

Minutes/Actions

COVID-19 Vaccine and Immunisation Programme Governance Group (IPGG)

Date:	Friday, 4 June 2021
Time:	8:00 a.m. – 9:55 a.m.
Location:	Ministry of Health and Microsoft Teams video link
Chair:	Dame Karen Poutasi
Members:	Murray Jack, Hon. Steve Maharey, Ngāhiwi Tomoana, Carolyn Tremain, Dr Ashley Bloomfield, John Whaanga
Attendees:	Andrew Bailey, Dr Joe Bourne, Ian Costello, Stephen Crombie, Michael Dreyer, Luke Fieldes, Jess Hewat (Treasury - observer), Astrid Koornneef, Colin MacDonald, Fiona Michel, Jason Moses, David Nalder, Mat Parr, John Walsh
Apologies:	Chris Seed (MFAT); Jo Gibbs (ministerial commitment), Sue Gordon

Item	Agenda Item
1.	<p>Introductions and opening</p> <p>Dame Karen welcomed everyone.</p> <ul style="list-style-type: none"> Ngāhiwi opened with a karakia. Minutes of meeting held 21 May 2021 were accepted. Dame Karen noted that Dr Fa'afetai Sopoaga has resigned as she will be based in Samoa in coming months. Dame Karen has decided not to appoint a replacement. <p>Conflicts of interest</p> <ul style="list-style-type: none"> No new conflicts of interest were advised. No conflicts of interest were declared in relation to the meeting's agenda. <p>To help shape discussion, Dame Karen asked Group members to briefly note their main issues for the meeting:</p> <p>Dr Ashley Bloomfield</p> <ul style="list-style-type: none"> Updated that the context for discussion at this meeting was that roll-out was ahead of schedule s 9(2)(g)(i). Also that the Prime Minister was likely to make a 'milestone' announcement within a few days re vaccine supply. <p>Colin MacDonald</p> <ul style="list-style-type: none"> Accountability. <p>Hon Steve Maharey</p> <ul style="list-style-type: none"> Cyber security and the wider roll-out environment (e.g. nurses' strike). Discussion on 'what does success look like?' Noted he was pleased to see the customer journey outlined in the papers.

	<p>Ngāhiwi Tomoana</p> <ul style="list-style-type: none"> Reinforcing DHB messaging and reach into vulnerable communities. <p>Murray Jack</p> <ul style="list-style-type: none"> Noted he can now see the pathway to scale. Asked if a 'big vaccination day' could be arranged in the next few weeks to put processes into practice. Contingency planning – need to know what our fallback options are and rehearse implementation. Noted the likely challenges to delivery (particularly to Group 3) with sequencing overlap into Group 4 likely end July/August. Also noted that the programme cannot fall back on vaccine supply constraints as a reason to not progress during July. <p>Carolyn Tremain</p> <ul style="list-style-type: none"> Endorsed the agenda. No additional issues to those raised. <p>John Whaanga</p> <ul style="list-style-type: none"> Noted the first challenge is to achieve vaccination at scale. Notes DHBs have done a lot of work to prioritise equity in their planning. Encourages an early implementation focus on equity. Interface with media – how can we use this work to influence other areas of health.
2.	<p>Operations updates – Programme (Luke Fieldes/Mat Parr) <i>Paper 4 considered: Leading/Lagging indicators</i></p> <p>Mat Parr noted that indicators had been developed for supply and demand (per page 3 of the paper). However equity sat across all indicators.</p> <p>Group discussion</p> <ul style="list-style-type: none"> Carolyn Tremain asked about an indicator for communications, noting that tracking public sentiment can help to develop public messaging, and also provides evidence-based response to negative commentary. In response to a question from Colin MacDonald, Jason Moses advised that equity data is captured within the CIR (immunisation register) and included in daily reports. The Ministry is actively engaged with DHBs over the equity component of their implementation plans. Most DHBs have provided equity data and we are working to obtain it from those that did not. However, DHB measures all vary. <p>Action 1: Consider developing a leading indicator for communications.</p>
3.	<p>Operations updates – Programme (Mat Parr) Pfizer supply</p> <p>Mat Parr advised that:</p> <ul style="list-style-type: none"> Supplies of the Pfizer vaccine for July have now been confirmed. Pfizer has demonstrated that once it has scaled up it maintains its supply. We have a two week 'hold' period until the start of supply with two options to manage: <ul style="list-style-type: none"> Hold DHBs at their usage rate in the last week of June; Use moderation to hold back DHBs that are ahead, and allow others to increase slightly (noting that this movement is only at the margins). Need to think carefully about what this means for bookings and in particular for second dose appointments because their second dose is factored into future delivery. There are implications for communications, particularly regional and local levels. Easier nationally. CVIP is engaging closely with DHBs.

	<p>Group discussion</p> <ul style="list-style-type: none"> • Dr Bloomfield asked if choices had been made between communicating the impact of the two week delay i.e. fewer people get their first dose vs second doses may be delayed? He emphasised the importance of having a clear view to provide to Vaccine Ministers at their meeting later that day. • Murray Jack agreed that this matter needed visibility at ministerial level. He also noted the need for communications to start setting the relevant expectations with the public, although he felt this should not be a problem given there was a general awareness that vaccine supply is short. • Murray asked if Pfizer had ever 'not delivered' in respect of CVIP? Mat Parr confirmed only one supply had not proceeded and that was because of the short shelf life. It was a Ministry decision to not proceed. Mat advised that Pfizer has always delivered reliably to Victoria, Australia. • In response to a question from Hon. Steve Maharey, Dr Bloomfield confirmed CVIP has an expectation of a three week gap between doses. There is increasing evidence that there may be some benefits to extending this, particularly in New Zealand's current 'non exposure' situation. • With regard to the communications and engagement, John Walsh agreed there is a reasonable level of community understanding about the supply situation. New material will frame public statements positively for June/July, note the potential delays at the back end, and be explicit about how supply will be managed. <p>Action 2: CVIP to develop a clear Ministry position on the preferred option to manage the roll-out of supply and communicate that to Vaccine Ministers at their meeting later that day.</p> <p>Action 3: Develop communications messaging re management of supply in June/July (following discussion at Vaccine Ministers' meeting). Bring formal messaging re Group 4 roll-out to next meeting of the Governance Group.</p>
4.	<p>Progress against Milestones (Mat Parr/Fiona Michel) Papers 3 considered: CVIP Update to 30 May 2021</p> <p>Mat Parr and Fiona Michel advised that a DHB 'deep dive' workshop had been held onsite at the Ministry with all DHB SROs attending in person (the one exception being due to flight cancellation). This was very constructive. Key issues covered were:</p> <ul style="list-style-type: none"> • Attendees acknowledged the need for dependability and confidence in the process as the vaccination programme rolls out. • Discussion on how DHBs can better align delivery processes, including for scale-up. Good sharings around 'pain points' and how to address them. • Split discussion into large, medium, and small DHBs to account for the different delivery models. Acknowledged that due to size, DHBs may have different approaches to the same broad issue. <p>Group discussion</p> <ul style="list-style-type: none"> • Dame Karen asked on the extent to which equity was covered at the workshop. Mat advised that it was key theme of every session – it had a dedicated focus. There were shared learnings in relation to Māori and Pasifika issues, however, the Disability sector remains a challenge. Lack of data and information is the biggest pain point across the country. • Carolyn Tremain asked about the extent to which DHBs were taking consistent approaches to aspects of their implementation. She contemplated DHB performances could be compared through media. • In response to this, Fiona and Astrid both noted all DHBs have slightly different approaches but through the workshops they note a desire to gain better alignment. There is an acknowledged need to be consistent about how walk-ins are managed, and timing for Group 3 and Group 4 communications. • Dr Bloomfield confirmed the desire of DHBs to achieve local variability where appropriate but to be consistent on issues common to all.

	<ul style="list-style-type: none"> • Murray Jack noted that common consistency can be seen as ‘the enemy of progress’ and agreed on having a focus on ‘the few things’ where consistency is necessary. Equity is one such area – the plans need to show consistency but there is freedom ‘on the ground’ about how delivery will be achieved by any given DHB. • Fiona Michel agreed that the approach taken was to develop ‘principles’ and ‘guard rails’. Principles are consistent. But if a DHB goes outside the guard rails, then it starts to become a problem for everyone else.
5.	<p>Progress against milestones – Invitation strategy - Group 4 <i>Paper 6 considered: Options for inviting New Zealanders to be vaccinated for COVID-19</i></p> <p>Mat Parr advised:</p> <ul style="list-style-type: none"> • the paper going to Cabinet on 8 June 2021 will cover readiness for general roll-out (see <i>meeting paper No. 13</i>). Currently, the vaccine may not be administered in New Zealand to children under 16 years of age. Noting the recent advice from Pfizer and the Medsafe ‘decision to use’, the Cabinet paper assumes that Group 4 will include 12-15 year olds. • the challenge is to match demand with supply – we cannot go over that amount. As uptake increases, we will need a more ‘agile’ operating model. Astrid Koornneef has responsibility for this. <p>Astrid Koornneef advised:</p> <ul style="list-style-type: none"> • the Invitation Strategy considers how we can support Group 4 roll-out at national level without compromising what is happening at a local level. This might include national invitations at set times for set groups, however, local activity e.g. in faith-based settings will run in parallel. Inevitably some people will receive more than one invitation. <p>Group discussion</p> <ul style="list-style-type: none"> • In response to a question from Dr Bloomfield, Astrid confirmed that quality checks would be built into the system (for example to remove names of those who have died recently). • Michael Dreyer noted that in spite of this, there will always be some exceptions. Hon. Steve Maharey suggested including a ‘changed circumstances out-clause’ in invitations. • Dr Bloomfield confirmed that planning has been modelled against Option 1 in the paper as this has support from Ministers. Murray Jack supported this, noting Options 2 and 3 appeared to add complexity which can hinder delivery. • Murray Jack noted ‘no shows’ as a key assumption underlying delivery and asked if this was supported by any data. Astrid said the assumption was currently informed by DHB local understanding, however, data would be gathered as the booking system came on line. • Carolyn Tremain cautioned re possible issues with individuals receiving too many invitations as this could cause people to think others were missing out, and undermine trust and confidence in roll-out. • Dame Karen emphasised the need for communications messaging to give advance signalling about invitation timeframes and in particular any delays to current expectations. John Walsh confirmed messaging was being prepared for release immediately following the Cabinet decision on 8 June, and advised he would bring messaging re Group 4 roll-out to the Governance Group. • John Whaanga asked how equity is being considered within the segmentation approach. He understood that early sequencing decisions were risk-based, however, this makes the quality of DHB implementation plans from Groups 3 and 4 critical. High uptake from Māori will not occur until we start vaccinating younger people, consistent with age distribution across Māori. Dr Bloomfield confirmed that DHB implementation plans to give effect to the invitation strategy were being carefully assessed from an equity perspective. • John Whaanga also noted that in the event of over supply of the vaccine, he would like to see providers allowed to innovate. He noted that providers in the Waikato in particular would respond well to such opportunity.

	<ul style="list-style-type: none"> Members acknowledged the need to be able to include wider whanau within a vaccination booking, noting that many younger people would make bookings on behalf of older people. Dame Karen noted that for rural Waikato, the messaging re vaccination in smaller towns was to offer vaccination to the whole town while there. Dame Karen agreed that for Group 4, early public messaging will be critical in ensuring that people are well-informed about what to expect and can plan for how they will manage their own vaccination once they receive their invitation. <p>Action 4: Provide Group 4 roll-out messaging to the Governance Group for consideration.</p>
6.	<p>Operations (DHB implementation and Booking System) Astrid Koornneef</p> <p>Astrid advised on operational developments:</p> <ul style="list-style-type: none"> Over 700,000 people have had their first dose and about 250,000 are fully vaccinated. Implementation plans from all DHBs have been reviewed from perspectives of their production and support for equity to ensure the planned activities and goals are achievable. Some plans are being amended following this assessment. CEOs have been asked to sign off on final plans and these will be 'locked in' by mid-June. A marked improvement evident in this second planning round. DHBs have demonstrated volume delivery understanding and the Ministry has greater confidence in the plans. Two DHBs have 'gone live' with the booking system – Taranaki and Wairarapa. Three more DHBs in the system. Canterbury has just been given approval for 21 new vaccination sites. We expect the booking system to be fully operational from mid-July. There are 7,000 bookings in the system. Ministry is in daily contact with Whakarongorau (national telephone service). There have been some incidents at a s 9(2)(a) with adverse reactions. These have been reviewed with the provider to ensure learnings are applied. A situation in Auckland re vaccine draw-up has also been reviewed and quality improvement actions are in place. <p>Group discussion</p> <ul style="list-style-type: none"> Hon Steve Maharey asked about the total 'serious harm' incidents from vaccination. Astrid advised she would need to provide this at the next meeting as she did not have those figures to hand. Dame Karen asked how matters that need to be promulgated promptly to the sector are handled – e.g. anaphylactic response. Fiona Michel advised that the Ministry meets daily with operational leads and they are advised within 24 hours about matters such as this.
7.	<p>Sector engagement and Workforce (Fiona Michel)</p> <p>Fiona provided an overview on workforce developments:</p> <ul style="list-style-type: none"> There are now over 6,700 trained vaccinators. Surge database has been upgraded and renamed "Hands Up". Available in Te Reo, Tongan, Samoan and English. We are talking with DHBs again to clarify how the surge database workforce can help them. We are in the process of contacting everyone on the database – over 8,500 calls made in last fortnight. Of those, 67% have had no contact from a DHB. Average number of available hours is 20 hours a week per person. About 30% are already trained vaccinators. Only 600 are going to withdraw from the database. Surge database will not address workforce equity issues – 6.3% are Māori and fewer than 2% Pasifika. Training for the new COVID-19 Vaccinator workforce begins in the week commencing 7 June. The Minister of Health will not be making any announcement at this point due to the wider environment. <p>(Cont. over)</p>

	<p>Group discussion</p> <ul style="list-style-type: none"> • Dame Karen commended the team on the work to upgrade the surge database. • Hon Steve Maharey asked about the ability to access a workforce overnight to respond to an outbreak situation. Fiona confirmed that there is an 'outbreak flying squad' plan but otherwise MoH has relationships with Bureau staff and occupational health providers to give flexibility. • Steve Maharey also asked the involvement of people of Asian descent. Mat Parr confirmed that the Office of Ethnic Affairs has provided input, and that there is an ongoing link to advice from other communities for example Muslim communities. <p>John Walsh said the comms function has a small team focussing on ethnic engagement and his lead advisor on that team is Asian. Material is being developed in 18-20 languages to support Group 4 roll-out. He will be establishing a \$1 million fund to help community groups with engagement. However, he agreed that the focus on this work will ideally be strengthened.</p>
8.	<p>Logistics (Ian Costello)</p> <p>Ian provided an update on logistics.</p> <ul style="list-style-type: none"> • The second distribution hub (in Christchurch) will be audited by Medsafe in the week commencing 7 June. • The scale transport model has been tested with some SROs, and discussed with operations managers and pharmacy managers. Well received and supported. Expect to take formal proposals to the next Steering Group for approval. • Also preparing a paper on the implications of the increased expiry date. To keep visibility of stock, it is important not to release too much supply into the system. <p>In response to a question from Dame Karen, Ian noted that the implications of the new 2-8°C refrigeration conditions for the Pfizer vaccine will be assessed.</p>
9.	<p>IT/Cybersecurity (Michael Dreyer)</p> <p>Michael Dreyer advised:</p> <ul style="list-style-type: none"> • Programme IT functionality is generally cloud-based with global scale providers holding significant security capabilities and international accreditations. Michael described the security offered by cloud-based systems as 'game changing'. Strict governing identity and access management policies are continually monitored to detect any risks. • All systems have been penetration tested. • Regular engagement with Privacy Commissioner. A very thorough privacy impact assessment of the booking system has been completed. <p>Group discussion</p> <ul style="list-style-type: none"> • s 6(a) • Hon Steve Maharey asked what the practical steps of a security breach or major outage of the booking system were. Mat Parr advised this was being considered within contingency planning at workshops in mid-June – the earlier focus had been on implementation. • Michael noted that short-term outages had been handled to date but agreed that it was essential to plan for more significant events. • Murray Jack agreed the booking system was a key vulnerability and endorsed steps to undertake contingency planning. • Murray Jack also indicated he would like to understand how testing of the booking system was being conducted, noting he saw areas of vulnerability once groups 3 and 4 are fully under way. • The Group agreed it would be useful to consider contingency planning at a detailed level after the mid-June workshop. <i>(Cont. over)</i>

	<p>Action 5: Stephen Crombie to consider the adequacy of security across the CVIP programme IT from a 'whole of programme' perspective and update the Group.</p> <p>Action 6: Update the Governance Group on testing of the National Booking System.</p> <p>Action 7: Provide detailed update to Governance Group on CVIP contingency planning after the mid-June workshops are completed.</p>
10.	<p>Success Framework (Allison Bennett) <i>Paper 11 considered – Draft Success Framework – June 2021</i></p> <p>Allison Bennett updated on work to develop the Success Framework:</p> <ul style="list-style-type: none"> • It aims to establish expectations about services delivered under CVIP, and how these are experienced by New Zealanders, • We are looking for three or four headline indicators that will allow us to assess the overall success of implementation. Therefore expect to cut back the draft as considered by the Governance Group. <p>Group discussion</p> <ul style="list-style-type: none"> • Dame Karen and Hon Steve Maharey agreed that 'starting big' was a good approach. • Steve Maharey asked if there was one simple and consistent message in terms of the expectations of the public. For example, he queried whether it was simply that people want to know when it's safe to get back to normal because New Zealand has achieved population immunity'. • Dr Bloomfield said that he felt the 'single measure' was likely too simplistic. Discussions he has had with the likes of Rob Fyfe suggest there is no single point at which New Zealand can 'turn the switch'. Rather the different levels of population vaccination would mean different flexibilities. • Murray Jack noted that there was a risk that the population had already made its own calls on what success looks like whereas CVIP did not yet have a view. • Dame Karen agreed there was a balance to be achieved between 'simple messaging' and a complex programme of work.
11.	<p>Risk and Assurance (David Nalder) <i>Paper 12 considered - Programme Risk and Issue report – 1 June 2021</i></p> <p>In response to a question from Dame Karen, David advised that .</p> <ul style="list-style-type: none"> • He feels there is a solid level of risk-awareness. Risks are embedded in activity across the programme e.g. in most conversations with DHB SROs, in papers to the Steering Group, and at Programme Leadership Team meetings (where risks are scored every week). • The broad risk discussion now is not 'what' but 'how we address this'. Current focus is therefore on contingency planning. • An Assurance Framework is being developed to give the Ministry confidence that what we need and expect to be place (to provide assurance across roll-out and into the future) actually is in place. <p>Group discussion</p> <ul style="list-style-type: none"> • No further issues were raised by the Governance Group.
12.	<p>Real time assurance leads update (Colin MacDonald, Stephen Crombie)</p> <ul style="list-style-type: none"> • External assurers noted they are less active as the programme matures. • The opportunity now for the programme is to move to the next phase – noted to key role of the Assurance Framework being developed by David Nalder (see above). • Expect the Assurance Framework will be in place by end July – external assurance function unlikely to be required beyond this timeframe. <p><i>(Cont. over)</i></p>

	<p>Group discussion</p> <ul style="list-style-type: none"> • Dame Karen agreed to review the assurance function at the meeting after next. She acknowledged that while external assurers could continue to be involved, it would not be in their current roles. • Steve Maharey cautioned that the scrutiny that exists into the future will be focussed on funding. How much and what spent on. It will be important to be able to respond clearly and accurately. • Mat Parr acknowledged this point and confirmed the programme is working closely with Treasury. <p>Action 7: Place 'Future of the external assurance function' on the agenda for the 2 July meeting.</p>
13.	<p>Other business</p> <ul style="list-style-type: none"> • Colin MacDonald noted some red items showing in milestones and suggested these be updated to accurately reflect progress.
14.	<p>Meeting close John Whaanga closed the meeting with a prayer.</p>
15.	<p>Next Meeting Friday 18 June 2021, 8.00 a.m. – 10 a.m.</p>

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Minutes

COVID-19 Vaccine and Immunisation Programme Governance Group (IPGG)

Date:	Friday, 18 June 2021
Time:	8:00 a.m. – 9:55 a.m.
Location:	Ministry of Health and Microsoft Teams video link
Chair:	Murray Jack (Acting Chair)
Members:	Hon. Steve Maharey, Chris Seed (MFAT); Ngāhiwi Tomoana, Carolyn Tremain (MBIE), Dr Ashley Bloomfield, John Whaanga
Attendees:	Dr Joe Bourne, Ian Costello, Stephen Crombie, Michael Dreyer, Luke Fieldes, Jo Gibbs, Jess Hewat (Treasury - observer), Astrid Koornneef, Rachel Lorimer, Ben McBride (Treasury - observer), Colin MacDonald, Rachel Mackay, Fiona Michel, Jason Moses, David Nalder, Mat Parr, Dr Ian Town
Apologies:	Dame Karen Poutasi, Dr Caroline McElroy

Item	Agenda Item
1.	<p>Introductions and opening</p> <ul style="list-style-type: none"> Murray Jack, acting as Chair, welcomed everyone and conveyed the apologies of Dame Karen Poutasi in respect of this meeting. John Whaanga opened with a karakia. Minutes of meeting held 4 June 2021 were accepted with minor edits. <p>Conflicts of interest</p> <ul style="list-style-type: none"> No new conflicts of interest were advised. No conflicts of interest were declared in relation to the meeting's agenda. <p>To help shape discussion, the Chair asked Group members to briefly note their main issues for the meeting. These were (no order implied):</p> <ul style="list-style-type: none"> Equity issues – specifically the collection of ethnicity data and subsequent actions. Vaccine supply - and how it will be managed. Aligned with this, expectation management. Booking system – roll-out and related risks including motivation to respond to invitation. Consistency of messaging across DHBs – noting the balance that needs to exist between variations in regional approaches and in maintaining public confidence. Building on 'good news' stories, and ensuring the good work of DHBs is acknowledged. Less of a challenge once running at scale. <p>Action 1: Consider developing a leading indicator re net positive/negative media.</p>

2.	Operations updates – Programme
2a.	<p>Operations updates – Programme overview (Jo Gibbs) Paper 2 considered: COVID-19 Immunisation Programme update – 13 June</p> <ul style="list-style-type: none"> • Currently delivering vaccination to 107% of plan and at 940,000 doses. Likely to achieve 1 million doses by 22 June. • Biggest focus and challenge is managing DHB demand against current supply (with eight DHBs delivering above plan). The ‘pull’ model previously applied (DHBs requested supply against their demand), has been replaced by a ‘push’ model whereby vaccine is distributed 2-3 times a week to support 100% of each DHB’s plan. • Most contingency stock has been allocated to DHBs if it is required for existing bookings, but with subsequent impact on primary care supply for some. For now, walk-ins are accepted only for whanau-based providers. • To help manage supply, the first mass vaccination event planned for Auckland has been deferred. Roll-out across Corrections, FENZ and NZ Defence Force has also been slowed down to ensure supply available for public bookings. Noted that Ministers are keen to ensure there is minimum disruption to the public. • There will be no disruption to supply for rural setting delivery. • Bookings will be cancelled if vaccine is required to respond to an emerging situation. • Focus now on transitioning to the national booking system and Whakarongorau Aotearoa (which will be the national call centre supporting booking) while continuing to make sure Group 3 is delivered as equitably as possible. DHBs all have their plans and funding has been distributed to help fund targeted (equity-focussed) communications. Analysis on numbers is under way, using a ‘burden of disease’ adjuster to help DHBs plan for equity in their regions (see section 2b). • Will also now begin to focus on transition planning to move from roll-out to ‘BAU’. • CVIP is monitoring the equity target closely – there are good plans in place and good engagement from DHBs however we have not yet seen the changes in numbers that we would want to see. <p>Group discussion</p> <ul style="list-style-type: none"> • The question was posed re the action being taken by CVIP to address the slower than expected equity uptake to date. Response advised that there is a lot of funding for targeted communications to raise awareness and provide messaging. Also doing work on expected volumes by DHB (see section 2b immediately below). • In response to a question, the Ministry confirmed that all possible actions had been taken with Pfizer to ensure continuity and adequacy of supply.
2b.	<p>Operations updates – Managing Supply and Demand (Luke Fieldes) <i>Papers tabled:</i> 4 - CVIP high level planning metrics 4a – Draft Group 3 ethnicity expectations</p> <ul style="list-style-type: none"> • Objective is to create ability to allow for burden of disease when setting DHB delivery expectations. Have used census data (which we acknowledge is different to NHI data) and have established the additional burden for Māori is about 40%. • Characteristics of the Māori population – generally a younger population. Across New Zealand over 14% of the population is aged over 65 years but for Māori only about 4-5% are aged over 65 years. Therefore we need to drive the equity approach early into Group 3 roll-out. Noted that sequencing of health workforce and other groups first will also influence equity numbers initially. • Emphasised that the chart tabled is indicative only and still needs to be adjusted for age and burden of disease. • Strong focus also on people accessing the first dose, as second dose is then planned in. <p>Group discussion</p> <ul style="list-style-type: none"> • Noted the approach of adjusting for burden of illness.

	<ul style="list-style-type: none"> • The Ministry confirmed that the DHB targets would be incorporated into the Success Framework and that they would also be published on the website. Because this is not an exact science, the Ministry agreed with the suggestion of the Governance Group that DHB targets be expressed as bands. • It was noted that using Census metrics rather than NHI when establishing targets will in itself provide a 'stretch target' component given the known differences between the two data sources. (About 2% fewer of the population identify as Māori through the NHI than they do at Census.) <p>Action 2: Equity and supply metrics are to become a regular agenda item for the Governance Group.</p>
2c.	<p>Operations updates – Pathway to vaccination for exporters (Group discussion)</p> <ul style="list-style-type: none"> • The Governance Group noted the view that the programme is likely to face increasing pressure from businesses to address vaccination for business people who need to travel. For example, exporters feel they are losing market share by being unable to travel. Noted the need to align business prioritisation with other key groups already prioritised (e.g. sports people). • There is also a need to be prepared for a discussion on how prioritisation is implemented in a supply shortage situation. • Noted that the matter of vaccination for business travel has been raised by media with the Prime Minister and agreed that this was a matter needing consideration. The meeting briefly discussed potential high level approaches noting options existed for both government-led and business-led approaches. <p>Action 3: Add Pathway to vaccination for exporters to the agenda for the Vaccine Ministers' meeting at 1.30 p.m. on 18 June.</p>
3.	<p>Progress against Milestones (Mat Parr) <i>Paper 5 considered – POAP – Plan on a Page</i></p> <ul style="list-style-type: none"> • Whole plan is considered in detail with the CVIP leadership group every week and is largely on track. • Next Cabinet paper is due August. Focus on implementation to date, any changes required to plans/roll-out, and the transition into 'BAU'. • Service delivery in the BAU environment will depend on two key things – access and public sentiment/communications. CVIP has a leading indicator for public sentiment through Horizon Research. Prediction is that as younger people come through, mass vaccination sites will experience strong demand. However, international experience suggests that demand for vaccination in mass settings will decrease over time. • Confirmed that consideration is being given to a possible surge in vaccination bookings following the summer holiday season.
4a.	<p>Progress against Milestones - Focus on Equity (Jason Moses)</p> <ul style="list-style-type: none"> • Key focus is DHB production plans for roll-out. All DHBs have been given a clear idea on the vaccination numbers they should be delivering to Māori and Pasifika communities each week. Numbers are weighted towards population groups with pre-existing health conditions. (See Section 2b.) It is important that DHBs maintain their equity focus during scale-up and the Ministry will maintain close relationships and monitor performance closely. • Because Māori providers are small in number and have limited capacity, we will see the greatest shift in the equity focus through the work of DHBs. Māori providers also have wider health services to focus on. Need to consider how some of this wider work can be alleviated for scale-up. • Significant funding has been approved/distributed to support regional initiatives to help increase uptake in Māori, Pasifika and disability communities.

	<ul style="list-style-type: none"> The Ministry is considering the responses should monitoring identify that equity targets are not being achieved. <p>Group discussion</p> <ul style="list-style-type: none"> Reinforced the need to not lose sight of the equity focus once DHBs are working at capacity. The opportunity to strengthen the DHB equity focus is before they start working to scale. Agreed with the consideration being given to provide flexibility within the service contracts with Māori providers so that they can provide a stronger focus on scale-up. Noted the role of positive local new stories in promoting uptake. <p>Action 4: work with DHBs to finalise targets, production plans and gain CEO sign-off to DHB accountability documents.</p>
4b.	<p>Progress against Milestones - Invitation strategy (Astrid Koornneef) <i>Papers considered –</i> 6: Invitation Strategy, 6 May 2021 6a: Invitation approach for Group 4</p> <ul style="list-style-type: none"> Steering Group (and subsequently Ministers) have agreed the invitation approach for Group 4 roll-out. This is a nationally led approach, with other concurrent activities to meet the needs of each region. Invitations will be issued to a cadence aligned with age band announcements made by the Prime Minister. A national invitation register is being established using NHI and initial enrolment system information. We have email or current mobile phone for about 80% of these people. Noted that GPs hold current contact information and can supplement this. Noted that for this reason, some people may receive more than one invite. National booking system will be live from 28 July. People can schedule both their vaccination appointments through the one website visit. System allows flexibility to change, or book first and second appointments at different sites. Have met with Whakarongorau. The call centre's ability to support callers to book is significantly increased under the new booking system with call handling down from 14 minutes to 8 minutes. Generally people are encouraged to book directly online. International experience shows that this is a very good opportunity for customer engagement in their vaccination experience. Use of the booking system is not mandatory for general practice. Consideration is being given to how to give customers visibility of GP sites which are not able to be booked via the online system. The age segmentation approach will not apply to several events, e.g. mass vaccination sites and regional whanau-based services. <p>Group discussion</p> <ul style="list-style-type: none"> Suggestion made that consideration given to establishing a call-back function for callers who prefer not to wait. Noted that advice of likely wait time is also being considered. In response to a question from the Governance Group re the level of confidence the Ministry had in the technology supporting the new booking system, the Ministry confirmed that the system is working well, that several DHBs were choosing to move to the same IT platform (<i>Genesys</i>) as used by the call centre for ease of use reasons, and their ability to access to good call data. The Governance Group queried if iwi and disability groups had 'signed off' on the national booking system approach. The Ministry noted that use of the booking system is not mandatory but confirmed it had been tested across a range of users, including disability sector representation. To ensure a strong equity focus and to meet local community needs, equity-based approaches in regions will take place concurrently alongside the national invitation strategy.

	<p>Action 5: Director-General to use the weekly stand-up with the Prime Minister to clarify the two concurrent foci of roll-out (i.e. age banding and equity approaches), the possible impacts, and how consumers should respond.</p>
4c.	<p>Progress against Milestones - Communications and Engagement (Rachel Lorimer) <i>Papers considered –</i> 7: Update: Communications and engagement to support the vaccine rollout 7a: Examples of recent vaccine communications, engagement, campaign and collateral</p> <ul style="list-style-type: none"> • The Group 4 age range announcements made by the Prime Minister the day prior appear to have been well received. However, a strong focus is still required on Group 3. • Confirmed that, before any big announcement, the Ministry actively contacts its stakeholder groups to ensure they know what is to expect. • There will be a media ‘walk through’ of the booking system later in the day. • Planning for Group 4 engagement includes establishing regular research around behaviours and barriers to uptake, and at different times of the year. • Noted that the research will be useful to help balance out inaccurate commentary. • Cautioned the need to address expectation gaps, particularly in relation to where people feel they should sit in relation to sequencing order/invitations. CVIP confirmed it worked closely with DHB comms leads to try to ensure nationally consistent messaging. • There is a need for comms to ‘bridge the gap’ between what people logically understand vs what they feel (for example if they try to book their appointment but cannot get the timeframe they prefer). A lot of effort is going into this. • John Walsh’s secondment from the Ministry for Primary Industries has now ended. <p>Group discussion</p> <ul style="list-style-type: none"> • The Chair noted with appreciation the key contribution of John Walsh in leading the CVIP Communications and Engagement function over the past three months and asked that this acknowledgement be recorded in the Minutes.
4d.	<p>Progress against Milestones - Service Design – Temporary Workplace Sites <i>Papers considered –</i> 8: CVIP Planning Blueprint – Temporary Workplace Sites – Summary of content 8a: CVIP Planning Blueprint – Temporary Workplace Sites</p> <ul style="list-style-type: none"> • Trialling worker vaccination at two worksites in South Auckland, both of which have potential to contribute strongly to the roll-out equity focus. Participation criteria are established for participating employers and their service providers, including to ensure clinical quality management and to ensure that co-payments and surcharges are not imposed on participating workers. The criteria will be used to assess and manage future business sector interest. • Minister is likely to announce workplace vaccination at a scheduled meeting with Business New Zealand. • Working with Business New Zealand to identify a potential ‘top 150’ of businesses for future consideration. <p>Group discussion</p> <ul style="list-style-type: none"> • In response to a question from the Governance Group, the Ministry advised that certificates of vaccination were being issued to workers who need to demonstrate they have been vaccinated.
5.	<p>Contingency planning and readiness (Mat Parr)</p> <ul style="list-style-type: none"> • Contingency planning to date has been done within the Ministry. • Will be engaging with DHBs in the first two weeks of July to further develop contingency planning in preparation for readiness. <p>Action 6: Provide a ‘deep dive’ into contingency planning for moving to scale to the Governance Group meeting on 2 July 2021.</p>

6.	<p>Risk (David Nalder) <i>Paper 8 considered - Programme Risk Report for Steering Group – 14 June 2021</i></p> <ul style="list-style-type: none"> • The CVIP leadership group (PLG) members all score risks individually This gives visibility of all risks across the whole Group. • CVIP is comfortable that the levels of risk to which the programme is exposed, and their proposed mitigations, are acceptable. Also comfortable that the risk owners understand the risks and their accountabilities. • Not all mitigations are fully tested but CVIP has confidence this will happen under the Assurance Framework (see section 7). • Aim is to achieve 'risk aware' decision-making – not say 'no' to everything with inherent risk.
7.	<p>Assurance (David Nalder) <i>Paper 9 considered – CVIP Assurance Framework – 14 June 2021</i></p> <ul style="list-style-type: none"> • Assurance Framework links requirements across the programme, readiness requirements and other key documents including the Success Framework. Will be bringing this as a paper to Governance Group. • Framework takes the 'three lines of defence' approach – risks identified/extent to which the programme is or is not prepared to accept the risks is agreed/controls put in place (checking through self-check and internal audit). • Service standards are essential for the Ministry-led assurance environment - will set minimum requirements and controls for DHB service delivery and be actively monitored. <p>Group discussion</p> <ul style="list-style-type: none"> • Noting the stage of this programme of work, it is important to understand and articulate the nature and level of risks, and the effectiveness of mitigation actions. This will inform the Group's comfort in decisions about programme readiness. • Noted the need to ensure that critical assurance areas are addressed early. This may mean they are addressed before the full framework is in place. <p>Action 7: Further report back on development of the Assurance Framework to be provided at next meeting.</p>
8.	<p>Real time assurance leads update (Colin MacDonald, Stephen Crombie)</p> <ul style="list-style-type: none"> • Pleased with amount of ownership for assurance now taken by PLG. • The need now is to identify the assurance that must be given prior to scale-up starting, and that which can be delivered later in the programme. Per the discussion in section 7 above, they saw this activity as being a little later than it might have been, however, understood that it was now being prioritised. • The external assurers noted they would be discussing their future involvement with the Chair, given the CVIP programme would be transitioning into 'business as usual' and the assurance function would be managed by the Ministry.
9.	<p>Chair's sum-up of focus areas for the programme arising from meeting</p> <ul style="list-style-type: none"> • Noted the growing maturity of the programme evident through the reporting. • Agree DHB equity targets and be satisfied about the changes to DHB plans. • Access to vaccines for business travel. • Confidence in supply – gearing up for scale.
10.	<p>Meeting close Ngāhiwi Tomoana closed the meeting with a prayer.</p>
11.	<p>Next Meeting Friday 2 July 2021, 8.00 a.m. – 10 a.m.</p>

Minutes

COVID-19 Vaccine and Immunisation Programme Governance Group (IPGG)

Date:	Friday, 2 July 2021
Time:	8:00 am – 9.25 am
Location:	Ministry of Health and Microsoft Teams video link
Chair:	Dame Karen Poutasi
Members:	Hon. Steve Maharey, Ngāhiwi Tomoana, Dr Ashley Bloomfield, Murray Jack
Attendees:	For items: Jason Moses, Astrid Koornneef, Rachel Lorimer, Rachel Mackay, David Nalder, Luke Fieldes Jess Hewat (observer status), Ben McBride (observer status), Colin MacDonald, Stephen Crombie, Dr Ian Town, Shayne Hunter, Jo Gibbs, Maree Roberts, Mathew Parr
Apologies:	Carolyn Tremain, Chris Seed, John Whaanga

Item	Agenda Item
1.	<p>Introductions and opening</p> <p>The Chair welcomed everyone to the meeting and a karakia was performed.</p> <p>The minutes of the meeting held 18 June 2021 were approved as a true and accurate record.</p> <p>Members had no additional conflicts of interest to declare and there were no conflicts of interest in relation to the meeting agenda.</p>
2.	<p>Top of mind assurance issues</p> <p>The Chair asked members to note their main issues or concerns for this meeting, which are recorded in no specific order:</p> <ul style="list-style-type: none"> • Equity issues – not totally confident that DHBs are all aligned and clear on delivery expectations; • Communications – media perception that there are issues with access to the vaccine; • Any learnings from the recent change in Alert Level for Wellington <p>The Governance Group noted the papers provided for this meeting were very well considered and concise.</p> <p>An update was provided on the local and national response to the recent positive Covid-19 traveller who had been in Wellington, and that it appeared that the Delta variant had greater transmissibility in household settings rather than in public places. It was a timely reminder for New Zealanders to remain vigilant and to protect ourselves and others from COVID-19. The recent alert Level change could have a positive impact on vaccination numbers.</p>

3a.	<p>COVID-19 Immunisation Programme update (Paper 4)</p> <p>The Governance Group was presented with the COVID-19 Immunisation Programme update as at 27 June 2021. It was noted that current cold storage vaccine supplies will be exhausted by Monday, 5 July and officials have worked very closely with DHBs to monitor vaccine supply across the country this week. The next Pfizer delivery is scheduled for 3.40am on Tuesday, 6 July 2021.</p> <p>Work continues with 4-5 DHBs to address equity gaps within their delivery plans. Officials provided assurance that all DHBs have plans in place to increase vaccination rates for Māori, Pasifika and disabled consumers.</p> <p>The Governance Group noted that the Auckland Metro data was successfully migrated from booking records to the National Immunisation Booking system and migration dates have now been agreed with the remaining DHBs. All DHBs will be on and using the National Immunisation Booking system by 5 July, with some migration continuing until 8 July 2021.</p> <p>s 9(2)(g)(i)</p>
3b.	<p>Supply and demand (Paper 5)</p> <p>The Governance Group was provided with forecasted Pfizer vaccine availability for the period 28 June to 8 July 2021. Members asked officials what work was currently being done to identify the unvaccinated border and frontline workers and was there a sense of the numbers that were classified in that group.</p> <p>Officials noted that it was their assumption that the Ministry of Health's role, from a public health perspective, was to make the vaccine as accessible as possible for all New Zealanders and they would continue to work closely with employers to ensure that their staff take up the opportunity to get vaccinated.</p> <p>Dr Bloomfield noted that he was focussed on ensuring that health care workers were also vaccinated to ensure their personal safety should they come into contact with someone who had the virus.</p>
4.	<p>Outcome measures / Leading indicators (Paper 6)</p> <p>The Governance Group was provided with an update on Outcome Measure development work currently underway. It was noted that the May 2021 Horizon Survey results for Population Acceptance of the vaccine was 68% likely to be vaccinated vs 13% who responded that they were unlikely to be vaccinated.</p> <p>The Governance Group noted that gap in acceptance when combining those already vaccinated and those likely to get vaccinated between Māori and all ethnicities combined (all New Zealand) has remained stable.</p> <p>Officials noted that subject to the current delivery forecasts being met, that from 8 July they will be in a position to start to accumulating vaccine stock. It is the intention to hold at least a weeks' stock on hand without stretching supply against demand.</p> <p>On current modelling if DHBs perform to plan it is envisaged that by early October 60% of the population will have received either their first or second doses of the vaccine.</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. Ministry of Health to provide a future update on how DHBs are being held to account for delivery of equity targets. 2. Ministry of Health to provide analysis of Māori and Pasifika vaccinator workforce numbers.
5.	<p>Readiness for scale (Paper 7)</p>

	<p>The Governance Group was provided with an overview of the process for ensuring the rollout of COVID-19 vaccinations across New Zealand is ready to scale for the scale and approach needed for Group 4 (ie. open access to the general population). It was noted that the Programme Leadership Team and the Steering Group had approved the readiness criteria and that the Readiness to Operate at scale had been designed with equity, safety, experience and efficiency success measures at the core.</p> <p>Officials noted that they were now in receipt of signed accountability documents from all DHBs and National Providers and they were confident that there was good assurance with clear accountability measures.</p> <p>The Governance Group congratulated the team for the work completed with the assurance framework, as it provided them with high confidence around the detailed assessment of readiness.</p> <p>Dr Bloomfield acknowledged the considerable work that had been done to ensure a robust and rigorous readiness assessment had been completed.</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. Ministry of Health to provide at a future meeting any impacts the health reforms may have on DHBs and how these can be mitigated to ensure that they do not impact on the vaccination programme.
6.	<p>Risk summary (Paper 8)</p> <p>The Governance Group was provided with an update on the Covid Vaccine Immunisation Programme risks and noted that the Programme Leadership Team were actively managing any changes in risk ratings.</p> <p>The Governance Group noted their confidence that management would continue to manage any risks identified in the programme.</p>
7.	<p>Contingency planning (Paper 9)</p> <p>The Governance Group was provided with an update on contingency planning and noted the recommendations of the Steering Group:</p> <ol style="list-style-type: none"> 1. Note that the PLG has identified six probable risk scenarios that would affect the delivery of the expected national plan 2. Note that the PLG has agreed to a phased development of contingency plans for the identified scenarios 3. Note that the CVIP Contingency Plans for the six scenarios have been completed 4. Note that all DHBs have Business Continuity Plans in place as part of the readiness criteria to go to scale. 5. Note that a workshop will be held on 1 July to further integrate the national (COVID-19 Response Team), CVIP and DHB plans to the identified scenarios. 6. Note that a contingency planning desktop exercise will be conducted in mid July. 7. Agree that the programme contingency plans be externally peer reviewed (e.g. National Emergency Management Agency) as part of the overall Assurance Plan. 8. Agree the Programme Director to engage with the Auditor General in relation to the contingency planning recommendation contained in the "Preparations for the nationwide roll-out of the COVID-19 vaccine". <p>The Governance Group was briefed on the contingency workshop held on 1 July 2021 and noted the scenarios, preventative and responsive measures that would be invoked. The Governance Group noted their level of comfort with the work done to date on contingency planning.</p>
8.	<p>Vaccine certification and consumer channel update (paper 10)</p> <p>The Governance Group was provided with an update on the work being led by the Ministry of Transport (MOT) and the Border Executive Board (BEB) to develop a digital COVID-19</p>

	<p>Vaccination Certificate, which could be used as proof of vaccination for both workplace and travel requirements.</p> <p>Officials led the discussion around the technology channels being explored and the intent to ensure ease of use for consumers to access vaccination details, but also other health records.</p> <p>The Chair asked what steps were being taken to ensure equity of access for all New Zealanders, and officials assured the Governance Group that due consideration would be given to ensure equitable access to records.</p>
9.	<p>Realtime Assurance update</p> <p>Stephen Crombie advised the Governance Group that this was his last meeting, as an external auditor and it was his view that the Covid Vaccination Immunisation Programme was on the right path. The programme was delivering and the combination of having the strong leadership, combined with the right people doing the right things in a methodical manner had the programme well positioned for success. Stephen Crombie acknowledged the Assurance processes that had been put in place, as well as the great partnership between Operations and Technology who have demonstrated a strong working relationship with a focus on deliverables for the end user.</p> <p>The Chair thanked Stephen Crombie for his contribution and the role that he had on the Governance Group to provide real time assurance.</p> <p>Dr Bloomfield echoed the sentiments of the Chair and noted that it would be beneficial to capture and document the initiative to use a Governance Group as the benefits would be measurable across many other government agencies.</p>
10.	<p>Other business</p> <p><i>Communications</i></p> <p>The Governance Group was provided with an update from the Communications Group Manager on current deliverables and resourcing. It was noted that the CVIP Communication team worked closely with the DHB Communications teams to support them in delivering key messaging locally in alignment with the national messaging. A Māori communications strategy had just been signed off which would provide more guidance and confidence across the programme. The strategy had been widely consulted with iwi and was currently with Minister Henare's office for his information. The Governance Group would be provided with a copy in due course.</p> <p>The Governance Group noted that there was still some noise amongst media outlets with negative messaging and acknowledged the national and local efforts to mitigate negative stories.</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. Ministry of Health to provide a copy of the Māori communications strategy to Governance Group in due course.
11.	<p>Chair's sum up of focus areas for the programme arising from meeting</p> <p>The Governance Group members:</p> <ul style="list-style-type: none"> • Noted the programme was well positioned and looked forward to scale up and readiness. • The programme is well ahead of the game, congratulations to all on the work done to date.

	<ul style="list-style-type: none">• Urged officials to seize the opportunity to capture the positivity around the programme – things are being delivered.• Confidence in management to identify and manage risks.
12.	<p>Meeting close</p> <p>The Chair closed the meeting at 9.25am, and asked Ngahiwi Tomoana to say a prayer.</p> <p>The next meeting was scheduled for Friday, 16 July 2021 from 8.00am – 10.00am.</p>

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Minutes

COVID-19 Vaccine and Immunisation Programme Governance Group (IPGG)

Date:	Friday, 16 July 2021
Time:	8:00 a.m. – 9.55 a.m.
Location:	Ministry of Health and Microsoft Teams video link
Chair:	Dame Karen Poutasi
Members:	Murray Jack, Hon. Steve Maharey, Carolyn Tremain
Attendees:	Andrew Bailey, Astrid Koornneef, Luke Fieldes, Jo Gibbs, Shayne Hunter, Rachel Lorimer, Colin MacDonald, Jason Moses, David Nalder, Mat Parr, Maree Roberts, Robyn Shearer (for Dr Bloomfield), Fiona Smith (item), Dr Ian Town, John Whaanga Jess Hewat (Treasury - observer status)
Apologies:	Ngāhiwi Tomoana, Chris Seed, Dr Ashley Bloomfield, Ben McBride (DPMC)

Item	Agenda Item
1.	<p>Introductions and opening</p> <ul style="list-style-type: none"> Dame Karen Poutasi welcomed everyone to the meeting. John Whaanga opened with a karakia. Minutes of meeting held 2 July 2021 were accepted. <p>Conflicts of interest</p> <ul style="list-style-type: none"> No new conflicts of interest were advised. No conflicts of interest were declared in relation to the meeting's agenda. <p>Matters Arising</p> <ul style="list-style-type: none"> Mat Parr was asked to follow up on the development of a leading indicator for positive/negative media sentiment, an action from the previous meeting.
2.	<p>Top of mind assurance issues</p> <p>To help shape discussion, the Chair asked Group members to briefly note their main issues for the meeting. These were (no order implied):</p> <ul style="list-style-type: none"> Understanding the path to scale up to peak, and the need to manage this carefully, noting that for many people their expectation now is "it's time to get vaccinated". Equity issues – noting challenges to achieving equity when age sequencing is not aligned. Important to allow providers flexibility to deliver services, particularly smaller scale/primary providers who service local communities. Vaccination workforce – understanding overall numbers, adequacy for scale-up, and the extent to which equity is reflected back in workforce composition.

3.	COVID-19 Immunisation Programme update (Jo Gibbs)
3a.	<p><i>Paper 4 – COVID-19 Immunisation Programme Update – 11 July 2021</i></p> <ul style="list-style-type: none"> • The vaccine supply situation is still tight. Two DHBs ran out of stock for a short period whilst waiting for new supply to arrive from the hub. • Situation is closely monitored. The quality and completeness of information held on the Ministry’s portal about each DHB’s stock in hand is improving. • Further vaccine supply due Tuesday 20 July. This will be distributed to service providers. It will take some time to build up contingency stock. Situation should ease a bit towards early August as larger shipments arrive. • The national booking system is now live across all DHBs. Available vaccination slots are viewable and bookable. Only some older bookings made by DHBs remain outside the system and will be transferred manually. <p>Group discussion</p> <ul style="list-style-type: none"> • The Governance Group noted that the ‘live’ status of the national booking system is likely to remove a deterrent for many who prefer to make their own arrangements. • The Ministry noted that the new challenge is to ensure that the forward capacity is loaded (by the DHBs) into the booking system.
3b.	<p>Communications and engagement – general approach (Jo Gibbs/Rachel Lorimer)</p> <ul style="list-style-type: none"> • All DHBs have committed to getting their Group 3 invitations out by 23 July. The Ministry is monitoring this on a daily basis. The original commitment – Group 3 notifications out by end June – happened substantially, but not entirely. • Media messaging will advise people aged over 65 years who haven’t received an invitation of the number they can phone to book an appointment. • The week of 23-28 July will be a ‘hiatus’ to allow for reservations to take place. The national call centre will be open for five days from 17 July, but this will only be announced through local level communications to make sure that early call load is manageable. • Whakarongorau has staffed up significantly and the Ministry is monitoring this to ensure capacity meets demand. • The Minister is likely to make the announcement to open to the first people in Group 4 on 28 July. <p>Group discussion</p> <ul style="list-style-type: none"> • The Governance Group noted a change in the focus of comms from “we will contact you about your vaccination” to “please contact us if you don’t have a booking”. • The Governance Group also noted the need to manage expectations (consumer and provider). Ideally all those in Groups 1, 2, and 3 will be booked by end July. • The Ministry agreed, advising: <ul style="list-style-type: none"> • For consumers, the ability to book online was unlikely to translate into an immediately available vaccination slot, with waits of up to six weeks in some cases; • For providers, there was a need for ‘tighter’ comms, depending on the provider’s delivery model e.g. age band approach, whānau vaccination. • Therefore the Comms campaign had two sets of messaging so that those identifying in the system as Māori or Pasifika would receive a whānau invitation. • Consumers were encouraged to book online, however, were also advised to phone in if they preferred to have their booking managed for them.
3c.	<p>Invitation strategy – the sequencing/age banding approach</p> <ul style="list-style-type: none"> • Members of the Governance Group raised a number of issues about the sequencing approach. • Members noted the overlay of much of Group 3 with Group 4 and the comms and other implications of this. They asked what criteria Ministers were working to when making decisions re extension of the vaccination age bands. Criteria would better clarify the likely

	<p>implications of decisions, and support robust decision-making when deciding to launch a new age band.</p> <ul style="list-style-type: none"> • The Ministry advised that the decision was made in June that Group 3 would be invited across June to September 2021. This has not changed, however, with Group 4 roll-out beginning, booking slot availability may come under pressure. Ministers are aware that booking windows are 6-8 weeks out. • This situation also has implications for comms and messaging (see section 3b). <p>Group discussion</p> <ul style="list-style-type: none"> • Members noted the differing approaches of some DHBs to approaching their Group 4 consumers. Where DHBs who do not extend invitations promptly after ministerial announcement, this skews demand, and therefore also response. Lower response volumes do not necessarily mean low interest. Members also noted consumer perceptions risks from delay. • Members were strongly of the view that criteria should be developed to inform sequencing decisions. • Members suggested that sequencing and cohorts were really theoretical constructs and potentially almost impossible to deliver on the ground. Addressing overlaps between Groups 3 and 4 will be problematic, particularly as service delivery moves out more widely and into primary care. This diversity of delivery is good – but it provides challenges in terms of expectations management. <p>Action 1: Ministry to consider developing decision criteria for sequencing. (Mat Parr)</p>
4.	<p>Outcome Measures/Leading Indicators (Luke Fieldes/Astrid Koornneef)</p> <p><i>Paper screen shared – Operational Capacity for Tier 4 subgroups</i></p> <ul style="list-style-type: none"> • To help give us confidence in delivery, we need to understand how capacity within the booking system interfaces with DHB production plans. • The chart shows how far through its delivery to a particular cohort any given DHB is when Ministers make their next announcement. Currently quite significant overlaps can be seen in many cases. • DHBs can now see this data and are starting to gain an understanding of how they can best use it. • Having a better understanding of booking availability in relation to demand also: <ul style="list-style-type: none"> ○ helps us to manage expectations, i.e. to frame up comms with those making bookings; ○ can help Ministers to understand the system’s ability to support new age band announcements at any given point. • It can delineate by both first and second doses. • Noted that the booking system does not currently include primary care. Projections therefore include the primary care element stated within each DHB’s production plan. Projected bookings for primary care will be refined as we gain more information into the future.) <p>Group discussion</p> <ul style="list-style-type: none"> • The information provided is quite revealing in terms of the capacity in the system. The issue is how this can be used to inform decision-making re opening up new cohorts. • What level of flexibility does this approach have e.g. to report on activity within age groups by particular DHBs?
5.	<p>Programme Status (Andrew Bailey)</p> <p><i>Paper 6 – COVID-19 Vaccination and Immunisation Programme Schedule Summary Update 12 July 2021</i></p> <ul style="list-style-type: none"> • This is a new report which aims to highlight the current status of each workstream, providing a two-week view.
6.	<p>DHB Accountability of equity targets (Jason Moses)</p>

	<p><i>Paper 7 – Monitoring and Accountability Measures to support District Health Boards in meeting Equity Targets</i></p> <ul style="list-style-type: none"> • A number of measures support DHB accountability for their equity targets. • The equity data table (paper 7a) shows DHB actual and planned performance (for Māori and Pacific peoples). There are some high performers, such as Capital & Coast and Hutt Valley, where a recent vaccination event for Pacific people had been very successful across both Māori and Pacific. • However, the data table shows that whilst DHBs are able to achieve broad production volumes, many are struggling with equity targets. • The Ministry meets DHB SROs on a weekly basis to review performance. <p>General discussion</p> <ul style="list-style-type: none"> • The Governance Group noted that under an age-banded sequencing approach, Māori and Pacific populations will disproportionately come in the younger age bands. • The suggestion was made that the programme think about ‘what attracts younger people to get vaccinated?’ This is a wider question than just for Māori and Pacific people. <ul style="list-style-type: none"> ○ The Ministry noted that its research plan provides focus group information about vaccination behaviour which informs messaging. • Encourage flexibility in vaccination service provision by freeing up provider capacity from other contractual obligations where possible. Effective vaccination is bigger than administering the vaccine. Local providers are key connectors and have a comms role to play. Allow providers to create the right environment for their communities.
7.	<p>Choices to support uptake and scale Q3 and Q4 (Mat Parr, Joe Bourne, Vince Barry)</p>
	<p><i>Papers 8 and 8a – Q4 Strategy discussion – 12 July 2021</i></p> <ul style="list-style-type: none"> • Previous modelling to reach ‘scale’ has been based on 70 per cent uptake. • Research in New Zealand by Horizon shows that 80 per cent of people are now willing to be vaccinated. • A stretch ambition of 85% is therefore proposed for planning purposes. • International experience shows there is an eight-week window of working at peak before delivery starts to reduce. September and October are identified for focus in New Zealand. • There are three settings possibilities to ‘push’ uptake: <ul style="list-style-type: none"> ○ Through primary care settings; ○ Through mass events; ○ Through schools (i.e. delivery to students, noting that school settings are already being used by some DHBs as these provide a trusted site for e.g. whānau vaccination). • DHB production plans are signed off to end of September and will an increase for the period post-August to deliver the 85% ambition. • Current planning was for around 800 vaccination sites. Significant effort is required to onboard the necessary number of new sites to push fully into primary care (expected requirement 2,000 sites). <p>Group discussion</p> <ul style="list-style-type: none"> • Messaging about supply needs careful consideration to reflect reality but retain confidence. New supply has arrived but must still be managed as the supply is not infinite for some time yet. • Messaging – including to Ministers – must be disciplined. Basically, wider roll-out has started but we continue to need to manage supply so that we can meet demand. Planning might include some mass vaccination events so that those eager to be vaccinated have an earlier opportunity.
8.	<p>Funding and Finance Update (Fiona Smith)</p>

	<p><i>Paper 9 - CVIP Funding Update</i></p> <ul style="list-style-type: none"> • The 2020/21 year end result has just been closed off. • Total programme spend to the end of June 2020/21 is \$375 million from a total appropriated budget for the 2020/21 year of \$673 million. • Programme costs are different to figures in the 14 June 2021 Cabinet paper. This is because the Cabinet paper was agreed following supplementary estimates, and appropriation funding could not be re-phased to reflect this. • Current projection is for a \$300 million underspend. The \$350 million contingency will not be drawn down until the underspend is used. • The Ministry is doing high level work to assess the COVID-19 vaccines it will need to purchase for 2021/22. This includes costings on an assumption of an annual 'single dose' vaccination programme. The analysis will be set out in the Cabinet paper on readiness due to be considered in late August. • The Treasury noted that it is keen to understand more about the detail of the expenditure, noting the \$520 million for DHBs dates back to March. The Ministry advised it had not yet received this information from DHBs but would be working closely with them on this.
9.	<p>Risk Update (David Nalder)</p>
	<p><i>Paper 10 - CVIP Programme risk summary for Governance Group – 16 July 2021</i></p> <ul style="list-style-type: none"> • Risk reporting is now tied into the four Success Framework dimensions, meaning some change to reporting approach. • The 'ultimate' risks of the project are: <ul style="list-style-type: none"> ○ Loss of public confidence, ○ Lack of equity of access, ○ Low uptake. • Themes for emerging programme risks are: <ul style="list-style-type: none"> ○ Expectation management, ○ Reducing complexity, ○ Legacy and transition. • s 9(2)(g)(i) [REDACTED] <p>Group discussion</p> <ul style="list-style-type: none"> • The key themes discussion on page 3 of the report is helpful as it shows how the risk implications are being interpreted.
10.	<p>Other business</p>
10a.	<p>Science and Technical Update (Dr Ian Town)</p> <ul style="list-style-type: none"> • CV-TAG continues to have a focus on events of myocarditis/pericarditis post-vaccination (Pfizer), and has completed a literature review on the matter. Myocarditis is an inflammatory condition affecting heart muscle. There are reports from Israel and the USA of younger (<30) males presenting with myocarditis after their second dose of Pfizer or Moderna vaccines. • Current thinking overseas is that the risk/benefit is strongly in favour of continuing to administer the vaccine where there is an ongoing pandemic. No regulatory authority has put up a precaution on use of Pfizer at this time.

	<ul style="list-style-type: none"> • Questions to be addressed for the use of the Pfizer vaccine in New Zealand are: <ul style="list-style-type: none"> ○ how this might impact on the use of the vaccine to 12-15 year olds and ○ how Pfizer should be administered to 'younger males', e.g. those aged under 30 years. • Advice is being prepared for the Director-General on these matters and will be considered at a future Steering Group meeting. <p>Group discussion</p> <ul style="list-style-type: none"> • In response to a question about Australia's position on this matter, the Governance Group was advised that the context in Australia is different, however officials here would be making contact with Australian officials to compare notes. • In response to a further question regarding the use of other vaccines in New Zealand, including Janssen, the Group was advised that a Cabinet paper was being prepared on the future vaccine portfolio for New Zealand, for likely consideration mid-August. • Having more than one vaccine in the portfolio protects against the risk of supply chain issues. • As a single dose vaccine, Janssen may be a good alternative for those who cannot have Pfizer due to side effects.
10b.	<p>Realtime assurance update</p> <ul style="list-style-type: none"> • Noted that this function had now ceased, with the programme assurance plan picking up this activity. Colin MacDonald was now focusing on supporting the programme with thinking around transition to the future state, and on CVIP legacy activity. • The letter of thanks to Stephen Crombie was noted.
11.	<p>Sum-up of Governance Group's focus areas for the programme arising from meeting</p> <ul style="list-style-type: none"> • Ensuring public communications manage expectations around progress through Group 3 and the opening of Group 4. • Invitation sequencing – consider developing criteria to help inform decision-making.
12.	<p>Meeting close</p> <p>The meeting ended at 9.55 a.m. John Whaanga closed the meeting with a prayer.</p>
13.	<p>Next Meeting</p> <p>Friday 30 July 2021, 8.00 a.m. – 10 a.m.</p>