



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

Date & time	Tuesday 19 October 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); Natasha D'Costa (DPMC, Item 1); Rob Huddart (DPMC, Item 1);

	Agenda item	Duration	Lead
1.	Reconnecting New Zealanders Programme	15 min	Rob, Natasha
2.	Report back on meetings <ul style="list-style-type: none">Community Panel - PhilipMeeting with Chris Bunny – Rob/BrianMeeting with the Minister, Brook and Peter – Brian	15 min	Brian
3.	Next advice letter to the Minister	30 min	Brian
4.	Views from the front line	10 min	Dale
5.	Disclosures of interest and confirmation of minutes	5 min	Brian
6.	Any other business and next meeting	10 min	All / Secretariat

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

Date	Tuesday 19 October 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) Rob Huddart (DPMC) (Item 1)
Minute taker	Louise Cox	

Item 1: Reconnecting New Zealanders programme update

1. Rob Huddart gave an update on the progress of the Reconnecting New Zealanders programme of work. He noted the Group's recent recommendation to broaden the scope of the programme to focus more on the domestic context and informed that at this stage, the focus is still on the traveller journey. He did note however, that the programme management of the COVID-19 Protection Framework programme (which is domestic focussed) and Reconnecting New Zealanders is joined up.
2. Rob H covered the traveller pathways (high, medium, and low) noting that the medium pathway is intended to be the self-isolation channel which will need to be scaled up. Brian asked when this pathway will become operative to which Rob H advised that steps to operationalise are being considered, for example, could there be a trial with parts of Australia. Rob F asked whether there is an indication of how long processes for a particular cohort of travellers will need to be stable before expanding the pathway? Rob H advised that while there is no indication currently, the COVID-19 Protection Framework implies timings – the intent is to not relax border settings too far before domestic settings are ready to be relaxed.
3. . Philip noted that as part of the Border Sprint work he has not seen a clear decision-making plan yet and that the small numbers of travellers at the start will only give limited information. This will make any risk assessment difficult from a public health point of view.

4. Brian asked if the proposition that there would be six-to-eight flights of around 300 people to stress test the system is correct? Rob H advised that planning at this level of detail is the next step. Philip raised that understanding the operational challenges should be key inputs required for policy decisions.
5. Rob H advised that there has been new work commissioned to look at the 'service blueprint'. This will detail the operational design below the policy and strategy level (but sit above the workstreams). He noted that this will provide clarity of roles and expectations across workstreams. Dale asked what agency will be responsible when people need to go into community care. Rob H advised that this is a question still to be answered.
6. Rob F enquired about what they are hoping to learn from the self-isolation pilot. Rob replied that he would need to confirm before providing an answer but noted end-to-end monitoring and compliance as areas where lessons are sought.
7. Dale suggested that the sequencing framework to reconnect New Zealanders is framed in terms of risk to the rest of the country and is retested. He proposed the sequence should be:
 - Vaccination status
 - Reconnect New Zealanders with each other
 - Reconnect New Zealand to overseas.
8. The DPMC Secretariat (the Secretariat) talked through recent Cabinet papers and talked to a slide showing a draft of a plan to transition to the new COVID-19 Protection Framework. Dale noted that the whole picture and master plan is not clear. He suggested there should be a natural flow of things from vaccination, to health system readiness and then to open borders.
9. Rob H and the Secretariat updated the Group on other continuous improvement activities underway including contact tracing, community isolation, vaccination certificates and testing strategies.
10. Rob F put forward that there is a need to shift to a domestic-based strategy that focusses on keeping COVID-19 away from New Zealand outside of Auckland rather than focussing on the international border. Philip raised that there appears to be a lot of reactivity driving activity.

Item 2: Report back on meetings

Meeting with Minister Hipkins, Brook Barrington and Peter Hughes

11. Brian reported back on his meeting with Minister Hipkins, Brook Barrington and Peter Hughes at which the Group's recent recommendation to put an individual unit in place with singular strategic oversight across the system was discussed.

Meeting with Chris Bunny

12. Rob and Brian reported back on their meeting with Chris Bunny, new head of Managed Isolation and Quarantine (MIQ) at the Ministry of Business, Innovation and Employment. The meeting covered the Group's involvement in the space of MIQ and the Future Borders work and explored ways the Group can continue to add value to this work.

Community Panel

13. Philip reported back on the Community Panel meeting held 6 October 2021, which Philip attended as a representative of the Group. Philip recounted eight key areas from the meeting which he outlined as:

- Resourcing of providers and whether this is unbiased and matching need
- In regard to the proposed domestic vaccination certificates, the Panel Chair's 'eight criteria matrix' for events. Philip noted that this thinking aligned with the Group's previous feedback that criteria and methodology should be clear and suggested these should be woven in
- Lack of diversity at the 1pm media stand-ups and the need to be more balanced through inclusion of Māori and Pacific leadership in particular
- Simplicity of messaging needed
- Over- and under-policing in different areas and how that stacks up against equity principles
- Innovation driven by community
- Sequencing especially in relation to Māori vaccination coverage (and accountability is needed on this front)
- Loneliness and how this can be actively addressed.

14. Philip noted that it was a really interesting and useful meeting.

Item 3: Next advice letter to the Minister

15. The Group discussed timing and whether it would be of more valuable to wait for clarity from the forthcoming Government announcement expected on Friday regarding the COVID-19 Protection Framework. Brian raised that it would be timely for the Group to meet as a whole with Minister Hipkins.

Item 4: Views from the front line

16. Dale recounted his observations on the current outbreak from on the ground in Auckland, including:

- vaccinations are looking good and there has been a positive flow on effect from Super Saturday
- Health Orders are coming in relating to vaccination requirements, but a lack of clarity means there will be a scramble to implement requirements
- Almost daily exposure events in hospitals, noting hospitals have become more adept at handling these with less staff needing to be stood down. He also raised that while Auckland is well practised, the rest of the country is not and lessons need to be disseminated
- Continuing lifting of hospital capacity through re-engineering wards, air flows, etc.

17. Dale raised that the community over the next couple of weeks will be at a crunch point. Pressure on MIQ facilities is being relieved by managing close contacts in the community and there urgently needs to be clear protocols in place and agreed models of care.
18. Internal Northern Region Health Coordination Centre modelling is showing the R-value to be around 1.2-1.3 (noting that this is being moderated by vaccination levels). They expect the peak of cases to occur around mid-November and Auckland-based DHBs are still in the preparation zone.
19. There was a discussion on the operating system to support families in home isolation and the capacity of primary care. Debbie raised that there are no contracts agreed with General Practice yet and additional care requirements will be very difficult to manage. She expressed concern that issues that were seen in the measles outbreak will play out with COVID-19. Dale added that primary care capacity is already full and the hospital system's inability to operate fully will have a flow-on effect on primary care. Debbie raised the point that deferred elective procedures in Manukau are at five times the level of other DHBs, showing that inequities are playing out.
20. Rob raised that the system needs to be looked at as a whole, citing the example of healthy people in MIQ taking up health resource alongside an upward trajectory of cases and health system capacity pressures. Instead, resource should be utilised in accordance with good risk management practices and in the most productive ways. He questioned what the transition pathway is for reconnecting Aucklanders with the rest of New Zealand and raised that the system needs to be able to adapt at pace. Brian noted that this reinforces the rationale for a single unit that has strategic oversight of the system.

Item 5: Disclosures of interest and confirmation of minutes

21. No conflicts of interest were disclosed, and the minutes were confirmed post-meeting.

Item 6: Other business

22. The Group discussed the nature of their role and how they should focus their efforts going forward. Rob suggested that the Group could shift their focus more towards the periphery of the system to support community-led initiatives for example, rather than focusing on the central system elements. There was general agreement from the Group on the potential value in this approach, with Debbie using the example of the work of Pacific community providers and the commensurate reduction of cases among Pacific populations.
23. Discussion moved to the shift of cases to Māori, noting that Māori cases now number higher than Pākehā and Asian combined. Dale noted that there is a tendency to look at aggregate numbers rather than sub-populations and that by doing the latter instead, information analysis could inform effective interventions. He stressed the importance of this given that Māori and Pacific populations have higher rates of comorbidities.

24. Philip observed that the health system is very Pākehā evolved and dominated, raising that this does not allow for different cultures reinterpret public health principles. He furthered that this will become more important as different communities become affected.

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
23	5 October 2021	Forward the SPHAG questions to the Group	DPMC Secretariat	Complete
24	5 October 2021	Arrange meeting with the Minister and the full Group	DPMC Secretariat	
25	5 October 2021	Circulate questions tracking spreadsheet to the Group	DPMC Secretariat	Complete
26	5 October 2021	Share the Testing Advisory Group's rapid testing review report	DPMC Secretariat	Complete