



COVER PAGE: COVID-19 INDEPENDENT CONTINUOUS REVIEW, IMPROVEMENT AND ADVICE GROUP: ADVICE NOTE TO THE COVID-19 RESPONSE MINISTER

Meeting Date	22 February 2022		
Agenda	The agenda covered: <ul style="list-style-type: none">• Reconnecting New Zealanders future scenario planning• Communications in the context of Omicron		
Assurance on key issues and risks raised			
<p>The attached advice note sets out the issues, risks and observations raised by the COVID-19 Independent Continuous Review, Improvement and Advice Group (the Group) during its meeting.</p> <p>From those issues, risks and observations the Group has identified areas where you may wish to seek further assurance:</p> <p>There are three options you may wish to consider for each of the areas where further assurance may be needed:</p>			
1. You are already assured that the necessary work has been or is being undertaken to address the issue or risk. No further action is required.			
2. You believe there is value in further assurance work being undertaken and you either:			
a. Direct relevant parts of the system to address the matter and provide assurance; or			
b. Direct the Group to undertake further assurance work and report back on the matter			
Areas you may wish to seek further assurance	Assurance option		
	1	2a	2b
1. That post-Omicron future focussed work led by DPMC will be underpinned by te ao Māori and the principles of Te Tiriti o Waitangi, and codesigned with Māori and Pacific leaders.		✓	
2. How both recovery, and goals to return to a baseline, are being factored into future planning, with a focus on Pacific and Māori communities that have experienced the greatest impact.		✓	
3. That there are processes in place to ensure that communications reflect what is being experienced on the ground, including the use of real-time information to tailor communications to groups experiencing greater impacts and barriers.		✓	

4. That messaging to prepare people for what to expect in terms of further system stresses and flow on impacts is part of the communications strategy.		✓	
5. That the decluttering of operational complexity from messages is prioritised to achieve simplicity, clarity and consistency that will support and enable people to do the right thing, particularly those communities who may have lower levels of health literacy.		✓	

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COVID-19 Independent Continuous Review, Improvement and Advice Group

COVID-19 INDEPENDENT CONTINUOUS REVIEW, IMPROVEMENT AND ADVICE GROUP: ADVICE NOTE TO THE COVID-19 RESPONSE MINISTER

Meeting date: 22 February 2022

This note sets out the key issues, matters and observations raised by us, the COVID-19 Independent Continuous Review, Improvement and Advice Group during and subsequent to our weekly meeting. Unless specified otherwise, the points below are our opinions.

Discussions with representatives from the Department of the Prime Minister and Cabinet (DPMC) have informed this note along with material and information provided to us through the DPMC Secretariat. Please also note that any responses to our enquiries are made during the meeting and may not provide a fulsome picture of all activities and plans to address risks and issues raised.

CAVEAT: The below comments are a reflection of our views as at 22 February. Events are moving at a dynamic pace and some views may subsequently shift.

Reconnecting New Zealanders future scenario planning

We have discussed with members of the DPMC Policy team their work focussed beyond the Omicron wave towards a new steady state, and potential scenarios we might experience. We are very encouraged to see this future focussed work in development, and it is our view that it is critical to get a sense of direction at the tail end of the Omicron wave and beyond. We are seeing socioeconomic issues playing out that are overlaid with ethnicity and this must be included in the building blocks of this work. In our view, this work is of utmost importance and, providing you agree, we suggest that ministerial ownership is confirmed in the near future to ensure it is fully mandated and prioritised. We would like to regularly engage with this important work as a priority for our committee and propose that this be on a fortnightly basis in the first instance.

The following areas are those that in our view will need particular attention as this work develops.

- *A foundation of te ao Māori and the principles of Te Tiriti o Waitangi should underpin this work*

A commitment to Te Tiriti o Waitangi principles, particularly those of protection and partnership are not explicit which suggests the work to date does not have the Māori lens at its foundation. Any future-focussed framework must be framed within te ao Māori as well as have the resilience and flexibility to respond to the changing course of the virus.

This also applies to Pacific people given the disproportionate impacts we have seen, not only in the Omicron wave, but in previous outbreaks of COVID-19. We urge that this work is co-designed with Māori and Pacific leaders from an early stage.

- *It is timely to consider recovery and returning to a baseline*

The accumulation of social, economic and health impacts is part of the legacy of COVID-19. How we are to recover and return to a baseline does not seem to be explicitly factored into the early thinking of this work. For example, there will be a significant backlog across all parts of the health system, and we will need to deal with mental health and psychological impacts, including impacts on children at school. It is critical that we are thinking about recovering the resilience and well-being of people and communities. Recovery should be

proportionate to the impacts of Omicron and thus prioritised for Māori and Pacific (and this made clear to the public). Some people will have developed resilience through learning to cope with the pandemic and this could be harnessed to support resilience recovery within communities.

We were advised of the following during our 22 February meeting in response to these matters.

- A COVID-19 resilient New Zealand is a central pillar to the thinking around a 'new normal' within a society with endemic COVID-19. The specific identification of socioeconomic issues and the resilience of vulnerable communities needs to be explored further.

Communications in the context of Omicron

The below section builds upon our communications-related advice provided to you on 18 February.

We acknowledge that the response context is increasingly complex. We believe that communications have improved when it comes to vulnerable communities in comparison with the outset of the COVID-19 pandemic. There are still issues, however, that impede and will continue to impede the delivery of core messages to priority groups if they are not addressed. Indeed, these are an acute problem at the present time, requiring urgent attention. It is our view that communications will be at the heart of the success of the self-management approach, the Phase 3 and the post-Omicron response.

We have made the following observations to support effective and targeted communications as we continue forward.

- *Messages must be grounded in the reality of people*

A lot of our communications reflect the average at the national level. However, the intensity of the impact of the Omicron wave is centred on South Auckland and on Pacific within that area. It is critical to success that we have tailored and simple messaging to specific communities that reflects their current reality. For example, in higher COVID-19 prevalence areas where we need messaging to be taken up the most, people are experiencing barriers when trying to access testing, primary care or contact Healthline. Any mismatches in messages with people's own lived experiences can have the effect of reducing trust and social licence, increasing cynicism and reducing perceptions of the system's integrity. If the system cannot deliver on what the communication says it can provide, then there needs to be urgent pragmatic system adjustments guided by high quality specialist advice.

There is a question around how the system pivots to pull out appropriate information and feed this into communities in real time. We are concerned that the system is not set up to do this. The gap in real-time information that brings equity to the fore, as we highlighted in our advice to you dated 18 February, is relevant to this point.

- *Anticipatory messaging is needed to prepare people*

Messaging also needs to anticipate what people will experience in weeks to come. The system is going to become stressed further and people need to be prepared to expect full hospital emergency departments, deferment of planned care and longer waiting times for appointments with general practices and A&E providers for people requiring acute care in the community. Such messaging needs to be carefully constructed to avoid alarm but prepare people for these system stresses, what they can expect, and what options they have to ensure their health and well-being needs are met. The Auckland experience should be learned from, both to tailor messaging to their populations, and to prepare the rest of New Zealand for the possibility that they will also experience the scenarios playing out in South Auckland.

- *Operational complexity needs to be decluttered to support public compliance*

Although we acknowledge that messages are often technically-based they must be simplified and tailored for a community audience who may not have the health literacy to understand and/or the resources to respond and keep themselves safe.

Even though we are seeing pockets of deteriorating social cohesion such as the Convey 2022 protest at Parliament, we understand that research is showing that 70 percent of people want to do the right thing.

Operationally complex messages can serve to cause confusion and decrease public compliance among those that are willing to comply. By way of example, even with our proximity to the system, we are unclear what we would individually need to do if we become a close contact. Simple, clear and consistent messaging must be the ongoing principle that underpins communications.

Simplicity, clarity and consistency will support people to navigate through the Omicron wave. For example, instead of continually changing isolation periods and isolation testing regimes, 5 days could be consistently applied with clear messaging that you only need to be tested if you become symptomatic. If a high proportion close contacts complied with 5 days of isolation and symptom-based testing throughout the high case-load period of the Omicron wave, this would be a major achievement and would likely contribute to minimising the peak of the wave. In contrast, in our view the current approach will have poor uptake and poor compliance and may be effectively abandoned early.

The whole approach to cases and contacts could be reviewed urgently to bring simplification and clarity, with the main goal in relation to the peak of the Omicron wave in mind, and this should be done in consultation with businesses in particular. A real life example of the impacts of the approach to cases and contacts on businesses is a meat processing plant that had 280 out of the 520 predominantly Pacific staff absent on one day due to being positive cases, close contacts or otherwise sick. The expectation of staff to register for and access a critical worker exemption Rapid Antigen Test to return to work is unworkable. These people are typically suspicious of the system and try and avoid engaging wherever possible, they struggle with providing much of the information requested in the process, culturally they are reserved, humble and proud people who are reticent to ask questions and display any lack of understanding.

We were advised of the following during our 22 February meeting in response to these matters.

- The fundamentals of the communications strategy are the maintenance of public trust and providing clarity to the public around the plan to respond to Omicron. Regular research is informing how messages are being framed.
- DPMC use data, such as areas where there are higher demands on testing, to target media into those communities. Targeted communications, such as those directly to mobile phones at a regional level, are not always visible at the system overview level. DPMC acknowledged that there are opportunities to further nuance messaging and noted that ethnic channels are being used, as well as Māori consultants to inform the communication strategy.
- There is awareness of the pressures being placed on the Healthline service and DPMC are trying to mitigate this by directing people to alternate sources of information.
- Translated resources are made available for people to adapt to meet their own community's needs. There are large numbers of resources being downloaded, which indicates they are reaching intended audiences.
- DPMC acknowledged that the building of the response in real time, meeting immediate communication needs in terms of what the public need to do, and the difficulties in providing certainty around what is ahead, creates challenges from a messaging perspective.

Brian Roche

Sir Brian Roche (Chair), on behalf of the members of the COVID-19 Independent Continuous Review, Improvement and Advice Group

Dr Dale Bramley
Dr Debbie Ryan
Prof Philip Hill,
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