



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

Date & time	Tuesday 30 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, Amber Bill (DPMC), Martin Rogers (DPMC), Louise Cox (DPMC), Rob Huddart (DPMC, Item 1), Christina Sophocleous-Jones (MBIE, Item 1), Tania Ott (PSC, Item 2), Nic Blakeley (MSD, Item 4), Viv Rickard (MSD, Item 4)

	Agenda item	Duration	Lead
1.	Reconnecting New Zealanders Programme - Self-isolation pilot	15 min	Rob/Christina
2.	Meeting with Minister	15 min	Brian
3.	Update from Te Kawa Mataaho Public Service Commission	15 min	Tania
4.	Care in the Community	20 min	Nic and Viv
5.	Reaction to release of September advice	10 min	Brian
6.	Testing	5 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

Date	Tuesday 30 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) Christina Sophocleous-Jones (MBIE, Item 1) Tania Ott (PSC, Item 3) Nic Blakeley (MSD, Item 4) Viv Rickards (MSD, Item 4)
Minute taker	Louise Cox	

Item 1: Reconnecting New Zealanders programme update

Self-isolation pilot update

1. Rob H introduced Christina Sophocleous-Jones who has been invited to provide an update on the self-isolation pilot. Christina introduced herself and described how the participants for the pilot were selected. She noted there were a high number of people who had initially expressed interest but did not participate whether due to ineligibility or other reasons such as few flights into Christchurch creating difficulties for people to arrange travel. Christina gave further detail on the progress of the pilot including how the evaluation is being split to deliver lessons prior to the original timeframe for reporting in February.
2. Philip asked Christina what the key lessons have been, including those that relate to scalability. Christina replied that monitoring and compliance will be difficult at a large scale given the requirement to conduct daily health checks and three monitoring calls a day. She noted further that this is onerous for the participants also. Christina also noted that the technology platforms in use are good for verifying identity but there will need to be an automated technology solution for monitoring to be able to more easily scale.
3. Philip questioned the decision to use a call centre for the pilot if it is not scalable. Christina replied that the short timeframe for setting up the pilot limited the ability to developed

optimal automated technology. Rob H further added that the restrictive settings were matched to the elimination strategy that was in place at the time the pilot was designed. Philip raised the point that as new variants will come through the border, the risk profile is not the same as for community cases.

4. Philip raised that compliance is the major challenge and questioned whether the approach is too soft touch. Rob H responded that there are operational challenges at scale with certain potential compliance tools such as geofencing.
5. In response to a question from Debbie, Christina informed that other language requirements were not incorporated into the pilot.
6. Dale asked whether lessons are being translated into changes coming in for arrivals into the country. Christina confirmed that they are able to feed insights into the design for early next year.
7. Rob H gave an update on the *Reconnecting New Zealanders* policy work and the next steps following the announcement of the three steps for reconnecting. Rob H noted four papers in development, including one on self-isolation compliance. Brian asked whether the self-isolation pilot is informing that work, in response to which Rob H confirmed that lessons are being fed in.
8. There was discussion on the timing of testing on day five as a trigger for release from isolation on day seven. The view was expressed by members of the Group that this feels too early and does not match with characteristics of the virus. Brian raised that he wants to continue this discussion to support phased reopening with an appropriate level of risk tolerance.

Item 2: Meeting with the Minister for COVID-19 Response

9. The Group raised that they are interested to hear the Minister's views on what he sees are the key issues over the next few months.
10. They also discussed what matters they would like to raise in the meeting and discussed community isolation in particular. Dale raised that it is difficult to get transparency out the multiple systems in place and that the number of different players involved, combined with there being no overarching system and a lack of transparency of indicators in place to assess performance, leads to the risk of people falling through the cracks.
11. The Group also discussed the report on the reviews of two of the deaths of people in community isolation. Debbie highlighted that equity issues are playing out and questioned where the real-time overview by ethnicity across all cases is. She also raised capacity concerns in the public health system including contact tracing, delays in referrals and people not receiving timely notification. She questioned whether the diversity of families, including multi-generational families, is being adequately taken into account, raising that we are relying on a system of primary care that has not always served communities well, highlighting safety and quality of care concerns.

Item 3: Update from Te Kawa Mataaho Public Service Commission

12. Tania Ott attended to provide an update from Te Kawa Mataaho Public Service Commission. Tania recapped the update from the previous meeting on 2 November 2021 relating to advice to the Minister for COVID-19 Response on the operating model and provided a further status update on that advice. She highlighted the new operational lead role being carried out by Carl Crafar at the Department of the Prime Minister and Cabinet (DPMC) as a shift in approach, highlighting that he brings a key skill set relating to integrated operational delivery.
13. There was discussion on the mandate for that role and Tania noted that the role provides assurance to Ministers across the implementation of the COVID-19 Protection Framework (CPF). The Group provided the view that there needs to be a stronger accountability mandate for the role to be effective.
14. Tania pointed to other changes where more voices and leaders are being brought in, such as in the testing space, which she expressed is positive movement.
15. There was discussion on the new public health agency and whether it will have a future role in the COVID-19 response. Tania informed that there is further advice to come from a machinery of government perspective. Dale said that the opportunity to determine this is now and that it will be harder to make changes to its functions at a later point.
16. Debbie related her observations of equity, reflecting that rapid escalations, shifts in care, and contact tracing are raising questions of whether there is adequate scrutiny across the compromises being made. Tania responded that agencies are working closely together on the Care in the Community model.

Item 4: Care in the Community

17. Nic Blakeley (DCE Strategy and Insights) and Viv Rickard (DCE Service Delivery) from the Ministry of Social Development (MSD) attended to discuss the Care in the Community programme from the welfare perspective. Brian began by noting that he is interested in hearing the approach being adopted with a view to assisting if needed.
18. Nic provided some wider context for the evolution of the Care in the Community programme and how the welfare and health functions are working together to deliver a 'system response'. Brian asked whether accountability and decision rights are clear throughout the system. Nic responded that it is clear in the welfare space, which he is able to talk to.
19. Viv described the operational model, which devolves more responsibility to the regional and community levels and is reflective of the speed needed and is a new way of operating for government. He noted that the model relies on engagement at a regional level and that while grassroots organisations are passionate, they are tired. He related further that accommodation is a point of challenge.
20. Dale asked whether quality metrics have been developed and if there are end-to-end measurement systems in place. Nic responded that these are in development and that there

will be a report back to Ministers in mid-December. Dale raised that we need a system that can find people who are falling through the gaps and feed that information back into the system. He noted the importance of working with Māori and Pacific providers in this area. Viv advised that there is an integrated piece of working being done with Pacific providers in Auckland which will be expanded for other regions. Viv referred to co-design with iwi partners and that this is happening at different levels in different regions. He noted further that they are working with regions to support them in how they are engaging with iwi.

21. Debbie raised that there are a significant number of people not enrolled with a primary care provider and asked whether these are being picked up by MSD. Nic responded that this is a question better directed towards the health response. Brian noted that this is a big issue and there needs to be assurance that this is being dealt with.
22. Viv and Nic updated the Group on how the Care in Communities programme is working with Carl Crafar, explaining that he is a part of MSD's DCE group and there is daily engagement. They noted that he is helping with some of the system pieces, including initiating a system-wide electronic KPI database system.
23. Nic also noted that MSD are using the MOH national contact tracing system's (CTS) automated push notifications and are building off the CTS in the design of their system. Debbie raised that she is still hearing about delays from providers. Nic noted that the full model is not yet up and running with Viv adding they will be ready to go for day one of the CPF. Viv described the implementation model that is moving from a reliance on manual processes on day one to fully automated processes by day 30.
24. There was conversation on the fact that while areas such as Auckland have experience of a widespread community outbreak, the rest of New Zealand does not. Viv raised that there is a gap in preparing wider New Zealand and that this is a key matter. Rob noted that maintaining public confidence is key. Brian raised that empowering communities and community providers is a risk but is the right thing to do and offered support to the programme of work through the Group. Philip expressed concern that the system has not sufficiently minimised risk to those who are most vulnerable to COVID-19. Brian reiterated that accountability, decision rights and how hand over points work are fundamental.

Item 5: Reaction to release of September advice

25. The Group briefly discussed the media interest in and response to their 23 September advice to the Minister for COVID-19 Response based on their observations from the Delta outbreak.

Item 6: Testing

26. Rob and Brian updated the other Group members on a meeting they had with Brook Barrington and David Murdoch that focussed heavily on testing.

Item 7: Disclosures of interest and confirmation of minutes

27. No disclosures of interest and the minutes were confirmed pending minor changes from Dale.

Item 8: Other business and next meeting

28. Brian raised that he would like to invite Katrina Casey to the next meeting to discuss contact tracing and testing.
29. The DPMC Secretariat asked the Group whether they would be interested in being involved in any review of the CPF. Brian suggested that there should be an early review of the Care in the Communities model.
30. Rob raised the importance of establishing consistency of behaviours to develop good public health-related habits such as scanning, wearing masks and showing proof of vaccination. He noted that the approach to date has been to bring requirements in and out, which is not conducive to habit forming. He observed that New Zealand's stringency in this area is not as ambitious as other countries. Brian agreed that simplicity and consistency will see more compliance with rules.