## APPENDIX A: Agency responses to the CRIAG assurance areas raised during Omicron wave

The below table includes the areas where you have 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

And also includes:

c. Areas you have referred to the Minister of Health

| Date of advice note | Theme | Assurance option | Assurance area | Supporting information from advice notes | Follow up action taken / comments | Relevant agency |
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| 18 February 2022 | Equity / Te Tiriti | | That the emerging equity issues are being picked up and addressed urgently in real-time through: data analysis; review of case risk assessment criteria and their application; and targeted strategies for South Auckland, Pacific and Māori communities. | • Proportionality by ethnicity of cases and hospitalisations in Auckland do not resemble the demographic makeup of DHBs<br>• low numbers of triaged low risk cases combined with large numbers of cases increases burden of death on those not in the high-risk group as currently defined. Recommend independent evaluation of high-risk criteria.<br>• Lack of real-time visibility of equity issues and trends. View is that there is a need for a more dynamic system that enables real-time feedback loops and that data analysts/scientists are brought in if not already.<br>• Available data clearly shows a significant equity crisis emerging in South Auckland. | MoH:<br>• Research to review the MoH equity response to COVID-19 is underway and interviews with community providers, whānau Māori, Pacific families and disabled people will commence this month. This research is due to be completed in June.<br>• A report about Pacific deaths and hospitalisations has been commissioned by Minister Sio.<br>• A comprehensive Māori and Pacific Situational Report is now available to the public on the MoH website. https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-data-about-maori-and-pacific-peoples<br>• Whakarongorau is to repurpose funds from the CVIP activities to support a wider response for disabled people phoning in for services (still being worked on).<br>• Whakarongorau provides national daily real time feedback on calls received, summary of emerging themes in calls, including for vaccination, welfare calls, clinician advice calls, and mental health and addictions calls<br>• Care in the Community Hubs referral line and website registration are being used to make contact with hubs more accessible for disabled people and further work is being done to ensure English second language speakers and the elderly are able to use this service.<br>• Care in the Community Hubs referral line and website registration are being to make contact with hubs more accessible for disabled people and further work is being done to ensure English second language speakers and the elderly are able to use this service.<br>• AoG Disability Oversight tracker has been set up and all responsible groups/teams across the MoH and external organisations contribute on a weekly basis about the progress being made for disabled people. This update is circulated to the dg and onto Ministers.<br>• The COVID Equity Oversight group is meeting weekly to discuss any equity issues/plans put to it to give guidance and advice. Real-time feedback received over the week from community engagement is escalated and brought to the attention of decision-makers<br>• Each fortnight the Te Kotuku e Rere COVID-19 Lived experience Advisory group (members are from different communities) meet to provide advice to MoH teams about anything related to COVID -19. Real-time feedback from this diverse community group is passed on to the appropriate decision-makers formally and informally<br>• Daily COVID-19 Situational Update includes real-time feedback from Aged Care Residential; hospital admissions by DHB, age, ethnicity; testing numbers RATs and PCR; hospital readiness; cases in MIQ<br>• Daily Contact tracing report for COVID-19 cases in the community provides real time feedback on daily positive case notification numbers; response rates to self-service system by ethnicity; notified exposure events at high risk settings; household contact notification and positivity by ethnicity<br>• Fortnightly survey is conducted by Māori Health Insights: Omicron Māori provider reporting. This provides real-time feedback on how providers are coping, future concerns and room for subjective comments<br>MSD: | MoH<br>MSD |

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| | | | | | • In establishing the Care in the Community welfare response, MSD has partnered with community providers, including iwi and Māori providers, and Pacific providers, through funding the provision of up to 500 FTE Community Connectors across the country to support households who are self-isolating with COVID-19.<br>• Weekly pulse check surveys have been carried out with providers to understand activity while the new community reporting tool was developed. This tool provides a mechanism to monitor the activity of Community Connectors and community food providers. These tools are reported on at a national and MSD regional level to ensure that the welfare response can meet any emerging needs, such as a large influx in COVID-19 case numbers in any particular community or region requiring welfare support. | |
| 24 February 2022 | Equity / Te Tiriti | | That post-Omicron future focussed work led by DPMC will be underpinned be te ao Māori and the principles of Te Tiriti o Waitangi, and codesigned with Māori and Pacific leaders. | • A commitment to Te Tiriti o Waitangi principles is not explicit.<br>• Pasifika have been disproportionately impacted in this and previous outbreaks. | • The considerations within the advice on the COVID-19 response to post-peak Omicron were discussed with iwi and Māori representatives to understand the implications these options would have on Māori. DPMC analysed the options in relation to our post-peak response with the principles and articles of Te Tiriti o Waitangi. This analysis was also discussed with National Iwi Chairs Pandemic Response Group technicians.<br>• The Ministry of Pacific Peoples also provided separate advice on the implications these options would have on the population groups they represent. | DPMC |
| 10 February 2022 | Community and business empowerment model | | That decisions and processes empower businesses, communities and local providers to maximise efficient, unimpeded and timely delivery. | • Funding model for Māori and community providers needs to be flexible and allow frontloading of resources<br>• Processes may impede businesses rather than facilitate (e.g. requirement for critical workers to travel to collection site for access to RATs) | • $19.3m was allocated to the Disability Directorate in March to cover work done and the Omicron response specific budget of $10m. A weekly action tracker has been developed that reports on the support and activities underway. This work is being led by the Disability Directorate.<br>• Testing and Supply have established an early adopter provider panel. These providers represent rural, remote, Iwi, Pacific, whānau ora community settings and provide invaluable insights into collateral and current testing and supply processes. The community provider guidelines are an example of a collaboration between Ministry and Early Adopters (community guidelines) and the roll out process (onboarding) for supervised RATs within community provider settings.<br>• Testing and Supply have tapped into existing stakeholder networks for continued input. These groups include Māori, Iwi, Pacific, disability, migrant and refugee's, Housing, and at-risk populations. These stakeholder groups meet regularly on the issue of COVID-19 and the Ministry continues to provide updates regularly to ensure stakeholders have the latest information, but more importantly to hear any issues and ideas that require response.<br>• RAT distribution has been set up via 30 Māori health providers hubs across the motu. This will service whānau Māori, refugee ad migrant and other communities.<br>• An equity impact assessment was started in January 2022 to establish the impact of the Test Trace, Isolate and Quarantine model in communities for the impending Omicron variant community impact. Consultation hui were set up with many different groups including Māori and Pacific disabled, clinicians and community health providers. The report is in the process of being finalised. | MoH |
| 11 March 2022 | Community and business empowerment model<br><br>Testing and surveillance | | That the response post-Omicron wave will be predicated on the shift towards greater roles for enterprise, community and the individual and these roles are clearly articulated at the strategic level. | • The ability of communities and enterprises to deliver what has traditionally been delivered by government entities has been unlocked and is a key factor to success.<br>• Testing solutions delivered beyond government controlled processes can provide relief to the system as a whole.<br>• Reversion to past practices where central control is the norm must be avoided. | MoH:<br>• DHBs and communities have established 52 Care Coordination Hubs which enables locally led and delivered care. Recent reviews have strongly indicated that successful local models are based on close collaboration between a range of care providers.<br>DPMC:<br>• The work and advice provided to Cabinet regarding a post-peak approach to Omicron supported a general shift toward greater self-management, particularly at lower levels of the Framework – an approach that was supported by impacted sectors who favoured a shift towards fewer public health measures being legally required post-peak.<br>• The post-peak work also confirmed that new innovations and/or new testing modalities are in early development. Cabinet agreed that Ministry of Health, Ministry of Business, Innovation and Employment, and other relevant health research funders will commence work to better support testing innovation, including via establishing a clear end-to-end pathway (concept to trial and implementation).<br>MSD:<br>• Cabinet Social Wellbeing Committee agreed to a transition for Care in the Community welfare support so that as the focus on crisis response reduces over time, services are reoriented to support communities to recover from COVID-19 social impacts, with the capacity to shift back if case numbers grow. This is because a sudden exit from Care in the | MoH<br>MSD<br>DPMC |

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| | | | | | Community welfare support may undermine the objectives of the COVID-19 Protection Framework and community recovery from COVID-19.<br>• Support for people who are self-isolating will continue through these initiatives until Cabinet decides to lift the legislative requirement to self-isolate. | |
| 10 February 2022 | Community and business empowerment model<br><br>System readiness, capacity | | 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. | • Funding model for Māori and community providers needs to be flexible and allow frontloading of resources<br>• Heard that further funding is needed now to resource and train numbers needed on the ground (MSD)<br>• Concerned about the readiness of new technology and other systems, and their integration. Manual processes and sub-optimal reporting are still issues within the system. | MoH:<br>• The digital solutions (CCCM and self-service) have had significant iterative enhancements which has improved reporting clarity and user experience.<br>• Care in the Community have begun the research and engagement for the 'fit for future' data and digital approach. This will inform the next stages of technology solutions to support whānau.<br>MSD:<br>• There are currently 500 Community Connectors in Non-Government Organisations across a broad range of communities until June 2023. The intent of the Community Connectors is to continue to respond to requests for welfare support.<br>• Community Connectors can be re-pivoted to support people in self- isolation if required for a new COVID-19 wave, or new variant.<br>• There is also discretionary funding allocated to Community Connectors to meet essential needs of those in self-isolation to support people outside of those in self-isolation.<br>• A community reporting tool has been developed to help monitor activity undertaken by community providers and whether additional support is required.<br>• MSD Officials are currently preparing advice for Ministers on the distribution of remaining transition funding for community providers. | MoH (proactive funding of providers) MSD (funding to resource and train) |
| 10 February 2022 | System readiness, capacity | | That there is sufficient visibility of the capacity of providers to deliver to communities at scale. | • Advised that while systems are in place, escalating numbers will prove challenging<br>• There is a heavy reliance on capacity in the community which must be enabled/resourced to undertake the task required of them. | • As at 8 May 2022, $407.9 million has been allocated across the Care in the Community welfare approach and $199.4 million is estimated to have been spent.<br>• Additional funding remains in contingency should the response be required to respond to any sudden increases in demand such as any new variants of COVID-19. This includes the recent announcement of $58.1m of funding, which has not been contracted. This total includes figures from MHUD and MBIE from March 2022. All other figures are from 8 May 2022.<br>• As covered in responses above, the community reporting tool was designed to help monitor activity undertaken by community providers and whether additional support is required. | MSD |
| 10 February 2022 | System readiness, capacity | | 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. | • Lack of visibility of how triaged low risk and other people whose health deteriorates rapidly will be picked up.<br>• (18 Feb) low numbers of triaged low risk cases combined with large numbers of cases increases burden of death on those not in the high-risk group as currently defined. Unclear how this issue is being monitored.<br>• Encourage assurance is sought that there are, or will soon be, processes in place to check on the health of cases during the crucial 5-8 day period of becoming a case and to follow up | MoH:<br>• The self-service pathway has strong messaging for tangata whaiora to access care when they need it. All Care Coordination Hubs have clear processes on escalation of care for lower acuity patients who may require a shift from self-service to active management. Over 80% of people with higher acuity are receiving an initial healthcare assessment within 48 hours of case creation.<br>MSD:<br>• MSD has strengthened our response times in providing welfare support to people who request it. If during our engagements with people requesting support we identify that a person has health needs that require attention we advise them to contact their health professional or Healthline.<br>• MSD no longer automatically completes follow up check ins, however households are able to get in contact with us so we can take the necessary steps to provide the support that they need. This includes engaging with local community providers to provide food or other needs while they self-isolate.<br>• As case numbers have started to decline community providers are able to do proactive check-ins with whānau who were previously self-isolating and/or have identified needs. | MoH<br>MSD |

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| 18 February 2022 | System readiness, capacity | | That there is adequate line of sight across the capacity of the health components of the Care in the Community system to respond to the rapidly evolving needs over the course of the Omicron wave. | • There is a lack of real-time visibility of capacity issues and trends. View is that there is a need for a more dynamic system that enables real-time feedback loops and that data analysts/scientists are brought in if not already.<br>• Unable to get a sense of whether there is a view of system capacity to respond to rapidly rising cases. | MoH:<br>• The CiC team has been working with hubs to support localised access of real-time data dashboards within their hubs. Each hub now has customised dashboards.<br>• The national IMT has shifted focus to a response and coordination model, with regional resilience leads providing consistent feedback and escalation to national issues. These regional leads coordinate more localised response measures, such as local and regional movement of staff to respond to system pressures. | MoH |
| 3 March 2022 | System readiness, capacity<br><br>Lessons and continuous improvement | | That lessons learned in Auckland on effective support and transition between Public Health and Primary Care, are shared with other regions. | • NRHCC have developed a wealth of experience and proficiency and this public health experience and work effectively with Primary Care to deliver the best support to patients. CRIAG has heard there are significant differences between Auckland and other regions in terms of this ability. | MoH:<br>• CiC have several mechanisms for sharing lessons learned, this includes operations leads forums, regional forums and national forums. This was formalised in a detailed hub review of each CCH and recently completed regional desktop reviews.<br>• The Care in the Community health liaisons are currently undertaking regional sessions across the motu – this includes a visit to Whanau HQ, MRCH and PRCH in June. These sessions are exploring what is working well, what things about the hubs are important to have them continue and what things are still proving to be a challenge. | MoH |
| 3 March 2022 | System readiness, capacity | | That the Health System reform is not placing unnecessary pressure on the healthcare workforce when responding to COVID-19 healthcare demands is the priority. | • CRIAG has heard that DHBs have recently been asked to consult with practitioners on the Health Charter, which demonstrates that there is a lack of awareness of the reality that practitioners are currently facing. | • It is important that the benefits of Health and Disability Sector Reform can be realised and that there is opportunity for health practitioner input. Efforts are made to provide for this without disrupting health services, for example, by engaging via representative peak bodies.<br>• Workforce capacity has also been supported by providing for shifting. The health system reform is important way of configuring the sector for the future to manage long understood demands. There has been a deliberate approach to avoid disrupting the workforce and the current workload through engagement via peak bodies who are representative of the workforce.<br>• at a regional level, DHBs have redeployed staff within hospitals and to community providers and ARC facilities to areas of most pressing need.<br>• Pressure on health services is also managed through Care in the Community and supporting self-responsibility, and personal and whanau preparedness. Messages to support this have been promulgated via DPMC campaign content & channels and in the increased use of easy-to-understand short videos on topics such as isolating safely and managing COVID-19 symptoms. | Health Transition Unit |
| 3 March 2022 | System readiness, capacity<br><br>Equity / Te Tiriti | | That steps are being taken to ensure people have timely access to acute primary care and diagnostic services in the community, that messaging occurs around how to best use Emergency Department services, and that a system solution to patient flow issues is being urgently sought. | • EDs are seeing large numbers of patients who, from a clinician's perspective, should have their needs addressed through other parts of the health system. These people often come to EDs as their only or last option.<br>• Access block is a key issue and CRIAG has heard that ED targets of 6 hours have not been met for some time and patients are waiting for up to 24 hours before beds can be found | • The Health and Disability Sector Reforms seek to address challenges to ensuring communities have equitable and timely access to the most appropriate services for their needs. These challenges are long standing, and their impact can be intensified by COVID-19.<br>• In relation to COVID, the Care in the Community approach has been implemented to reduce load on health services including ED, and to improve equitable access to care in the community.<br>• DHBs and communities have established 52 Care Coordination Hubs which enables locally led and delivered care. Recent reviews have strongly indicated that successful local models are based on close collaboration between a range of care providers.<br>• Hubs are being supported with localised access to real-time data and research and engagement has started on a 'fit for future' data and digital approach. This will inform the next stages of technology solutions to support whānau.<br>• All Care Coordination Hubs have clear processes on escalation of care for lower acuity patients who may require a shift from self-service to active management. Over 80% of people with higher acuity are receiving an initial healthcare assessment within 48 hours of case creation.<br>• Earlier response via the most appropriate health service has also been facilitated by improved access to testing – in particular the widespread availability of Rapid Antigen Testing. | MoH |

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| | | | | • Issues accessing diagnostic testing is translating into people arriving at hospital when they become really unwell.<br>• CRIAG believe that Māori and Pasifika are likely to be experiencing the most negative outcomes.<br>• Have heard there are some doctors not working for fear of contracting COVID-19. | • The Ministry has been and is continuing to work with DHBs on local messaging on the appropriate use of ED and Primary Care and support with ED and Hospital Patient Flow<br>• Despite weekly fluctuations, over a three-month period, ED presentation volumes remain relatively steady. Overall, GP Encounter rates have returned to pre-Omicron levels in some parts of the country and for some age ranges, however, increases and decreases are still apparent across the population.<br>• Peoples using ED after hours, which suggests a lack of accessible community after hours services, is being addressed in the health reforms. Notably using the number of level 5 Triage presentations across time as a proxy for potential GP visits:<br>• 4545 presentations for category 5 for March 2022 – this is the lowest it has been since October 2021. In relation to access to diagnostic testing, the<br>• The Ministry continues to support strategies to facilitate access to radiology care including; encouraging public private collaboration to reduce backlogs, recommending DHBs to adopt appropriate Health Pathways for referrers to ensure the right patients are imaged with the right modality, at the right time, and convening a workforce subgroup to discuss potential changes to legacy workflows and workforce. Ministry continues to support strategies to facilitate access to radiology care including encouraging public private collaboration to reduce backlogs, recommending DHBs to adopt appropriate Health Pathways for referrers to ensure the right patients are imaged with the right modality, at the right time, and convening a workforce subgroup on potential changes to legacy workflows and workforce.<br>• MOH has published guidance around the protecting the vulnerable worker and also around the approach to the unvaccinated patient to mitigate risks of health workers fearing to work due to possibility of catching COVID-19.The Ministry has published guidance on protecting the vulnerable worker and on the approach to the unvaccinated patient to mitigate risks of health workers fearing to work due to possibility of catching COVID-19.<br>• The Ministry has been and is continuing to work with DHBs on local messaging on the appropriate use of ED and Primary Care and on a 1:1 basis to provide support with ED and Hospital Patient Flow.<br>• The Ministry is working with DHBs on a 'Return to Nursing' campaign and an 'International Recruitment' campaign for critical care nursing. All Care Coordination Hubs have clear processes on escalation of care for lower acuity patients who may require a shift from self-service to active management. Over 80% of people with higher acuity are receiving an initial healthcare assessment within 48 hours of case creation | |
| 18 February 2022 | Communications and engagement<br><br>Community and business empowerment model | | That communications strategies are focussed on simplicity and community activation, and that the key definitions of 'close contact' and 'self-isolation' are actively reviewed for currency. | • Changes to Phases 2/3 presupposes a level of understanding by the average NZer. Clear communications remain critical to support public understanding of shifts to individual/community responsibilities<br>• Definition of close contact is overly complicated (definition appears to be that used by public health professionals)<br>• Working definitions of 'close contact' and 'self-isolation' need to be actively recalibrated to reflect real-time risk.<br>• aCommunity activation could have further promotion as an adjunct to CiC processes to prevent people falling through the gaps. | MoH:<br>• Dedicated resource embedded in Ministry contact tracing team to assist with simplifying & improving access to content through a range of formats, including video animation and guidelines.<br>• Communications on the requirements of close contacts has been assisted by simplified requirements (i.e. isolate for 7 days for cases and their household contacts, no requirement for household contacts to isolate further for 10 days after that isolation period is over).<br>DPMC:<br>• Isolation only required for cases and their household contacts only.<br>• MoH conducts monthly reviews of isolation periods.<br>• Social media tiles have been produced to clarify isolation periods including a flow chart to help people determine if they are required to isolate, and a chart to help people determine day 0 of isolation, when it ends, and when it restarts if they become a case later than others in their household.<br>• The speed at which the COVID-19 response has evolved has meant that an agile communications approach must be taken, and public information campaigns need to be delivered as soon as practicable. Public feedback is listened to and content on the Unite against Covid website is adjusted and updated on a regular basis to address any issues or confusion. The messaging on close contacts and self- isolation is a case in point and the Unite against Covid website and our other channels have been regularly updated in response to public health decisions to ensure the messaging is clear, accurate and easily understood. | DPMC (comms strategies)<br><br>MoH (close contact and self-iso definitions) |

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| 24 February 2022 | Communications and engagement<br><br>Equity / Te Tiriti | | That there are processes in place to ensure that communications reflect what is being experienced on the ground, including the use of real-time information to tailor communications to groups experiencing greater impacts and barriers. | • (10 Feb) Assurance from central agencies should accurately reflect what is being experienced on the ground. E.g. messages that RATs have been distributed to providers and DHBs but criteria in place creates access difficulties.<br>• The intensity of the impact of the Omicron wave is centred on South Auckland – it is critical to success that we have tailored and simple messaging to specific communities that reflects their reality.<br>• Concerned that the system is not set up to pull out appropriate information and feed into communities in real time. | MoH:<br>• PIM receiving real time feedback from colleagues in DHBs, daily IMT meetings, and from public channels such as social media and direct enquiries to the MOH's COVID-19 Response team on what is required and working with DPMC on campaign content & channels.<br>• Regular meeting and contact have been going on with the representative of ethnic communities, refugee and migrants. Worship places and Community leaders are regularly followed up by MoH Equity team<br>DPMC:<br>• Separate guidance on how to operate within the rules of the CPF was developed for marae with Te Arawhiti and informed by feedback from iwi representatives.<br>• A key purpose of the COVID-19 Communications and Public Engagement Group is ensuring public campaigns, content and channels are accessible and relevant to communities across Aotearoa, including meeting the needs of the Treaty Partner, as well as culturally and linguistically diverse and disabilities communities. For example, we have targeted messages in the South Auckland community around isolation and support that's available from the Ministry of Social Development. We have also used radio promos on Auckland focused stations such as Mai FM and Flava to target younger people in Auckland around preparing for isolation. Regular engagement is carried out with a wide range of stakeholders to inform our communications work and help ensure that messages are delivered in a timely, clear and tailored way. A good example of this is the communications support for the newly launched targeted service for the delivery of rural antigen tests for those who live in remote rural areas. | Whole of system (MoH and DPMC in particular) |
| 24 February 2022 | Communications and engagement | | That messaging to prepare people for what to expect in terms of further system stresses and flow on impacts is part of the communications strategy. | • People need to be prepared for full hospital EDs, deferment of planned care and longer waiting times for appointments with GPS etc<br>• The Auckland experience should be learned from to tailor communications | MoH:<br>• Self-responsibility, personal and whānau preparedness and protecting health system capacity messages promulgated via DPMC campaign content and channels. In addition, the increased use of easy to understand short videos on topics such as isolating safely and managing COVID-19 symptoms.<br>DPMC:<br>• The support for ambulance messaging is a good example. During February, St John were experiencing unprecedented demand in overall calls to 111. Unite Against Covid and across Government promulgated across multiple channels key messaging to save 111 for emergencies, and who to contact for health advice. Currently, the "Doing it for each other" campaign is a good example of preparing the community for what's ahead – the move to self-responsibility and a reliance on people choosing to do the right thing rather than having to. There has also been a more targeted communications approach to protecting those who are most impacted by COVID-19 (e.g. Pacific and South Auckland communities). The nature of future variants and characteristics of an outbreak is likely to pose new communication and engagement challenges in an ever-changing environment. We will need to ensure that the Unite Against COVID-19 website, public information campaigns and web and social channels remain as the go-to place for accurate, useful, and timely information. | MoH<br><br>Whole of system |
| 24 February 2022 | Communications and engagement | | That the decluttering of operational complexity from messages is prioritised to achieve simplicity, clarity and consistency that will support and enable people to do the right thing, particularly those communities who may have lower levels of health literacy. | • Audiences may not have the health literacy to understand messages or have the resources to respond and keep themselves safe.<br>• Operationally complex messages can cause confusion and decrease compliance among the 'willing to comply' | MoH:<br>• Change of tone and style in campaign content and messages to better resonate with audiences, for example, protecting vulnerable whānau by reducing their exposure to risk. In addition, the increased use of easy to understand short videos on topics such as isolating safely and managing COVID-19 symptoms.<br>DPMC:<br>• The CPF has been simplified by removing the CVC requirements, face masks no longer being required outside or at Green, record keeping requirements being removed, and capacity caps being removed in outdoor spaces.<br>• A simple social media tile has been produced to communicate the revised framework.<br>• We strive to be as clear, simple and concise in our language so that our messaging is easily understood to enable people to stay safe in their communities. The COVID-19 Communications and Public Engagement's five social media channels have seen sustained growth over the last two years and are followed by just under half a million people. The team also provides all updates on the Unite against COVID-19 website. Research carried out by The Research Agency (TRA) shows that the Unite Against COVID-19 brand and associated advertising and channels are highly trusted and recognised and advertising continues to be regarded by the public as a key source of information. | DPMC<br><br>MoH |

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| 18 February 2022 | Cross-system leadership and oversight | | That there is a suitable level of operational oversight, informed by real-time data, to identify gaps, anticipate issues, and make necessary operational changes to the response as rapidly as needed. | • Group have not had any assurance that there is operational oversight to identify gaps, anticipate issues at pace, and identify cross-system complexities. Would support the establishment of a small group of DHB leaders to oversee operational response to Omicron. | MoH:<br>• IMT review of information access and meeting structures completed.<br>• Establishment of Public Health Operations Group (PHOG), to ensure PHU access to information and escalation pathways.<br>• Regional dashboards have been implemented for evaluation of key information to inform response at national and regional levels. | MoH |
| 11 March 2022 | Cross-system leadership and oversight | | That there are processes in place to ensure that decisions are consistent with other settings (and decisions trigger review of other settings where appropriate). | • E.g. decision to allow COVID-19 positive healthcare workers to return to work if a critical health service would have to cease functioning in their absence, should trigger the consideration of the proportionality of not allowing unvaccinated healthcare workers to work in critical health services. | MoH:<br>• There are several layers to ensure all decisions on COVID-19 settings are viewed holistically, ensuring that all possible options and that the proportionality of the settings are considered, and taking account of the impact of the settings on the system as a whole. The outbreak strategy group and the CPF assessment committee comprise senior leaders from across MoH, to ensure we have wide input/oversight of key advice – in particular for advice on changes to the "traffic light" levels, and the public health settings at each level.<br>• There is also a cross-agency law and orders group (co-chaired by MoH and DPMC) that has oversight of all the proposed changes to legislative instruments, again to ensure consistency and to identify any consequential impacts.<br>• Lastly, our standard processes used internally, include consulting with public health and legal experts, and ensuring that decisions have consistent sign-out chains through the DDG and DG who have an overarching view of the system.<br>DPMC:<br>• Processes to support coherence have improved this year with, for example, the move to consider changes to isolation requirements at the same time as changes to the CPF to maintain the coherence across these two frameworks managed by Health and DPMC respectively. Post-peak policy work is completed, and post-winter policy development is underway.<br>• The coherence of settings collectively, given developing science evidence requires constant attention. As well as regular colour reviews of the Framework, and an ongoing triage process for the Protection Framework Order, to identify and resolve policy and legal inconsistencies across the system. | Whole of system |
| 24 February 2022 | Lessons and continuous improvement<br><br>Equity / Te Tiriti | | How both recovery, and goals to return to a baseline, are being factored into future planning, with a focus on Pacific and Māori communities that have experienced the greatest impact. | • The accumulation of social, economic and health impacts is part of the legacy of COVID-19 – recovery and returning to a baseline is not explicitly factored into work.<br>• Recovery should be proportionate to the impacts and prioritised for Māori and Pasifika. | • Work is underway to consider the future of the CPF and our COVID-19 strategy going forward. This work explicitly looks at moving our response and settings toward returning to a baseline or new normal. The strategy includes specific consideration of targeted protections for vulnerable populations including Māori and Pasifika, which will be part of the long-term strategy for managing our response to COVID-19. | DPMC |
| 3 March 2022 | Lessons and continuous improvement | | That lessons from Australia are being analysed, rapidly disseminated and applied as appropriate to reduce the risk of deaths in the community. | • The shift to a heavy reliance on self-reporting leads to the risk of failures to report positive results – this will lead to reduced care and increased community deaths. | MoH:<br>• While it is correct that a reliance on self-reporting may mean that some people will not report their positive results, it does not follow that this will lead to reduced care and increased community deaths. If people are unwell enough then they will generally seek medical attention. Most people with COVID-19, especially if vaccinated, do not need additional medical support and are able to self-manage.<br>• ODPH participates in AHPPC (Australian Health Protection Principal Committee) meetings which are usually at least once a week. Additionally, Science and Insights members participate in CDNA (Communicable Diseases Network Australia) meetings which are also held regularly. CDNA is the meeting where more of the technical and operational details such as testing are discussed. The AHPPC meeting tends to discuss more of the high-level strategic approaches, and summary of the current situation. Much of the AHPPC meeting is closed to NZ as they discuss issues for Australian Cabinet.<br>• Note that under the COVID-19 Protection Framework, we are taking a minimise and protect approach where the focus is aimed at protecting those most vulnerable to severe illness. This approach does not mean that we need to identify every single case anymore. Testing is still important but over time its role will change to focus on supporting timely access to | MoH<br>MSD |

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| | | | | | antivirals for those that are likely to benefit from them or where it will change their clinical management, and for protecting those in vulnerable settings for example Aged Residential Care, and some hospital wards.<br>MSD:<br>• MSD is continuing to work closely with MoH, DPMC and at a regional level to ensure clear communications around supports are still available for people while they self-isolate.<br>• MSD has also been attending community virtual hui and fono to raise awareness for welfare supports available for whānau and communities, and address any questions raised. | |
| 11 March 2022 | Lessons and continuous improvement | | That there are plans for coordinated review to identify lessons for short-term implementation and that public health epidemiological expertise will be used to build Aotearoa-based evidence that will benefit longer-term pandemic planning. | • Implementation of lessons in the short-term reflects risk from future variants and outbreaks of other infectious diseases. | DPMC:<br>• Lessons from the response so far inform all ongoing and future work. Cabinet asked officials to review the Framework and use of My Vaccine Passes (MVPs) in early 2022. The government has kept the Framework's settings under continual review to ensure they remain fit for purpose as the pandemic evolves and completed a review in March 2022.<br>• Some of the concurrent and interdependent work currently underway across the system to continue implementing ongoing lessons is:<br>  • Omicron lesson management process<br>  • New variant planning<br>  • Future response mechanisms for decision making, and response system and functions<br>  • Border changes and enduring settings | Whole of system |
| 3 March 2022 | Lessons and continuous improvement<br><br>Community and business empowerment model | | That there is a clear recovery pathway out of the strained health system and back log which leverages existing and other potential opportunities for innovation. | • (18 Feb) Significant concerns about the unintended consequences caused by delays to health care caused by the response to COVID-19.<br>• COVID-19 has forced the system to do things differently (e.g. community-led vaccinations)– there are lessons that can be applied for the future and outside of COVID-19 context. There are likely opportunities to apply and adapt these models to innovate and relieve pressure points in the health system as we recover.<br>• Strong connections and consultation between decision-makers and on those on the ground, including the opportunity for practitioners to input into solutions, will be key. | • Many local Care Coordination Hubs are already applying the lessons learned from the Care in the Community experience to improve health outcomes in priority populations for a wider range of conditions than COVID-19. This includes social determinants of health.<br>• iHNZ have established a national taskforce to lead the response for Planned Care. This taskforce will consider areas where greater national coordination will bring benefit and prioritise a delivery programme that focuses on the areas of activity that will have the most meaningful effect on improving access over the next 12 to 24 months. | MoH |
| 18 February 2022 | Testing and surveillance | | That processes to procure testing capacity, rapid testing options and to implement saliva testing are proportionate in terms of assurance requirements versus the | • Pre-COVID-19 procurement models are incongruent with necessary speed. E.g. ongoing negotiations with Rako Science, LAMP tests not in use even though they outperform RATs. | • MoH have advised there is currently a lot of PCR capacity given the use of RATs. Saliva PCR remains an option as we move to the post peak phase.<br>• The role of PCR vs RAT – and other modalities is under active consideration including the social license for general public testing. In phase 3 PCR is reserved for hospitalisation, required by a clinician, and verifying positive RATs for border workers and recent returnees. As case numbers decrease there is opportunity to look at other settings where PCR – including saliva PCR would be preferred to RAT. | MoH |

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| | | | immediate risk of insufficient capacity and flow on impacts. | • Saliva testing does not appear to be fully integrated, and the available capacity fully used, even while it performs at an equivalent level to nasopharyngeal. | | |
| 18 February 2022 | Testing and surveillance | | That the COVID-19 Testing Technical Advisory Group will have the necessary level of authority, visibility and reporting line to Ministers to fully support evolving testing strategies at pace. | • Support the strategic role of the CTTAG and highlight its importance in providing ongoing specialist expertise.<br>• CTTAG doesn't appear to have the level of authority visibility or reporting line to Ministers that was envisaged by CRIAG and SPHAG. | • The COVID-19 Testing Technical Advisory Group (CT TAG) was established in October 2021 to provide expert multidisciplinary advice on a number of testing related matters, including assessments of benefits and limitations of new testing technologies, technical guidance, horizon scanning and application of new testing technologies to support New Zealand policy settings.<br>• An internal review of the CT TAG's purpose and function has been carried out and preliminary advice provided to the Director-General of Health however, the mandate of the group has not been changed during the Omicron outbreak. The Director General will shortly be advising Ministers of the findings of an independent review of the PCR testing backlog and on COVID function arrangements in the reform of the health sector. It is anticipated that Ministers may wish to consider the role of Technical Advisory Groups including CT TAG in light of these.<br>• In February 2022, an internal review of the Group's purpose and function was initiated to address the future purpose and function of TAG. Preliminary advice has been provided to the Director-General of Health [February 2022] with a further briefing due this week. Following confirmation of the future direction of the CT TAG, membership will be reconsidered and advice provided to the Ministers for COVID-19 Response. This will include a re-consideration of the current Terms of Reference. | MoH |
| 11 March 2022 | Testing and surveillance | | The Group have offered to directly support the negotiations with Rako Science. | • Concerned that Rako Science is not yet brought on as a provider as all available capacity should be accessible. | • MoH have advised that their relationship with Rako is going well. They have contracted Rako to do all the RCNZ point of arrival testing which then was moved as a requirement when Govt revisited decisions on isolation and testing for returnees. Rako have purchased equipment for this purpose which MoH will be reimbursing them for as a result. | MoH |