



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

Date & time	Tuesday 21 September 2021, 3.30-5.30pm
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); Megan Stratford (DPMC, Item 1); Alice Hume (DPMC, Item 1); David Murdoch (Item 2); Tania Ott (PSC, Item 3)

	Agenda item	Duration	Lead
1.	Reconnecting New Zealanders Policy	30 min	Megan Stratford
2.	Discussion with David Murdoch, Chair of the Testing Advisory Group	30 min	Brian/David Murdoch
3.	Update from Te Kawa Mataaho Public Service Commission	15 min	Tania Ott
4.	Delta outbreak letter	35 min	Brian
5.	Disclosures of interests and confirmation of minutes	5 min	Secretariat
6.	Any other business and next meeting	5 min	All / Secretariat



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

Date	Tuesday 21 September 2021	
Time	3:30-5:30pm	
Venue	Zoom	
Attendees	Sir Brian Roche (Chair) Debbie Ryan Dale Bramley Philip Hill Rob Fyfe Amber Bill (DPMC) Louise Cox (DPMC)	Natasha D'Costa (DPMC) Megan Stratford (DPMC) (Item 1 only) Alice Hume (DPMC) (Item 1 only) David Murdoch (Item 2 only) Tania Ott (PSC) (Item 3 only)
Minute taker	Louise Cox	

Item 1: Reconnecting New Zealanders Policy – Options for the COVID-19 'Steady State'

1. Megan Stratford and Alice Hume attended the meeting to engage with the Group on scenario options they are developing for Reconnecting New Zealanders. Megan provided context for the work, noting that it is one of a number of pieces of policy work in development within the programme. This particular work is to build on risk-based pathways to inform options for the long-term management of COVID-19. The future scenarios work focusses on six-month and two to five-year outlooks.
2. Megan noted that advice is being shaped up in the next few weeks with the focus being on articulating the end-goal. She further noted that the work is still in the early stages/high level and that she is keen to hear the Group's perspectives on the issues.
3. Rob enquired why the two to five-year horizon was chosen. Megan advised that this was landed due to investment timeframes that agencies are making decisions around. The Secretariat noted that during an earlier workshop on strategic investment horizons that to look further out (for example 10 years) was of limited value given high degree of uncertainty.
4. Brian noted that while New Zealand's economy is in good shape currently, there is a trend that suggests that it will increasingly come under pressure and time is limited. He highlighted

that New Zealand is a trading nation and that is central to the economy. Divergence between New Zealand and other countries will have economic impacts. He noted that we also need to be mindful of divergence within the domestic context.

5. Megan asked the Group whether they had any concerns on social cohesion. Brian expressed his view that the license to operate could shift and civil disobedience and non-compliance are risks. Rob noted that New Zealand's comparative position in the world will become increasingly relevant to social cohesion. There is the perception that New Zealand, while previously being lauded for our response, is starting to stagnate compared with the rest of the world. Pressure will intensify if that gap continues to widen.
6. There was discussion on the comparison between COVID-19 and measles/influenza. Philip corrected the statement that the measles virus doesn't mutate by clarifying that it does mutate but the part of the virus that the vaccine targets does not. Dale highlighted that COVID-19 is a unique virus with characteristics that are similar and different to other viruses. He raised that the vaccine's ability to target variants will be the continuing issue. Debbie noted that the global management of measles elimination and insights on how we think about measles are relevant to long-term management of COVID-19.
7. Megan noted that protecting vulnerable populations from disproportionate outcomes is one of a number of factors to take into consideration when assessing options to achieve high level outcomes/goals. Debbie raised the importance of not generically grouping approaches for vulnerable populations when in reality different populations require different approaches. There needs to be a greater understanding of what makes different parts of communities vulnerable. Megan agreed and noted that getting more specificity in this area is the next piece of work.
8. Dale raised that there are opportunity costs that come with zero tolerance to cases and strong suppression options due to accumulating needs within communities that are not being met. He suggested that there needs to be consideration of health outcomes in the totality as opposed to just COVID-19 alone. For example, what the flow on effects are that come from delayed cancer diagnosis and treatment. He noted further that if health infrastructure is not improved then health resources will be diverted for management of endemic COVID-19. Debbie provided the example of recent data that shows that general vaccination rates for young Māori are significantly low. Lockdowns and diversion of resources will further impact these rates and reopening borders will see increased risk. Megan noted that significant investment in the health system is critical for options that have less restrictions on the public and at the border.
9. Brian asked whether the presentation will become the official government plan. Megan clarified that its intent is to provide background information to inform conversations with a view to building a strategy. Rob noted that the presentation indicates a useful and pragmatic approach, and that the key will be to land where we want to be with some timebound goals. Brian encouraged the Group to provide feedback through the Secretariat.

Item 2: Discussion with David Murdoch, Chair of the Testing Advisory Group

10. Brian introduced David Murdoch, Chair of the Testing Advisory Group (TAG) and invited him to give an overview of the TAG. David noted that the TAG has had early discussions to align their purpose and have agreed that they can contribute most at the high level rather than focussing on narrow issues in detail. He shared that a rapid review of diagnostic testing systems for COVID-19 is the first priority for the TAG. The review will take place over the next few weeks.
11. Rob raised that testing is a critical enabling tool and that there is frustration that rapid antigen trials are not moving at pace. Dale supported this stating that a rapid antigen pilot in Counties Manukau should have been across Auckland from the start of the outbreak.
12. Rob raised the question of how the Group can support the TAG to be effective. David responded that there is the opportunity for the TAG to bring in innovation into the system. It was noted that pace is needed for the TAG to be effective. David raised that he would be grateful for the Group's input and suggestions on who to talk to. Rob suggested that they hypothesise on what the most critical tools might be and work backwards from there including to determine who they need to engage with.
13. Rob asked whether the technical dimension is in scope of the review, such as mechanisms to capture data to enable real-time heat maps. David responded that this still an area to consider and noted that IT is a critical part of managing workflows.
14. Dale raised that he has been trying, in his role as CE of Waitematā District Health Board (DHB), to bring in surveillance saliva testing for staff, which has proven difficult despite the simplicity of the solution. He has also been trying to bring in rapid antigen testing at the hospital doors. He cited the number of exposure events at hospitals across the city as potentially having a significant implication for all those hospitals and this could lead to harm.
15. David put forward that there is no reason to delay bringing in these testing options now, given that it is clear the options will become in use at some point and as there is enough international research to support adoption. Brian supported this idea of needing to move now and noted there needs to be more ambition, and that over analysis seems to be inhibiting pace.
16. Brian asked whether the TAG will look at where decisions are made. David noted that he had enquired about the decision-making processes but has not been provided with information. Rob raised that the decision-rights framework needs to evolve.
17. The Secretariat provided some additional context that the review of the border worker saliva testing programme is getting underway.
18. There was brief discussion on standard setting vs determining specific providers. It was noted that the saliva testing market is now skewed by using the latter approach and it is now difficult

for competing providers to enter the market. It was urged that this issue is not replicated with rapid antigen testing.

19. Brian referenced the Group's advice on what preconditions need to be in place for credible reopening. Philip noted that there is an urgent need for airports to understand what needs to be in place. Rob also noted that businesses are highly incentivised to keep businesses COVID-free and that we should be looking into how to leverage their capabilities and resources. Business should be seen as partners with shared rather than competing objectives.
20. Brian noted the Secretariat will keep connected with the TAG.

Item 3: Update from Te Kawa Mataaho Public Service Commission

21. Tania Ott gave an overview of Te Kawa Mataaho Public Service Commission's (PSC) COVID-19 response work. She provided some context that PSC had provided advice last year to the Minister for COVID-19 Response (the Minister) on possible organisational models that would bring a single point of leadership and accountability. The current model involves a multiplicity of agencies which, at the time, the Minister was broadly comfortable with (with the Department of the Prime Minister and Cabinet (DPMC) performing a coordinating role). Given the continued evolution of the global and domestic contexts, there is now an appetite to revisit.
22. In light of the renewed appetite, PSC are putting up some principle-based advice that will consider how to best organise ourselves through an outbreak and develop a learning infrastructure for response and recovery. She noted that there is still (and increasing) exhaustion in the workforce that needs to be addressed given that response to COVID-19 will be required for some time. Brian indicated his support for this work to be progressed at pace given the multiple stresses in the current system.
23. Rob raised that a major challenge is how we are structured to respond to events. Currently there is no delineation of duties between crisis response and managing business-as-usual. This results in all activities other than response activities grinding to a halt. Brian added that the current system is too linear and does not allow for contemporaneous management of activities.
24. Dale reflected on the discussion that some members of the Group had with DPMC on the draft National Response Plan for Quarter 4 (the Plan). He noted that the Plan did not make roles, responsibilities and accountabilities clear, and that there is a disconnect between the Plan and what is happening in reality in regard to the central government link through to regional activity.
25. Brian noted that the Group are keen to be kept abreast of PSC's work and are attracted to high speed decisions and implementation. Philip suggested that the mandate to set up new arrangements is key, rather than seek to transfer functions before they are ready (and which may go some way to alleviating potential concerns).

Item 4: Delta outbreak letter

26. Brian framed the intention of the discussion as to seek the Group members' level of comfort with the draft advice.
27. There was discussion on how to frame the advice in a way that will create enough impact and sense of urgency to be a catalyst for action, as well as highlighting what must be done now. It was noted that the Group or members of the Group have written a number of reports but have not seen the desired changes and outcomes.
28. Rob raised that there are risks that come with the world continuing to move forward such as shifts in social license to operate, and New Zealand becoming too vulnerable to reconnect with the world. The risk of civil disobedience is real and urgent.
29. What could be a circuit breaker for the response system was discussed. Debbie suggested that Auckland could start to be run as if already in the future state (and with reference to the health system reforms) to test the system. Dale noted the Auckland set-up with the Northern Region Health Coordination Centre and the separation of DHB CE responsibilities within the current framework has worked to a degree and goes some way to that future state of working. This supports that Auckland is be the logical place to trial the future way of operating.
30. There was discussion on the need for a fundamental rather than incremental change in approach. It was raised that the skill set to lead through major system-wide change needs to be identified. Brian added that the cultural dimension is important to the success of the future operating model.

Item 5: Disclosures of interests and confirmation of minutes

31. No disclosures of interests and the minutes from 7 September were confirmed without amendments required.

Item 6: Other business and next meeting

32. Rob reported back on a meeting the previous Tuesday with key players from across government and the response system to discuss what success looks like. A number of matters were discussed including rapid antigen testing and population vaccination percentages from a modelling perspective. Rob noted that there was a lot of positive ambition in the room.
33. Brian provided an update on the Border Sprint meeting with Adrian Littlewood, Christine Stevenson and the Minister for COVID-19 Response held on Friday 17 September. Brian reflected on the discussion on social license and the need to be prepared for a sudden shift as people become fully vaccinated.

34. s9(2)(b)(ii)



35. The Group had a brief discussion on the self-isolation pilot and their desire to understand better what it involves. The Secretariat agreed to find a contact at MBIE to engage with members of the Group. Debbie raised that the self-isolation discussion documents are focussed on the border but also needs to be considered for families who don't have that option in their households. She noted that she is keen to see the current lessons rolled up into discussions.

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	Raise at meeting on 21 September.
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	
17	7 September 2021	s9(2)(b)(ii)	Brian	
20	7 September 2021	Identify TAG contact for forwarding correspondence from the business sector.	DPMC Secretariat	Secretariat not in place at time of asking
21	21 September 2021	Connect in with David Murdoch re the TAG's rapid review.	DPMC Secretariat	Complete

	Date of meeting	Action	Responsible owner	Comments
22	21 September	Find MBIE contact re self-isolation pilot	DPMC Secretariat	Complete

Proactively Released