Aide-mémoire

Meeting

Date: 16 November 2021 **Security Level:** IN CONFIDENCE

For: Hon Carmel Sepuloni, Minister for Disability Issues

File Reference: REP/21/12/1396

Meeting with Dr Tristram Ingham, Chair, Tātou Whaikaha

Meeting details	9.00pm - 9.30am, Thursday 12 December 2021 • Meeting ID: 857 3443 4586 • Password: SN746922
Expected attendees	Dr Tristram Ingham, Chair, Tātou Whaikaha Brian Coffey, Director, Office for Disability Issues *Ministry of Health Officials* • Bridget White, Deputy Chief Executive, COVID-19 Response • Karen Jacobs-Grant, Chief Equity Advisor, Office of the DCE COVID-19 Health System Response • Dr Joe Bourne, Contractor – Care in the Community • Amanda Smith, Chief Advisor, Disability Directorate • Rāwā Karetai Wood-Bodley, COVID-19 Vaccine & Immunisation Programme Disability Lead, Ministry of Health • Michael Dreyer GM, Data and Digital – National Telemedicine • Kristin Kalla, Manager, COVID-19 Science and Insights – Surveillance and Testing • Steve Waldegrave, GM COVID-19 Policy – Face coverings
Purpose of meeting	Tristram is meeting with you in his capacity as the chair of Tātou Whaikaha, a group established to provide advice and input from a disability perspective to inform the COVID-19 Immunisation and Vaccination Programme. This is your fifth meeting with Tristram in his capacity as Chair of Tātou Whaikaha in the past few months.

	Tristram is likely to discuss matters relating to: • COVID-19 Care in the Community. • COVID-19 vaccination data. • Disability community leadership within the Ministry of Health (MoH) COVID-19 Response Directorate's work programme. • COVID-19 Protection Framework.
Talking points	**COVID-19 Care in the Community** • I'm interested to hear your ideas about what you think are the most effective practices and additional safeguards can be put in place to support disabled people who are self-isolating in the community. • Where do you think the gaps in our approach are? **COVID-19 Vaccination Data** • Social Wellbeing Agency has completed analysis of non-vaccination for disabled people, working with MoH and in consultation with the Office for Disability Issues. • Disabled people have (and continue to have) higher rates of at least one dose of the vaccine (90%) than the non-disabled population (83%). • I have heard some concerning reports that some family members are making decisions that a disabled people should not be vaccinated. Disabled people should be supported to make their own decisions – for or against vaccination, not have decisions made for them. • It is important that we continue to target members of the community, their families and whānau, who have not been vaccinated. • I understand that MoH officials have pivoted in their communications approach to focus on groups such as autistic people, people with invisible disabilities (particularly communication impairments), cultural intersectionality, young disabled people and ACC clients. • As we look at options regarding the expansion of vaccinations to 5 to 11-year-olds, I'm interested to hear your ideas about what you think are the most effective practices to get this group vaccinated. **Disability community leadership** • I understand you are concerned about the level of engagement the disability community and wider sector has in the COVID-19 response. • What would good disability programme leadership look like to you? • Who have you spoken with regarding this? **COVID-19 Protection Framework** • A key focus area for me is to make sure we have information and communications tailored to the diverse

needs of disabled people to encourage them to get vaccinated.

- ODI is continuing to work closely with the Ministry of Health regarding the disability-focussed communications in the pipeline.
- I understand you have asked DPMC to come back with all-of-government policy settings for what disability-related supports, accommodations, and/or restrictions will apply in the respective traffic light levels to integrate into the framework. How is this work going?

Key issues

COVID-19 Care in the Community

The Care in the Community model is based on enabling people to be cared for in their home, where it is safe to do so, when they or a member of their household has tested positive for COVID-19. People who test positive will receive an initial assessment within 24 hours of diagnosis to link them with care appropriate to their needs.

Ensuring this model is responsive to the needs of disabled people is a key priority for ODI.

Metrics have been proposed that cover all parts of the patient's journey, from positive test through to discharge from isolation and any follow-up care. The metrics will be disaggregated by patients' age, ethnicity, and locality, to enable tracking of how the model of care is responding to the needs of specific population groups.

The disability community will want assurances that government is monitoring their needs and is responding to and resolving any issues raised. ODI has been advocating for the implementation of robust and ongoing monitoring to provide systematic insights on the issues for disabled people and their whānau, and how these will be addressed, however there has been no commitment to collect this data.

The recent information published regarding self-isolation, and managed isolation/quarantine does not contain information for disabled people.

COVID-19 Protection Framework

Tristram has advised your office that DPMC consulted with some disability sector representatives on the framework, but only after it had been developed and approved. The representatives expressed significant concern with the framework as presented, noting that despite stating that there were no policy settings articulated in any of the comms on what the actions needed for at-risk communities would include.

ODI heard from the community that the current information and comms available on the CPF doesn't resonate with disabled people and their whānau – it is translated information, not targeted at a disabled audience. There is a need to develop tailored information

for the disability community about each of the traffic light settings in accessible formats.

We understand that DPMC are working with MSD closely regarding alternate forms, and there has been some discussion between DPMC and the community regarding the development of additional comms for disabled people.

Accessible communications in alternate formats

The use of communications in alternate formats such is helpful in providing public information in formats for disabled people to access.

MSD is responsible for coordinating all-of-government's management of alternate formats[1]. MSD partner with three Disabled People's Organisations (Deaf Aotearoa, Associate of Blind Citizens and People First), who provide government with independent and consistent advice about alternate formats.

We understand that there is currently high demand for alternate formats across the public service.

Other topics that may be raised

Face covering exemptions

Face coverings, and ensuring essential services recognise face covering exemption cards as legitimate remains and issue. We are supportive of a policy reset, especially as face coverings are a key tool in the new framework – this work is in its early stages.

COVID-19 Public Health Response (Vaccinations) Order 2021

At 11.59pm on Monday 15 November the COVID-19 Public Health Response (Vaccinations) Order 2021 applied to workers employed in the education and health sectors.

The amended Order does not list specific types of practitioners that are included, but it does include roles and physical settings that are covered. This includes:

- health practitioners
- workers who work in close proximity to health practitioners providing services to members of the public (for example, reception and administration staff in general practice, shop assistants in community pharmacies)
- workers employed or engaged by certified providers, which includes workers at a facility providing hospital care, rest home care, residential disability care or fertility services (for example, anyone working in a hospital setting such as laundry staff, orderly, administration staff, or rest home staff like kitchen and cleaning staff)

1 Easy Read, New Zealand Sign Language (NZSL), braille, audio and large print

- care and support workers who are employed or engaged to carry out work that includes going to the home or place of resident of another person (including those living in the home or place of residence of a family member) to provide care and support services funded by the Ministry of Health, a DHB or ACC.

Family carers are covered by the mandate

We understand MoH's position was to extend the vaccine mandate to family carers to reduce the significant risk of ham for disabled people, including those receiving care from paid family carers, from COVID-19.

UK data shows 60 percent of the 76,000 people who died from COVID-19 in 2020 had a disability, with people with intellectual disability having death rates that were eight times the population generally.

Extending the vaccine mandate to family members paid as carers was consistent with the government's general policy of treating family carers the same as other paid care and support workers. This policy led to the repeal of Part 4A of the New Zealand Public Health and Disability Act 2000 in 2020, which had previously provided legal protection for policies that discriminated against family carers and the resulting revocation of the Funded Family Care Notice 2013.

Processes are in place to help respond to potential workforce shortage

Disability Support Services and DHBs have developed prioritisation processes that can be used if there is insufficient workforce to meet the full demand for services. Those processes are based on the approach used in the Alert Level 4 lockdown in 2020 to ensure ongoing support for clients including:

- Providers combining services, redeploying, and sharing staff.
- NASCs and providers prioritising to ensure that those assessed as most vulnerable are supported in as close to usual arrangements as possible. In contrast, people assessed as being least vulnerable are likely to experience a reduction in the service offered to them but will still receive priority services.

Author: Jasmine Lindsay, Senior Advisor, Office for Disability Issues

Responsible manager: Brian Coffey, Director, Office for Disability Issues