

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

<b>Meeting Date</b>	08 February 2022		
<b>Agenda</b>	The agenda covered: <ul style="list-style-type: none"><li>• discussion with Taumata Kōrero (Māori providers collecting based in Tāmaki Makaurau)</li><li>• care in the community (Ministry of Social Development)</li><li>• Test to Return to Work scheme (Ministry of Health and Ministry of Business, Innovation &amp; Employment)</li></ul>		
<b>Assurance on key issues and risks raised</b>			
<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			
<b>Areas you may wish to seek further assurance</b>	<b>Assurance option</b>		
	<b>1</b>	<b>2a</b>	<b>2b</b>
1. That decisions and processes empower businesses, communities and local providers to maximise efficient, unimpeded and timely delivery.		✓	
2. That systems supporting Test to Return and Care in the Community are ready to deal with rapidly rising demand, including proactive funding approaches to support frontloading and readiness.		✓	
3. That there is sufficient visibility of the capacity of providers to deliver to communities at scale.		✓	

4. That Care in the Community systems and processes will identify self-isolating individuals who are triaged as low needs if their condition starts to rapidly deteriorate.		✓	
5. That the utility of Rapid Antigen Tests for arrivals at the border and the Test to Return scheme is understood, communicated, and all other available options have been fully considered.	✓		

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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: 08 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 Taumata Kōrero, the Ministry of Social Development (MSD), the Ministry of Health (MoH) and the Ministry of Business, Innovation & Employment (MBIE) have informed this note.

*CAVEAT: The below comments are a reflection of our views as at 08 February. Events are moving at a dynamic pace and some views may subsequently shift.*

### Community and business empowerment model

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You may wish to explore whether decisions and processes are enabling a 'nationally supported, regionally delivered' response. For example, does planning start with what regional operations and community providers need to achieve the desired outcomes, and then work back towards the centre of the system to design fit for purpose operational policy, processes (including approval processes) and systems to enable effective and timely delivery while proportionately managing system and operational risk.

We have heard the following as evidence suggesting a more empowering approach is still needed to ensure communities and businesses are prepared for, and resourced appropriately, to deal with any Omicron surge:

- *The funding approach needs to support frontloading community preparedness*

The funding model for Māori and community providers does not seem to be fit for the purposes of responding to Omicron. Resources should be frontloaded and flexible to ensure that whānau and providers are prepared and have the tools they need. The flexibility provided in MSD contracts should be applied across other contract models. Continuing a reactive approach to funding may lead to unnecessary strain on the system and harm to individuals.

- *System processes may be inhibiting the community and business empowerment model*

Central system control is reducing the autonomy of the delivery arm and by extension the efficiency of the response. An example of this is the process for critical workers who under the developing Test to Return scheme have to travel to a collection site to access (RATs). The centre should facilitate not impede.

- *Messages from the centre need to reflect the experiences of those on the ground.*

Assurances from central government agencies should accurately reflect what is being experienced on the ground at the regional and grassroots level to avoid any credibility and or trust issues. For example, messaging from government is that RATs have been distributed to providers and District Health Boards. However, criteria for how RATs are released is creating difficulties for providers to access and risks creating issues of mistrust.

We have been advised of the following in response to our enquiries on these matters:



- MoH advised they are distributing RATs to organisations and inviting providers to order tests for the purposes of testing close contact workers. We are, however, aware of providers being contacted who are unsure of how RATs are to be used and where and when to best use them. Our view is that expectations on providers are unrealistic if there is not enough support for them to properly implement the use of RATs.

## System readiness and capacity

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It is still unclear whether there are all systems in place and the capacity to respond to the health and welfare needs of the numbers of cases we might see in the peak of the Omicron outbreak, and there is a heavy reliance on capacity in the community which must be enabled/resourced to undertake the task required of them.

We have heard the following in terms of system readiness and capacity:

- *Capacity to respond to health and welfare needs is still unclear*

MSD advised that while systems are in place, escalating numbers will prove challenging. They expressed that further funding is needed now to resource and train the numbers needed on the ground for when the surge is at its peak. Our view is that the risk of not having funding when it is needed in place is a more important risk to address than having funding that is not needed. Time is critical. Front loading of funding and resourcing for community groups should be both a priority and a new norm.

- *Systems and processes to support those isolating at home*

MSD advised that people who need to self-isolate are triaged into low, medium and high needs. Medium and high needs will receive more proactive engagement and low needs will receive more reactive support. However, we still do not have visibility of how low risk and other people whose health deteriorates rapidly will be picked up, and so we are still concerned that people may fall through the gaps in the system.

- *The readiness of new systems is still unknown*

We are concerned about the readiness of new technology and other systems, and their integration. For example, MoH advised that systems to distribute RATs systems will develop as we move towards Phase Three. MSD also raised that manual processes and sub-optimal reporting are still issues within the system, which risks becoming more acute with a rapid rise in those self-isolating. MSD noted that they do not have access to information held by MoH on individual cases they are working with due to privacy concerns.

Our view is that for full assurance, an external rapid review could be carried out immediately with regard to the readiness of the end-to-end self-isolation system.

We have been advised of the following in response to our enquiries on these matters:

- MSD has previously planned for capacity targets of 20 percent of those self-isolating. In reality 21 percent of those self-isolating have required wraparound welfare support. Surge capacity planning is taking into account potential absences through sickness or isolation requirements. MSD have a paper going to Cabinet regarding funding and are cognisant of the need to align with other funding requests, for example for Whānau Ora providers.
- MoH are anticipating that the demand for RATs through the Test to Work scheme will evolve through the Phases, rather than be a step change in numbers (numbers are expected to be smaller at first).

## Equity considerations

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We believe that, based on the experiences of COVID-19 to date in Aotearoa, targeted strategies need to be developed for population groups that we know are more likely to experience negative health impacts from the spread of Omicron. From our discussions with officials to date, we have not seen any evidence that such strategies have been developed.

We have heard the following that supports this view:

- *The same settings are being prioritised as in the earlier stage of the pandemic*

We have been told that Aged Residential Care and prison facilities are being prioritised as high-risk settings and plans are being put in place in response. These are important, however, we saw no evidence of other high-risk settings, such as places of worship, being prioritised despite being places of high risk for vulnerable communities.

- *Public facing tools are not fit for purpose and risk low take-up*

A concern was raised to us that the online form for self-isolating individuals takes 30 minutes to complete and is likely to prove challenging for lower socio-economic communities. Our view is that this is not fit for purpose and will result in low uptake of the self-service model.

## The use of Rapid Antigen Testing in the Reconnecting New Zealanders self-isolation testing regime and the Test to Return scheme

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In addition to the above, we would like to provide you with the following thoughts on the testing regime.

As we have previously raised in advice, RATs, while a useful tool to pick up cases when they become symptomatic, are not a panacea to address system testing capacity when Omicron becomes more widespread. Due to lower sensitivity and specificity, positive cases prior to the onset of symptoms may not be picked up and false positives will cause additional pressure on individuals, businesses and the supply chains.

For this reason, we recommend that you are fully assured as to the case for the scheme to provide three RATs to international border arrivals rather than a PCR test on day 0 followed up with daily symptom checks for the duration of self-isolation, with consideration also of the role of LAMP tests.

Given the limited utility of RATs as expressed above, a daily RAT for close contact critical workers may not pick up infections until a worker has been infectious for a day or two in the workplace, and for asymptomatic cases is of limited utility for providing assurance.

The angle of view should shift to prioritising our PCR tests as opposed to addressing testing capacity shortfalls by flooding the country with RATs. For example, a close contact who is symptomatic could have a RAT test and does not necessarily need a confirmatory PCR test when the RAT is positive. We suggest that you seek assurance that appropriate expertise in testing and epidemiology is fully engaged in these complex issues.

The management of expectations around the use and distribution of RATs appears to be an issue. There seems to be a disconnect between what providers think RATs can be accessed and used for and the actual intended strategic use (for example, for close contact critical workers and not for surveillance or to provide to whānau).

*Brian Roche*

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

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