



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

<b>Date</b>	Tuesday 27 July 2021	
<b>Time</b>	4.00-5.30pm	
<b>Venue</b>	TSB, Level 1 / Zoom	
<b>Attendees</b>	Sir Brian Roche (Chair) Debbie Ryan Dale Bramley Philip Hill Rob Fyfe Louise Cox (DPMC) Amber Bill (DPMC)	<i>Item 1 only</i> Tania Ott (PSC) <i>Item 2 only</i> Siobhan Carmichael (DPMC) Rachel Sutherland (DPMC) <i>Item 3 only</i> Griere Cox (DPMC) Rob Huddart (DPMC)
<b>Minute taker</b>	Louise Cox	

### **Item 1: Update from Te Kawa Mataaho Public Service Commission**

1. Tania Ott, Deputy Commissioner COVID-19 Response and Recovery, Te Kawa Maataho Public Service Commission (PSC) attended for the regular monthly update discussion with the COVID-19 Independent Continuous Review, Improvement and Advice Group (the Group). Tania gave an overview of her role and the PSC's COVID-19 response and recovery function and raised that there are opportunities for PSC to support the Group in their continuous improvement assurance and advice function.
2. Tania reported that their immediate area of focus is the system needs over next six to 12 months. These needs are primarily the orientation of resources and improved resilience (the latter encompassing both workforce and institutional arrangements).
3. The health reform programme was discussed, and Tania advised that the role of PSC is in the space of institutional arrangements and machinery of government. She noted that PSC is working with the Health and Disability Review Transition Unit. Debbie raised the question of where the responsibility for capability development (particularly for newly created roles) sits within the reform programme. Tania clarified that there is a responsibility role for PSC, All of

Government and the Department of the Prime Minister and Cabinet (DPMC). She noted work is underway within sectors and there is also a role for central agencies.

## **Item 2: Recommendations tracker and System Assurance and Continuous Improvement Framework**

---

4. Rachel Sutherland, Manager System Assurance and Continuous Improvement DPMC, and Siobhan Carmichael, Senior Advisor Risk and Assurance DPMC attended to provide an update on reporting on progress against recommendations and an overview of the System Assurance and Continuous Improvement Framework.

### *Reporting of the progress against recommendations*

5. Rachel and Siobhan provided the group with an A3 report dated 30 June 2021 on progress against recommendations across the 50 major reviews completed during March 2020-June 2021<sup>1</sup>. Rachel advised that this report is the first report tracking recommendations across the reviews and provides visibility of the full suite of recommendations.
6. There was discussion on the recommendations that have either been superseded or not agreed. The Group raised that there needs to be clarity of decision-making where recommendations are not agreed (including the justification) and what has caused a recommendation to be superseded. Rachel noted that this will be raised through the COVID-19 Chief Executives' Board at their next meeting and that this will be reflected in the next monthly report.
7. The Group noted that the reporting provides a useful summary and will receive the A3 reporting on an ongoing monthly basis<sup>2</sup>.

### *System Assurance and Continuous Improvement Framework*

8. Rachel provided an overview of the broader assurance work programme including the System Assurance and Continuous Improvement Framework. The broader work programme is split into three lenses that are:
- Governance (roles and accountability)
  - Assurance (tracking of continuous improvement and visibility of assurance)
  - Programme management (adequate controls are in place).
9. Rachel agreed to provide the monthly Framework reporting to the Group.

---

<sup>1</sup> The A3 report notes that the recommendations from the Group's review of the Auckland February 2021 outbreak response are not included in this report and will be included in the next reporting (as the first report since the Review was considered by Cabinet).

<sup>2</sup> Reporting on progress against recommendations is also published on the Unite Against COVID-19 website: <https://covid19.govt.nz/alert-levels-and-updates/independent-advisory-groups/cicriag/reporting-of-the-progress-against-recommendations-to-improve-the-covid-19-response/>

### **Item 3: Reconnecting New Zealanders programme update**

---

10. Griere Cox, Chief of Staff DPMC attended to provide an update on the Reconnecting New Zealanders Programme and to discuss what engagement with the Group might look like.
11. Griere described the portfolio approach of the programme. DPMC lead this workstream and are working closely with the Ministry of Health (the Ministry), Ministry of Business, Employment and Innovation, and other agencies. Griere noted the Prime Minister is leading the work and a Ministerial Group meet monthly.
12. There was a discussion on the workstreams and the intersection with the questions the Minister for COVID-19 Response (the Minister) has asked the Group to consider. The Group noted that key public health functions need to be front and centre in the workstreams and it is important for this to not become lost in the programme. They also raised that brainstorming, ingenuity, piloting and testing are critical across the workstreams. The Group noted that Delta variant of concern has demonstrated that frameworks will continuously need to adapt.
13. The Group asked whether there is enough priority on Pacific countries. Griere clarified that the Pacific is a focus within Quarantine Free Travel (QFT) work in the Overarching Framework workstream. She noted that she will make sure the Pacific is appropriately highlighted in the Safe and Smart Border workstream also.
14. Griere suggested that the Group members could take on a real-time assurance role for the programme. Brian suggested that the Group members can identify which workstreams they are interested in and noted that the mechanics of involvement and feedback will be critical. Griere suggested that members of the Group could attend fortnightly showcases on the Safe and Smart Border workstream to give real-time feedback.
15. Accountabilities across the programme were discussed and Rob Huddart noted that a milestone plan sits underneath the programme framework assigns accountability for milestones to specific agencies. Griere agreed to send the milestone plan to the Group once the plan is agreed by relevant agencies.
16. Griere noted that there is monthly reporting to the Prime Minister's Office. She agreed that this reporting can be provided to the Group and that an update is provided to the Group at the fortnightly Group meetings. The regular fortnightly agenda item will also be an opportunity for the Group to give their perspective on emerging risks that may benefit from attention.

### **Item 4: Disclosures of interests and confirmation of minutes**

---

17. There were no new disclosures of interests and the minutes from 13 July 2021 were confirmed without amendments.

## **Item 5: Report back on meeting with Christine Stevenson**

---

18. Debbie and Philip provided a report back from their meeting with Christine Stevenson, CE of the New Zealand Customs Service (Customs) held 20 July 2021. The conversation covered matters such as:
- a. approaches to research and innovation and the impacts on the implementation of saliva testing
  - b. connecting to Pacific countries through QFT
  - c. success with no outbreaks among Customs border workforce.
19. Philip noted the attitudes displayed by Customs have contributed to their success in blocking the virus.
20. Ongoing engagement with the Border Executive Border-led programme was discussed and it was noted that Christine has committed to keep the Group updated through briefings each time the programme's steering committee meets.

## **Item 6: Modelling priorities feedback**

---

21. The Group discussed the *Modelling work programme priorities and near-term outputs* memo from Dr Ian Town to Sir David Skegg and Sir Brian Roche dated 19 July 2021 (Appendix 1). The Group's feedback, to be provided to Dr Town, is appended to these minutes (Appendix 2).

## **Item 7: Work programme and advice to the Minister – next steps**

---

22. The Secretariat summarised the next steps from the Reconnecting New Zealanders programme update and areas of focus for the Group, including:
- a. identify (when the milestone plan is available) which programme milestones to engage in (and who will do so)
  - b. attend Safe and Smart border workstream showcases
  - c. MIQ
  - d. vaccine certification / travel health pass.
23. There was discussion on future MIQ infrastructure and the next steps for engagement and discussion.
24. The Group further discussed the overlap with the Reconnecting New Zealanders programme and the questions they have been asked to consider. They agreed that their key role is to peer review progress of the various workstreams against addressing the questions from the Minister and any gaps. It was raised that equity issues need to be integrated across the work programme more as a key question to be addressed, and it was noted that Debbie and Dale will work with the Secretariat to set up meetings with representatives from Auckland communities including Te Rōpū Whakakaupapa Urutā.

**Item 8: Any other business**

25. Philip noted that the Ministry’s Surveillance Strategy has been peer reviewed by the external experts the Group had recommended. The Secretariat confirmed they will follow up with the Ministry for a report back on the peer review and their response.
26. The Secretariat noted the updating Reconnecting New Zealanders public forum to be held on 12 August and that the Group members will be receiving invitations to attend.

**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 Dame Karen Poutasi to a future meeting to discuss the vaccine roll out in the context of equity.	DPMC Secretariat	On hold until it aligns with the Group’s work programme
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.
8	13 July 2021	Follow up with Graham MacLean on the Group’s continued engagement with the System Readiness and Planning team’s work.	DPMC Secretariat	
9	27 July 2021	Set up meetings with Urutā and other Auckland community representatives.	DPMC Secretariat/Debbie/Dale	
10	27 July 2021	Follow up with the Ministry of Health on the Surveillance Strategy peer review and response	DPMC Secretariat	

# Memo

## Modelling work programme priorities and near-term outputs

---

**Date:** 19 July 2021

---

**To:** Sir David Skegg  
Sir Brian Roche

---

**Cc:** Maree Roberts, Ministry of Health  
George Whitworth, DPMC

---

**From:** Dr Ian Town (on behalf of the Modelling Governance Group)

---

**For your:** Feedback

---

### Information and purpose of report

This note provides an update for the Chairs of the Strategic COVID-19 Public Health Advisory Group and the COVID-19 Independent Continuous Review, Improvement and Advice Group, on COVID-19 related modelling. It is written on behalf of Modelling Governance and Steering Groups<sup>1</sup>, and includes:

- our view on the modelling priorities for the next six months
- our understanding of the work under way against these priorities, and expected timeframes
- seeking views from the Chairs on constraints or outcomes that modelling should optimise around/for, and on policy/operational choices that should be explicitly captured.

The Chairs may wish to share this information with members of their respective groups. Feedback is welcomed on the modelling priorities. Officials can facilitate timely access to modelling outputs, based on your preferences. Our advice is that key pieces of work are shared with the Groups when they are sufficiently mature but at a stage where additional expert discussion (around interpretation and implications) will still influence policy processes and decision-making.

### Modelling priorities

1. Modelling efforts should be targeted to add greatest value for and information to policy processes and support decision-makers. Work is organised around the following three themes that relate to the stages of traveller journey and 'location' of risk, allowing application to future COVID-19 strategy and choices for Reconnecting New Zealand. Each theme is in some sense conditional on the results of those which come before.

**A: 'Before the border'** – modelling the risk of infectious arrival among groups of travellers to New Zealand. We are interested in rates and absolute values.

---

<sup>1</sup> The Modelling Governance Group comprises Deputy Chief Executives of DPMC, Treasury, MSD, MBIE, StatsNZ, MOH, the Chief Science Advisor of the Ministry of Health, and the Prime Minister's Chief Science Advisor. The Modelling Steering Group comprises officials of the same agencies.

**B: 'At/Around the border'** – modelling the expected risk mitigation of different combinations of interventions (testing, tracing, isolation requirements) applied to different travellers.

*Together, A and B assess the expected rate of imported infectious cases that are exposed to the community, fuelling an estimated frequency of outbreaks.*

**C: 'In the community'** – Understanding the protective benefits of different rates of vaccination (to the individual and to the population) and exploring the costs and benefits associated with different strategies for case detection and response. The outputs we are interested in are the implications of different strategies over a longer period: estimate ranges for the number and severity of outbreaks in different circumstances.

*We are interested in modelling that helps us think about a potential 'end-state' for COVID-19, but also about the pathways that might get us there.*

## Near-term priorities and expected timeframes

### A: Before the Border

2. A group of New Zealand statisticians have been working with officials to estimate the number of infectious arrivals from different countries. While the method is still being reviewed and refined (in particular, we have not formally assessed forecast accuracy, or stability of outputs, of the preferred model), the Ministry of Health has been considering integration of the model into a country risk assessment framework.
3. Further evaluation of the method and application to policy is a priority for July. A modelling session with the advisory group(s) to examine the methods and discuss implications could be usefully scheduled for the end of July. This could be coupled with a broader discussion around international developments and trends with Rodney Jones – whose team has previously done work on monitoring and forecasting COVID outbreaks internationally, on estimating arrivals' risk, and has engaged with the recent statistical modelling mentioned above.

### B: At the Border

### C: In the community

4. There are significant pieces of modelling that have recently been published. These include separate vaccination modelling results from TPM and ESR, which begin to address theme C. A separate team from the University of Melbourne (led by Tony Blakeley) has published modelling results with a similar focus but greater discussion of management strategies. Officials are hosting Professor Blakeley and New Zealand academic colleagues for a workshop on Wednesday (21 July). We will explore their modelling and discuss application to the New Zealand context, but we have not yet assessed the comparability between methods and results of the UoM model vis-a-vis the TPM or ESR work.
5. Further work by both TPM and ESR teams will explore the impacts of COVID-19 management strategies, allowing for more sophisticated discussion of how different public health functions could allow for epidemiological outcomes consistent with an enduring Elimination Strategy. TPM's work is looking to understand the relationship between the transmission potential of arriving travellers, the likelihood of onward transmission by those travellers, and then the risk of an outbreak being seeded in New Zealand, by exploring the effectiveness of different

measures to reduce risk, for example pre-departure testing, vaccination status, and self or managed isolation on arrival.

6. This next module of TPM modelling is a priority for July, to inform the content of August's Reconnecting New Zealanders Cabinet Paper. A session with the advisory group(s) in early August could support interpretation of output for this Cabinet Paper, and support prioritisation of further work on these themes over the remainder of this year.
7. Later work will prioritise exploration of the impacts of differential rates of vaccination underneath the national average. While this work is integral to specific choices made to support Reconnecting New Zealanders, it is considered less relevant to the strategic choices that will be discussed in the next Cabinet Paper. Taking this aspect forward later will also coincide with our ability to use a data-driven approach, using rollout data to calibrate modelled scenarios.

### Feedback from the advisory groups

8. We welcome feedback from the Chairs, or your advisory groups, on:
  - the framing of the modelling priorities – and whether we risk missing any useful analyses with the proposed approach
  - particular sets of interventions or management strategies you would be interested to see modelled, at the border (B) and in the community (C)
  - Your guidance regarding the constraints or objectives that the modelling should obey or optimise for. For instance, the theoretical (rather than current) capacity limits on different parts of the public health system, or the ranges of outcomes that could represent an enduring Elimination Strategy (such as frequency or size of outbreaks, and/or active case numbers).

Signature \_\_\_\_\_  
Dr Ian Town

s9(2)(a)

Date: 19 July 2021

**Chief Science Advisor** (on behalf of the Modelling Governance Group)



## APPENDIX 2: MODELLING PRIORITIES FEEDBACK

### **Modelling should work across system scenarios**

---

Modelling should be based on scenarios across the system and used as one input to inform decision making. The current framing is too abstract to add the desired value to decision-makers.

The continuum of impact needs to be covered with modelling right through into the health system, linking into primary care and address equity and heterogeneity. For example, modelling the impact of an outbreak in terms of number of cases, which lead to hospitalisation, which lead to ICU care should helpfully inform the planning for adequate health system capacity.

The system capacity question is of particular importance to address given the system is already under pressure with the surge in RSV cases. COVID-19 outbreaks after re-opening of the border are likely to pose a significant risk to the system, which will need to otherwise perform as per normal.

### **Public health functions should be front of mind**

---

Modelling priorities must be clearly connected with public health and health facility questions and functions that need to be in place soon. For example, testing on arrival is an area which should be given a high priority and involves multiple specialist players needing to interact seamlessly at pace over the next few months.

The Group suggests that a gap analysis could be done between the modelling priorities in the paper and the public health and health facility functions that need to be in place.

### **How the modelling is used**

---

The value of modelling is critically dependent on the questions asked or posed. To that end it also depends on the context. There may be benefit from some modelling as an input into scenarios we might wish to consider around the relaxation at the border. Modelling should be viewed as an input rather than a pre-determinant. In other words, the modelling does not drive the system settings but is one of a number of inputs used to inform decision-making and system design.

### **Setting the modelling priorities**

---

The Group is concerned that there is not enough public health expertise on the steering and governance groups (there is only one public health specialist on the cross-government steering group and none in the governance group). This was recommended in their recent review of the Auckland February 2021 outbreak response. It is the Group's view that increased expertise will enhance the drivers for modelling and ensure the right questions are being posed.

The Ministry may wish to consider re-framing the modelling initiative to make sure that more structured questions and scenarios are identified that will be of value in assisting informed decision-making by Ministers.