



# September Community Panel Meeting Minutes

<b>Date</b>	1 September 2021
<b>Time</b>	1.30-3.30pm
<b>Venue</b>	Zoom
<b>Attendees</b>	Api Talemaitoga, Aram Kim, Anthony Taueki, Callum Woodhouse, Habib Ulla Marwat, Jordon Milroy, Margaret Brown, Michelle Mascoll, Sarah Sparks, Chloe Kincaid, Natasha Dcosta, Jessica Ferreira, Amber Bill, Daniel Kawana, Rory McKenzie and Andre Afamasaga. Guests: Debbie Ryan from CICRIAG, Patricia Joseph from the Ministry of Health and Megan Stratford from DPMC Policy team.
<b>Chair</b>	Sarah Sparks
<b>Minute taker</b>	Chloe Kincaid

## Item 1: Welcome and apologies

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1. Daniel Kawana welcomed members with a karakia that spoke to the current situation of Alert Level 4 lockdown (particularly as it endures in Auckland) and communities coming together to support each other through challenging times.

## Items 2-9: Minutes and Actions

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2. The Panel was welcomed by the Chair Sarah Sparks, and introduced to Debbie Ryan, a member of the COVID-19 Independent Continuous Review, Improvement and Advice Group (CICRIAG). Debbie spoke about the CICRIAG group and her role in it.
3. Chloe asked for agreement on the previous minutes and the Terms of Reference. Both of these items were agreed to.
4. Dr Api raised three significant issues with the current response, the first being mental health and the need for resources and support for anxiety and depression, the second was about support for businesses but how there is not much support for employees available and the third was the increase in family violence seen during lockdowns.
5. The discussion then moved to the current Alert Level 4 lockdown and general COVID-19 response. The Panel discussed many of the challenges that their communities are currently facing, the major themes of which were: mental health, digital inclusion, food security and issues accessing reliable information.
  - a. **Mental health** was a major issue which was discussed by nearly every member of the Panel.

- i. Dr Aram Kim has seen a marked increase in the number of patients struggling with the isolation of lockdown and struggling with the disruption of therapies for traumatic issues. He spoke of the impact of young people being disrupted at school. He raised the issue of therapy being hard to do online, the need for translated resources and supporting people to “live well in lockdown – not just survive”.
  - ii. Dr Api Talemaitoga raised the issue of each successive lockdown demoralising a lot of people and he sees the social licence of the Government to continue instigating Alert Level 4 slipping.
  - iii. Jordan Milroy spoke of “gap in the system“, after losing his essential support during lockdown which isolates disabled people in their bubbles and has impacts on mental health. He raised the issue of discriminatory rules at supermarkets mandating one shopper only which is challenging for if you are disabled.
  - iv. Michelle Mascoll shared about the impact of “bubble isolation” when living alone.
- b. **Digital inclusion** was another major issue raised by members of the panel. Dr Kim and Dr Talemaitoga have both seen this particularly with their patients as they try to access online health services. Whānau Māori are also being severely impacted by inequity of online access.
- i. Many families either don't have access to reliable broadband as they can't afford to pay for the service each month, or they don't have enough devices to enable all family members to participate fully in online services. Because of difficulty accessing devices, patients have been requested phone appointments instead of video appointments due to these issues and even for some accessing a phone can be difficult.
  - ii. Anthony Taueki spoke about the impact that this has on the rangatahi within families. Often, they fall behind on education because parents may need the devices for work or other family members for their own online services. Many Panel members expressed that there is not enough being done to ensure that families have enough access to online devices and reliable broadband.
  - iii. He raised a salient point, “how do we break down barriers and make it accessible for everyone?”
- c. **Food supply access** was another critical issue.
- i. Habib Ullah Marwat discussed the difficulties for many members of faith-based communities to have access to suitable food (e.g. Halal options). All of the ethnic food stores were not able to open under Alert Level 4 and he spoke of some families surviving for two weeks on little more than bread as they did not have reliable access to appropriate food supplies. He raised that ethnic communities do not feature on the DHB ethnic plan.
  - ii. Sarah Sparks discussed the differing needs of somewhere like Auckland where food distribution can be unequal across the city. Online and offline supermarkets created volatility in the supply channel. Some supply chains weren't affected whilst others have struggled significantly with increased demand, extra cleaning because of exposure and reduced staff as staff are identified as close contacts and subsequently need to self-isolate.

- iii. Sarah also spoke of the need for more openly available data to ensure that goods and services can be focused on the areas that need them most.
  - d. **Unreliable access to necessary information** was also talked about by several members. Examples included:
    - i. Information on how to access mental health resources is provided in several languages, but the resources themselves are only provided in English.
    - ii. Information on key platforms such as the Ministry of Health's YouTube channel was only provided in English.
    - iii. Various ethnic communities are not accessing messaging and news from New Zealand, other than the 1pm daily Ministerial briefing. Other news comes from their home channels and media outlets which can lead to people consuming misinformation or incorrect information about New Zealand.
6. The Panel members then discussed what has been going well compared to the previous lockdowns. Examples included:
- a. Everyone was ready to move into response mode very quickly and have started trusting the information available on the Unite Against COVID-19 website.
  - b. There was decisiveness about movement between Alert Levels which made it easier for people to understand.
  - c. Many felt that government agencies have had more trust and faith in local communities and there has been broader engagement with community-based agencies.
  - d. Resources have been unlocked – Sarah raised the fact that Māori providers/Whānau Ora Commissioning Agency network had received expedited financial support.
7. The discussion then moved to the vaccination programme roll-out. Patricia Joseph, Manager Equity at the Ministry of Health (part of their vaccination team), attended this part of the meeting and shared information with the group on the current shape of the vaccination roll-out.
8. Patricia noted that there have been a number of different solutions rolled out to ethnic communities, through DHBs, using the Whānau Ora network, mobile outreach initiatives that were community-led. She said that “we’re moving at pace – focusing on what your community needs” and that the Ministry was open to more solutions where appropriate.
9. The Panel members' discussion centred on a few key themes:
- a. Ability to provide anonymous feedback: Michelle Mascoll spoke of members of her community that have previously had poor experiences with getting their vaccinations and would like to provide feedback but the way to do this wasn't obvious.
  - b. Mobile vaccination: Jordon Milroy highlighted the struggle of waiting in long lines at sites and asked whether mobile vaccinations would be offered as the service is key for some of the disabled community who find it difficult to wait in lines for vaccinations. The need for visually impaired support services was another request. Sarah raised the need to mobilise vaccination/testing units to transitional housing communities.
  - c. Forms of ID being asked from people in order to get a vaccination: Habib emphasised that asking for ID from someone is not appropriate and discourages others from getting vaccinated if they have concerns about immigration or improper identification.

- d. Sarah also identified that a message from the Prime Minister directly to whānau Māori/ethnic or other communities directly emphasising the safety and importance of vaccinations would go a long way towards uptake.
10. Megan Stratford, Principal Policy Advisor at DPMC, presented to the Panel with a short update on the Reconnecting New Zealanders programme. Due to time constraints, her presentation will be sent to the Panel and they will be asked to provide any feedback or insights before the next meeting. There will also be another discussion planned for the next meeting.
11. The other agenda item, around stakeholder mapping, will also be done out of cycle where Panel members will be asked for feedback before the next meeting.
12. The **key insights** that came from the panel discussion were:
- a. Many people are struggling from varied and challenging mental health issues associated with the current outbreak of COVID-19 and the Alert Level 4 lockdown.
  - b. The social licence that the Government has had with previous lockdowns is slipping and with each lockdown people become more demoralised with the system.
  - c. There is significant work that needs to be done in addressing psycho-social issues associated with lockdowns.
  - d. Food security is a major issue in many communities for varying reasons.
    - i. For some, like disabled communities, accessing food by waiting in long queues and keeping a two-metre distance from others is extremely challenging. Wearing masks can be challenging for many in the disabled communities and they are ostracised or suffer some abuse for not wearing them with an exemption.
    - ii. For ethnic and faith-based communities, access to appropriate food (such as Halal and vegetarian options) is very limited and information provided only in English may not be trusted.
    - iii. Across a big and diverse city such as Auckland, there will be many varying needs depending on the location. This needs to be taken into account with food supply chains, deliveries and support to local organisations.
  - e. Access to reliable broadband and digital information is a challenge in many communities. There needs to be more thought given to supporting families to have not only reliable broadband, but also an appropriate number of devices in order to digital enable all members of the whanau.
  - f. Government agencies need to continue supporting communities to encourage vaccination uptake. Things like asking for ID need to be stopped immediately and this must be impressed upon DHBs very strongly. More messaging around safe vaccinations and clear and concise information on how to access the vaccine, side effects and giving feedback continues to be critically important to encourage uptake of the vaccination programme.
13. The Panel **agreed**:
- a. To the previous meeting minutes and the Terms of Reference.
  - b. To provide feedback on the Reconnecting New Zealanders presentation and the stakeholder mapping from DPMC before the next meeting.

## Item 9: Final thoughts and wrap up

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14. The meeting closed at 3.45pm with a closing karakia from Daniel Kawana.

### Action register – Live actions

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