



COVID-19 INDEPENDENT CONTINUOUS REVIEW, IMPROVEMENT AND ADVICE GROUP: MEETING AGENDA

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| Date & time | Tuesday 2 November 2021, 4.00-5.30pm |
| Location | https://us02web.zoom.us/j/82610684360?pwd=SWFnS3NlVjAxRC9Yc0R5NGpkdWl3OT09 Meeting ID: 826 1068 4360 Passcode: 721004 |
| Attendees | Sir Brian Roche (Chair), Debbie Ryan, Dale Bramley, Philip Hill, Rob Fyfe, Louise Cox (DPMC), Amber Bill (DPMC); Martin Rodgers (DPMC); Rob Huddart (DPMC, Item 1); Tania Ott (PSC, Item 3) |

| | Agenda item | Duration | Lead |
|----|---|----------|-------------------|
| 1. | Reconnecting New Zealanders Programme | 15 min | Rob |
| 2. | Views from the front line | 15 min | Dale |
| 3. | Update from Te Kawa Mataaho | 15 min | Tania |
| 4. | Calculation of vaccination rates | 10 min | Brian |
| 5. | One-way QFT with Vanuatu, Samoa and Tonga | 10 min | Brian |
| 6. | Work programme refresh | 15 min | Brian |
| 7. | Disclosures of interest and confirmation of minutes | 5 min | Brian |
| 8. | Any other business and next meeting | 5 min | All / Secretariat |

COVID-19 Independent Continuous Review, Improvement and Advice Group Minutes

| | | |
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| Date | Tuesday 2 November 2021 | |
| Time | 4:00-5:30pm | |
| Venue | Zoom | |
| Attendees | Sir Brian Roche (Chair) Debbie Ryan Dale Bramley Philip Hill Rob Fyfe | Amber Bill (DPMC) Louise Cox (DPMC) Martin Rodgers (DPMC) Rob Huddart (DPMC) (Item 1) Tania Ott (PSC) (Item 3) |
| Minute taker | Louise Cox | |

Item 1: Reconnecting New Zealanders programme update

1. Rob Huddart provided an update on the Reconnecting New Zealanders programme, informing the Group that the current focus is on the latest policy paper due to go to Cabinet in the coming weeks.
2. Rob F raised whether there are connections being made between the Auckland border and what we do regarding the international border as these are linked issues. Rob H responded that while he has not had that explicit conversation, there is work underway in regard to how the shift to the COVID-19 Protection Framework (CPF) will work in respect of an earlier shift for Auckland and what will happen with the Auckland border. He explained further that the Ministry of Transport are looking at what that border will look like. The DPMC Secretariat gave an update on the timing of two report back papers on the CPF, noting that boundaries will be discussed in both papers. Brian raised that he is keen for the Group to have the opportunity to provide feedback on both papers.
3. Rob H updated the Group that the self-isolation pilot is now live with the first arrivals this week. He noted that the isolation timeframes in the pilot have been amended to fit the timeframes of the reduced isolation pilot.
4. Rob F described a new self-testing kit being used by Air Canada and offered to travellers to use before entry into Canada. He noted that it was being offered as a service with an associated fee similar to costs to receiving a test from a testing provider. Rob F agreed to

share a link with Rob H to a video describing how it works. Brian suggested the link is shared with David Murdoch also.

5. Rob F also described how Air Canada are setting up an onsite rapid PCR testing clinic for staff, noting that there is going to be a lot of innovation in the testing space. Brian highlighted the importance of early adoption of testing innovations such as rapid PCR, noting that the regulatory environment could be far more permissive without introducing undue risk or harm.

Item 2: Views from the front line

6. Dale reflected that vaccination progress is positive in Auckland, noting that all District Health Boards (DHBs) are over or nearly over the 90 percent first dose line. He raised that success is partly attributable to significant outreach and community-based initiatives, noting however that there is still a gap between the 8-12,000 daily vaccinations a day and available capacity of around 30,000 per day.
7. Dale commented on testing rolling rates which have been averaging 13-14,000 a day, highlighting that positivity rates for Māori at three percent are concerningly higher than for non-Māori at around one percent or less.
8. Dale provided an update on hospitals in Auckland, commenting that they now operate on the assumption that every person who enters the hospital has COVID-19. He reported that hospital capacity is OK at the moment but with an increase of around 20 patients will require new wards and other functions needing to be brought down.
9. Dale noted that the length of hospital stays have decreased to approximately 3 days for ward stays and two weeks for ICU. He explained that this is a reflection of less comorbidities associated with patients.
10. Rapid Antigen Testing (RAT) processes are up and running in surgery and emergency departments and for staff associated with exposure events, noting that there is generally good acceptance of the process. Dale reported that two positive and one false positive results have been picked up to date through RAT, noted that the false positive is part of the learning process.
11. Dale raised Managed Isolation and Quarantine (MIQ) highlighting that the overwhelming of that system led to community-based provision that has been designed in flight and has caused stress. He raised that it has pushed the conversations on MIQ which is a positive outcome.
12. Auckland hospitals are building as they go in terms of wards and ICU capacity. Dale raised the issue that Auckland are ahead of other DHBs when it comes to planning and preparedness. In order to address urgency, Auckland DHBs are developing plans as they go and providing these to central government and around the country.
13. Dale updated that they were able to do elective procedures the previous week, noting that the system needs to be rebalanced as they go forward.

14. Brian asked Dale about the level of involvement from the Ministry of Health. Dale responded that, due to the need for timely decisions, the DHB is referring decisions to their Board for operational matters (such as resourcing) where they have authority.

Item 3: Update from Te Kawa Mataaho

15. Tania Ott from Te Kawa Mataaho Public Service Commission provided an update to the Group. She reported that advice on the operating model has been provided to Minister Hipkins who is considering the advice.
16. Brian raised that the response to COVID-19 is moving into a new phase and that there is a need to turn minds to preparing the system dimensions of that new phase. There was discussion on the agility of the current operating model with Rob raising that the Auckland land borders have become a more pressing issue than international borders. However, the system is unable to reorient to more pressing challenges, illustrating the need for a refreshed capability and leadership framework. It was noted that 2022 will be more complex and difficult than 2021 and that system agility and adaptability is critical.
17. Brian raised that there is a shift in the balance of power with communities and businesses seeking the tools to take their own actions. He expressed this as a shift to empowering others to help protect themselves. Tania raised that while we are seeing responsibility moving to individuals through the COVID-19 Protection Framework, there will still be multiple voices to synthesise and the need for a single point of leadership.
18. Philip added that while key leadership roles will need to be informed by health expertise, they do not need to be health experts themselves. He stated further that voices outside of health are of most importance given the agility needed for the coming year. Brian agreed that from an organisational perspective, the voice of health is critical at the senior level but not necessary at the top level of leadership.

Item 4: Calculation of vaccination rates

19. Brian addressed that the issue of population undercount through use of the Health Service User database as the denominator is known within the system and has been covered by the media. Philip raised that this is a chronic issue that hasn't yet been addressed and the over inflation of vaccination coverage is even more so for Māori. He raised further that the numerator is also problematic in terms of who does and does not identify as Māori within the Health System.
20. Brian suggested that the question could be what we can usefully do to help mitigate the problem, highlighting that decisions will be made on the basis of that data that will disproportionately affect Māori and Pasifika communities. He proposed that the Group discuss where they could help affected groups to prepare and respond.
21. Dale reported that the Metro-Auckland DHBs have an internal target above 90 percent for Māori and Pasifika as there are varying estimations of the undercount from around four to

seven percent. They have made estimates by using Primary Health Organisation enrolment and use numbers against numbers of unenrolled patients presenting for treatment. Debbie raised that this issue goes to long standing system issues, citing significant undercount of Pasifika population in the 2018 census. She highlighted that there are significant impacts on inequities. Philip agreed that Māori and Pasifika vaccination targets should be adjusted accordingly.

22. There was discussion on Māori having had less time to be vaccinated given their younger demographic and problematic messaging on Māori vaccination rates. Dale highlighted that a lot of Māori haven't had time to raise a significant immune response yet through vaccination. Debbie raised whether we are turning our minds to child vaccination yet, given the greater percentage of younger Māori and the higher levels of distrust that already exist. Debbie further reported that within her area of work they are pushing hard regarding messaging around the young not being vaccinated and that this is largely due to sequencing decisions made for the rollout.
23. Discussion turned to booster shots with Dale raising that healthcare professionals' immunity will be waning now. He raised that planning to roll out booster shots for healthcare workers next year is too late, and they are now seeing positive cases among healthcare workers who are symptomatic. The ethical debate with doing boosters while others have not received their first vaccination was noted.

Item 5: One-way QFT with Vanuatu, Samoa and Tonga

24. There was discussion on the Group's visibility of information that would allow them to have input of value, noting that they had not been able to access the detail that would allow them to do so. The Group agreed however, that the system still needs questions asked to ensure any gaps in the armour are addressed.

Item 6: Work programme refresh

25. Brian raised that the Group needs to get a steer from Minister Hipkins for a refresh of the Group's role and focus but suggested that the attributes of the next phase of the COVID-19 response would be of value for the Group to focus on. There was brief discussion of this and Brian confirmed he will begin to draft a straw man over the coming days.

Item 7: Disclosures of interest and confirmation of minutes

26. No disclosures of interest and the minutes of 19 October 2021 were agreed without amendments.

Item 8: Other business

27. The Secretariat updated the Group on the Cabinet processes for their recent advice dated 23 September, noting that it is going to the Cabinet Social Wellbeing Committee on 10 November and Cabinet on 15 November.
28. There was further discussion of vaccinations of the five to 11 year age cohort and booster shots.

Action register – Live actions

| | Date of meeting | Action | Responsible owner | Comments |
|----|------------------|--|-------------------|--|
| 1 | 15 June 2021 | Brian and the Secretariat will discuss the idea of inviting s9(2)(a) to a future meeting to discuss the vaccine roll out in the context of equity. | DPMC Secretariat | Follow up with Group |
| 4 | 15 June 2021 | Write up the scope of the proposed NSW conversation and share with the Group | DPMC Secretariat | On hold while NSW are dealing with the current outbreak. |
| 11 | 10 August 2021 | Revert to the Group on the updated vaccination strategy | DPMC Secretariat | Continuing to monitor |
| 12 | 10 August 2021 | Assess agendas of CICRIAG and Community Panel for synergies, and revert to Group | DPMC Secretariat | Ongoing |
| 16 | 7 September 2021 | Connect in with the Ministry of Health on the next review of the Surveillance Strategy | DPMC Secretariat | Follow up end of October |
| 20 | 7 September 2021 | Identify TAG contact for forwarding correspondence from the business sector. | DPMC Secretariat | Completed |
| 23 | 5 October 2021 | Forward the SPHAG questions to the Group | DPMC Secretariat | |
| 24 | 5 October 2021 | Arrange meeting with the Minister and the full Group | DPMC Secretariat | |

| | Date of meeting | Action | Responsible owner | Comments |
|----|-----------------|--|--------------------------|----------|
| 25 | 5 October 2021 | Circulate questions tracking spreadsheet to the Group | DPMC Secretariat | |
| 26 | 5 October 2021 | Share the Testing Advisory Group's rapid testing review report | DPMC Secretariat | |
| 27 | 2 November 2021 | Share the link to the self-test solution being used by Air Canada with Rob H and David Murdoch | Rob F / DPMC Secretariat | |

Proactively Released