The Ministry identifies Group 3 as the opportunity to take a pro equity approach within the sequencing framework.
	• DHBs now have agreed targets for Māori and Pacific people in their regions. This is a 'stretch' target identified by using burden of disease study, and information of underlying health conditions in regions. Targets were based on NHI data, and not census data. This builds some 'stretch' in that fewer people are known to identify as Maori in census data). *(See Paper 11.)*
	• DHB 'letters of readiness' provide assurance of the overall readiness of each DHB to scale up. These letters are signed by DHB CEOs and have a specific focus on equity and on service quality.
	• The Ministry has appointed regional co-ordinators who work locally and engage directly with providers in the regions as needed.
	• The Director-General of Health is sending a letter to the DHB CEOs and to CEOs of social service agencies that contract with Māori and Pacific health providers, to see if there is opportunity to be flexible with these contracts including postponing some deliverables. This will better allow providers to target their resources to the COVID-19 vaccination programme.
	• Equity is the key risk identified for scale roll-out. The Ministry is closely monitoring the population breakdown for the first dose vaccination. This provides a check on uptake across population groups. It was noted that Māori have been tracking at 10 per cent of the population to date but for Group 3 this figure was around 19 per cent.
	• The Ministry would welcome the views of Group members on what more could be done to support and promote equity.

	Action 3: Clarify in contingency planning documents that poor performance against the equity objective is not regarded as a "sharp shock" event but is something that requires regular monitoring and adjustment.
5.	**Approach to Workplace Vaccination (Rachel Mackay)** • Rachel noted she had just been meeting with Ministers and as a consequence the papers circulated would need to be updated. • The Ministry is trialling workplace vaccination at two worksites in South Auckland, both of which have potential to contribute strongly to the roll-out equity focus. • A "blueprint" for vaccination at worksites has been developed. Both Equity teams in the Ministry reviewed this. • Participation criteria are established for participating employers and their service providers. Focus is on larger employers with a large Māori or Pacific workforce. Rural or outer urban factories. There is an opportunity to take a whanau approach with vaccination service delivery. • Care is being taken to protect and expand current employer relationships with occupational health service providers. The DHB is accountable for delivery under this trial programme so the Ministry will work with them over final decisions. **Group discussion** • Noted that Māori providers could potentially be included service delivery for workplaces that provide vaccination for COVID-19 under these arrangements. ***Action 4: Presentation to be updated and distributed to Members of IIAG.***

6.	**Outcome measures (Petrus van der Westhuizen)**
	
	Paper 6 considered – CVIP Outcome Measures – 18 June 2021
	
	• Objective of having outcome measures is to enable the programme to ask questions. They differ from the Success Framework, which is a tool to assist decision-making.
	• Measures are proposed for:
	  ○ Population acceptance
	  ○ Workforce
	  ○ Vaccine and consumables
	  ○ Technical Approach
	  ○ Access – Location
	• Vaccine consumption is a 'good news' story with current usage in the high 90 per cent measures.
	• For population acceptance, the opportunity is likely to be those who are 'unsure' rather than those who say they are 'unlikely'. We would appreciate views on how we can that movement in perspectives.
	• We will do work to benchmark our outcome measures internationally.
	• Consideration will be given to how this could be made interactive so that users can do their own reporting.
	
	Group discussion
	• Suggested give consideration to rural vs urban vaccination uptake and possibly also age bands. Specific level data helps inform response.

	8b. Primary Care and funding for equity As raised during the Equity discussion (section 3), Māori providers have had to expand their services considerably, but are often not aware of the funding that is available to support them or how they access this. Members of IIAG are aware that money (additional to 'fee for service') is paid to DHBs to allow them to better fund higher cost services e.g. in rural locations, requiring use of mobile facilities etc. Many of these are linked closely to the equity objective. Members are very concerned that this additional money is not getting through to the providers and that its use is not transparent. ***Action 8: Ministry to follow this up with DHBs. Ministry to identify extent of funding passed on from DHBs to Māori providers for COVID-19 service provision.*** ***Action 9: Include a 'deep dive' into Primary Care on the agenda for the next meeting.***
9.	**Closing/Karakia whakamutunga** – Jason Moses
10.	**Next meeting** – Friday 9 July 2021

IIAG Minutes

Meeting - Rāmere 9 Hūrae 2021

Date:	Friday 9 July 2021
Time:	1:00 pm – 3:00 pm
Co-Chairs:	Te Puea Winiata, Keriana Brooking
Members attending	Dr Angela Ballantyne, Nicky Birch, Taima Campbell, Dr Tristram Ingham, Dr Helen Petousis-Harris, Loretta Roberts, Rhonda Sherriff,
MoH Attendees:	Andrew Bailey, Joe Bourne, Astrid Koornneef, Rachel Lorimer, Rachel Mackay, Sonia Marshall (for item), Rachel Mackay (for item), Jason Moses, Mathew Parr, Dr Juliet Rumball-Smith, Tamati Sheppard-Wipiiti.
Apologies:	Kevin Pewhairangi, Dr Apisalome Talemaitoga, Silao Vaisola-Sefo

Item	Agenda Item
1.	**Introduction and welcome** • Te Puea Winiata welcomed members. • The minutes of meeting held 25 Piripiri 2021 were confirmed, with minor editing to bullet 3 of item 1. • It was noted that Dr Apisalome Talemaitoga and Silao Vaisola-Sefo had submitted apologies for the 9 July meeting due to attending a Pacific Providers meeting at the same time. • No conflicts of interest were registered. **Matters arising from the previous Minutes** Members noted their appreciation for the action tracker, set clearly set out actions and their status. • Action 210625-01 – MoH confirmed that the horizon scan re articles on the international experience re demand for vaccination has been commissioned and will be shared with IIAG once available. • Action 210625-08: Andrew Bailey will contact Te Puea Winiata after the meeting to begin this conversation. • MoH noted other actions as pending.

4.	**IIAG Governance**
4a.	**Revised IIAG Terms of Reference** *Paper 5 considered: COVID-19 Immunisation Implementation Advisory Group – Terms of Reference* • Members considered the "Draft Version 2" of the IIAG Terms of Reference, which had been updated to address issues raised previously by the Co-Chairs and to better reflect the focus and role of the Group. • A key new provision to ensure transparency over the Ministry's consideration of IIAG advice, is that the IIAG Co-Chair representing DHBs will be invited to attend weekly meetings of the CVIP Steering Group, and both Co-Chairs will present to the Steering Group on at least a monthly basis. **IIAG perspectives and advice** • Members indicated no major concerns. Due to the full agenda, the Co-Chair asked that members submit any comments they had to Andrew Bailey. (andrew.bailey@health.govt.nz) ***Action 2: IIAG members who wish to make comments on the Draft Terms of Reference should submit these to Andrew Bailey of the Ministry.***
4b.	**IIAG meeting times** • The Ministry noted that the current Friday afternoon meeting timing clashes with the weekly meeting of the seven Vaccine Ministers. • IIAG members were asked if the IIAG meeting could be moved to a Thursday afternoon. This would also allow the Ministry to improve its flow of decisions and actions through to updates to members and also to take advice from IIAG and pass it to the CVIP Steering Group meetings on Tuesdays. ***Ministry action 3: Ministry to conduct a 'straw poll' re a new meeting time. (Mat Parr)***

5.	**Safety and Quality Network update (Dr Juliet Rumball-Smith)**
	
	Papers 6 and 6a considered – CVIP Quality and Safety Framework and Actions, and National Clinical Quality and Safety Forum Terms of Reference
	
	• This update outlined the framework in place to promote delivery of a safe and quality COVID-19 vaccination service. This aligns with the Health Quality Safety Commission's four 'building blocks' of effective clinical governance:
	  ○ Consumer engagement and participation;
	  ○ Clinical effectiveness;
	  ○ Quality improvement and patient safety;
	  ○ An effective, engaged workforce.
	
	IIAG perspectives and advice
	
	• Members asked that the importance of Equity be emphasised and given more prominence.
	
	Ministry action 4: Dr Juliet Rumball-Smith agreed that an inequitable programme was neither clinically competent nor safe. She will amend the framework and report back to IIAG once completed.

	• Ministry is looking at how it can influence and support DHB planning for services to people with disabilities. There are also crossovers for Māori with disabilities. • Data collection and monitoring is a strong focus. ***Ministry action 6: The Ministry will work offline with some IIAG members to gain better insights into the provider perspectives on accessible service delivery.*** ***IIAG perspectives and advice*** • Providing what are effectively 'bespoke' services for disability community members takes time and effort. Care is needed to not also put volume pressure on providers. • Both equity target setting (which has to consider need and risk and access) and monitoring are key. There are issues and pressures here for DHBs with rural communities. • Aware that some regions are taking a 'marae by marae' based approach to vaccination to meet rural needs. • Some instances of 'vaccination tourism' have been noted. • Emphasised the importance of people having a good vaccination experience as they then pass this on to others. • IIAG members thanked Jason and Tamati for the mahi that had gone into the Equity focus.
7.	**Primary care**
7a.	**Primary care implementation plan** *Paper 8 considered – CVIP Primary care playbook - Steps for setting up a COVID vaccination site* • Astrid Koornneef and Dr Joe Bourne noted the Ministry was reaching out more deeply into primary care to support vaccination roll-out. The discussion draft "Primary Care Playbook" aims to provide assistance to providers setting up vaccination sites. • As much as possible, the Ministry wants providers to have a smooth, streamlined experience to 'come on board'. Some need for local variation is acknowledged. • Aware that some providers will not want to participate, but there are also many who do but who need the assistance. • The initial views of IIAG members were sought now, but there would be opportunity for further input through sub-group conversations. ***IIAG perspectives and advice*** • Agree that providers (e.g. community based social support groups) who want to provide vaccination services but are not doing so currently will need considerable support to go through the establishment process. Many simply do not have the resources. • What are the opportunities for partnerships? Who is brokering these relationships? • Encourage PHOs to think differently and to collaborate – examples given re a group of seven Pacific providers.

8b.	***IIAG Perspectives and advice*** • Members noted some provider confusion in that the booking system is 'live' but is not 'launched'. Some DHBs are phoning GPs but advise they are not clear on the processes from here. ***Ministry action 10 - Astrid Koornneef will work offline with Taima Campbell to clarify and address this issue.*** • Noted that the meeting was nearing its end time but disability communications and the interface with the booking system needed active consideration. (There are 1.1 million people in New Zealand recorded as having disabilities. The Ministry had data on only 40,000 of these people – those who receive disability support funding.) ***Ministry action 11: Astrid Koornneef will work with Dr Tristram Ingham offline to clarify and progress this issue.*** ***Privacy of information*** • An IIAG member noted the importance of the Ministry ensuring its web page commentaries are aligned about how personal data is stored and shared and the basis for recording it. • The point was made solely from a transparency perspective. ***Ministry Action 12: Ministry to check web content to ensure basis for recording data is clear, and that commentary about how data is stored and shared is consistent. (Rachel Lorimer).***
9.	**Closing/Karakia whakamutunga** – Nicky Birch
10.	**Next meeting** – Friday 23 July 2021

Document 8

IIAG Minutes

Meeting - Rāpare 22 Hūrae 2021

Date:	Thursday 22 July 2021
Time:	1:00 pm – 3:00 pm
Chair:	Keriana Brooking
Members attending	Nicky Birch, , Dr Tristram Ingham, Dr Helen Petousis-Harris, Kevin Pewhairangi, Dr Apisalome Talemaitoga, Loretta Roberts
MoH Attendees:	Andrew Bailey, Dr Joe Bourne, Astrid Koornneef, Rachel Lorimer, Jason Moses, Mathew Parr, Tamati Sheppard-Wipiiti.
Apologies:	Dr Angela Ballantyne, Taima Campbell, Rhonda Sherriff, Silao Vaisola-Sefo, Te Puea Winiata

Item	Agenda Item
1.	**Introduction and welcome** • Keriana Brooking welcomed members. • Nicky Birch opened with a karakia. • The minutes of meeting held 9 Hūrae 2021 were confirmed. • Keriana Brooking advised that due to a prior commitment, she would need to leave the meeting at 2.30 p.m. • No conflicts of interest were registered. • There were no matters arising from the previous Minutes.
2.	**Environmental scan / issues being raised (Chair)**
	• It has been agreed that an IIAG Co-chair will attend the CVIP Steering Group meeting on a regular basis (meetings held weekly on Tuesdays). • The Steering Group is the programme's key decision-making body for vaccination roll-out. It considers a wide range of matters, for example, development of the booking system, matching of supply and demand. This may include consideration of the approach taken by other countries. • The Co-Chair noted she could see an end to the design and development phase which had been such a strong focus until now. • Noting the role of the IIAG, papers to Steering Group would desirably reflect consultation advice from IIAG, particularly from the perspective of operational impacts. It was noted that some papers are developed at considerable speed and this consultation has not been possible. The IIAG continues to reinforce the benefits to the Steering Group discussion and decision-making processes of considering papers that understand and articulate the operational impact of their proposals.

4.	**Access to vaccine and options to increase uptake**

4a.	*Paper 5: Disability vaccine uptake action plan*
	
	• A 'Five Point Plan' has been developed to increase disability vaccine uptake by those people with disabilities. Key components are:
	  ○ Communications
	  ○ Accessible invitation and accommodations
	  ○ Ensuring processes are in place to support decision-making and consent.
	• Considerable from input has been received Tātou Whaikaha, chaired by Dr Tristram Ingham. The Minister for Disability Issues, Hon. Carmel Sepoluni, may be approached to lead public engagement for COVID-19 vaccination.
	• It has also been noted that supported decision-making is not being implemented uniformly across the country so some additional training will be put in place.
	
	IIAG perspectives and advice
	
	• Members noted the Five Point Plan, however, considered that effective implementation will need a culture change within the system to acknowledge the problems that need addressing.
	• Members acknowledged national data limitations but noted considerable concern in relation to access to vaccination, and reporting, for people with disabilities. Noted that Ministry's record of those receiving disability support services (about 30,000) provides a possible denominator for monitoring, even though this is a much smaller number than those reporting a disability in the census (well over one million).
	• CVIP should be collecting disability information routinely as part of the programme. The IIAG suggested that the Washington Short Set Questions could provide a mechanism for the purposes of CVIP. This information could be requested at the time of booking or vaccination.
	
	Ministry action 2: Monitoring the uptake of COVID-19 vaccination by people with disabilities will be raised at the next Steering Group meeting and the programme's position formalised back to IIAG.

4b.	*Papers 6 & 6a: Horizon Research – COVID-19 Vaccine – 25-30 June 2021* Key research results are: • Respondent sample showed 17.3 per cent of the population aged 16 years and over has been vaccinated (i.e. 705,100 people). This is in line with figures published by the Ministry of Health at 29 June 2021 (705,062). • The number who state they will 'definitely' be vaccinated has not changed from May. • The number who state they 'intend' to be vaccinated has gone down. • The number who state they were 'unlikely' to be vaccinated is 19% (i.e. 650,100 people). **Ministry comment** • The results include trends for Māori and Pacific peoples. Noted however that the current sample size is not large. • It was noted that as the number of people vaccinated increases, the proportion of people who state they intend to be vaccinated will drop (equity, invitation and booking system).

	IIAG perspectives and advice • Members noted that at a pragmatic level, they are not turning away people who present for vaccination. IIAG's advice covered a range of issues: • Primary care providers are trusted providers. Many people do not want to participate in a mass vaccination event and will simply wait until they can go to someone they trust. • Caution was noted to not try to 'over-manage' too much of the roll-out to the primary sector. Numbers of those vaccinated will lift if GPs and primary care are allowed to start vaccinating. A 'just do it' approach should be adopted and IIAG encouraged the programme to push harder and faster into primary care. • Some providers are hesitant because they are worried that delivering COVID-19 vaccination is logistically difficult. • Cost is an issue. Ease of funding to providers is essential.
6.	**International Comparisons (Mat Parr)** *Paper 8a: Percentage of total population vaccinated in OECD countries* • The table provided vaccination statistics for the 38 OECD countries. • The OECD uses 140 day implementation period as the benchmark comparison, being the shortest period of time that a country has been vaccinating. However, most countries have been vaccinating for significantly longer than this, with 20 countries at 200 days or longer. • New Zealand ranks at 37 for population fully vaccinated (with only Australia being lower).
7.	**General Business** The following papers were noted: • *Paper 9: COVID-19 Immunisation Programme Update – 18 July* • *Paper 10: IIAG work programme to September 2021.*
8.	**Closing/Karakia whakamutunga** – Jason Moses
9.	**Next meeting** Thursday 5 July 2021 1.00 p.m. – 1.30 p.m. (IIAG member session) 1.30 p.m. – 3.00 p.m. (Full attendance)