

Forward Work Programme

9 August 2021

Version 1.1

High level focus of the COVID-19 Independent Continuous Review, Improvement and Advice Group

The COVID-19 system (the System) was set up as a crisis management system to respond to a present and substantial threat. It is now clear, however, that New Zealand will be managing and dealing their COVID-19 for the longer term. As such, the System must necessarily shift from a crisis management response and become part of the broader preparedness and response system that can sustainably manage cases of COVID-19 that occur while the wider New Zealand health system overall continues to deliver other functions as normal.

In light of the above, the COVID-19 Independent Continuous Review, Improvement and Advice Group's (the Group) forward work programme is framed around continuous improvement from a whole-of-system perspective within an evolving operating environment as the country moves into an increasingly vaccinated world with greater freedoms at the border.

The Group's Terms of Reference sets out that part of their purpose is to 'provide an ongoing independent perspective on the robustness of the COVID-19 response system and opportunities for continuous improvement on specific aspects of the response'. Consistent with this, the forward focus of the Group will be on capturing lessons and innovations to inform the 'fit-for-the-future model' to help ensure that New Zealand has a deployable system to prevent and respond to COVID-19 over one, five and 10 year horizons.

Defining the system

The COVID-19 system for this purpose is defined as central government, peripheral¹ agencies and other system actors such as business communities, Māori, Pacific and other diverse communities, rural communities, general public and so forth.

The COVID-19 system can be described as containing two sub-systems: 'prevention' and 'response'. Linking these two systems and triggering the shift in the response from the former to the latter is 'detection'.

Breakdown of the work programme

The work programme will be structured around areas of the system that are critical for an effective future system, and work that is key to providing assurance and visibility across the system and its component parts.

From a continuous improvement perspective, the Group will focus on whether the system:

- has the necessary infrastructure and tools (techniques and data) available to it to be effective, responsive, and ensure equitable performance for all New Zealanders;
- draws on the approach and emerging best practice around testing and surveillance;

¹ Peripheral refers to agencies outside of central government agencies (for example, Auckland Regional Public Health Unit, the Northern Region Health Coordination Centre).

- has the accountability and transparency around decision rights;
- has the ability to effectively and quickly be deployed to manage any outbreak across the country;
- has the processes and capacity to manage COVID-19 cases in the community and the hospital system; and
- has the required robustness and responsiveness to maintain the confidence and trust of the public and decision makers.

The recently announced reform of the health system presents an opportunity to realign the COVID-19 response system to be well integrated into the future design of the wider health system. The Group will seek to engage with the reform to ensure any future design of the COVID-19 system is aligned with wider health system changes.

The current focus areas of the Group are shown in Appendix One.

Meetings and reporting

Meetings will be held fortnightly and will be an opportunity to provide updates from the members, to hear updates from key work across the System, and to discuss topics at the members discretion.

As the COVID-19 response system needs to evolve in real time, feedback to the Minister for COVID-19 Response (the Minister) needs to be iterative. To this end, the DPMC Secretariat will pull together the updates from the fortnightly group meetings into briefings to update the Minister. The update briefings will be provided monthly at a minimum.

Engagement

For the Group to be effective in supporting and enabling continuous system improvements they will shift away from the 'review' and 'report' type approach used in the rapid review of the Auckland February 2021 outbreak to an approach that is iterative and identifies improvements in real time for immediate implementation. For this to be an effective approach the Group will need to work alongside and with the Ministry of Health, the Department of the Prime Minister and Cabinet, Te Kawa Mataaho Public Service Commission, Ministry of Business, Innovation and Employment (Managed Isolation and Quarantine) and other agencies through open, collegial and transparent relationships.

Advice from the Group following agency engagement will be summarised by the DPMC Secretariat, checked with the relevant agency, and reported to the Minister. The Minister will lead consultation with the Minister of Finance, Minister of Health and Associate Ministers of Health. The Group will not be held accountable for any actions undertaken by agencies at the direction of the Minister as a result of their advice.

The Group is a critical part of an assurance ecosystem which includes the Strategic COVID-19 Public Health Advisory Group, Business, Iwi, and Community Panels, the COVID-19 Chief Executives' Board, the Border Executives Board, in addition to other governance and steering groups and individual sector and agency governance.

The Group's work programme and areas of focus will be agreed and refreshed through regular workshops with the Minister, the Chair and relevant Chief Executives across the system.

COVID-19 Independent Continuous Review, Improvement and Advice group work programme

FOCUS: Continuous Improvement in an evolving operating environment (considering effective operationalisation, weighting between high trust and compliance, and system investment needed)

New Zealand will be managing and dealing with COVID-19 for the foreseeable future

The COVID-19 System (the System) must necessarily shift from a crisis management response and become part of the broader preparedness and response system that can sustainably manage cases of COVID-19 that occur while the wider New Zealand health system overall continues to deliver other functions as normal.

The COVID-19 Independent Continuous Review, Improvement and Advice Group's (the Group) work programme focuses on continuous improvement from a whole-of-system perspective as we move into an increasingly vaccinated world with greater freedoms at the border.

Connecting in with work across the COVID-19 System

The Group will connect in with key areas of work across the System to provide real-time advice and to seek assurance on system performance and direction. The Reconnecting New Zealanders programme and the System Assurance and Continuous Improvement Framework are two key areas where the Group are connecting in to deliver on their current priorities set out below. These priority areas provide the core focus and framework for the Group. They will, however, link in with other work across the System as and when there is clear need and benefit in doing so.

CURRENT PRIORITY AREAS

<p>The COVID-19 Border System</p>	<p>COVID-19 Border System The first priority for the Group is to look at the border. Efficacy at the border is critical to minimising risk for New Zealand. Impacts of border settings on the South Auckland community and Pacific nations will be considered throughout the Group's work.</p> <p>This work will be important for Reconnecting New Zealand as that strategy presupposes access across the borders requiring effective operational frameworks for delivery.</p>		<p>System component</p> <ol style="list-style-type: none"> 1. Surveillance Strategy 2. Testing Plan <ol style="list-style-type: none"> 2a. Pre-departure 2b. Arrival 2c. Border workers 3. Long-term MIQ facilities and Isolation (future options) 4. Contact tracing 5. Vaccine certification 6. Health travel pass 7. Border risk management <ol style="list-style-type: none"> 7a. Cohorts of travellers 7b. International education 7c. High risk countries 7d. Maritime border
<p>Initial Border System questions the Group will seek assurance across</p>	<p>The Group has received four commissioning questions from the Minister for COVID-19 Response</p>	<ol style="list-style-type: none"> 1. What is the critical pathway for transitioning to an individual traveller approach from the QFT model? <ul style="list-style-type: none"> • Should a shift to individual travellers from QFT countries be a soft or hard transition? • What supporting infrastructure is likely to be needed for travellers and is work already underway to address this? • What preparation work needs to occur before any changes are made (including lead in time for changes)? 3. What would a sustainable testing regime look like pre and post border as we move into an increasingly vaccinated world? What are the barriers to uptake of new testing technology? How can we be a faster mover in this area? 	<ol style="list-style-type: none"> 2. What level of vaccine and testing verification is required, and if agreed: <ul style="list-style-type: none"> • What are the operational implications for an introduction of vaccine certification / Travel pass requirements for travellers if required? • What risks would this mitigate and is this proportionate to the operational requirements? • What unintended consequences might there be (including adverse equity outcomes with a focus on Pacific nations)? 4. What future scenarios for MIQ and self-isolation have already been considered? What scenarios need to be considered? What are the priority areas to address?
<p>Infrastructure and Capacity for a Future Public Health System</p>	<p>Health system capacity & responsiveness of management systems The second priority is developing a stretch view of the future in terms of infrastructure that will be required to shift from crisis management to managed activity with the associated infrastructure and capacity.</p> <p>The Group will explore the readiness of the health system to manage the COVID-19 cases that may occur once the borders reopen. This will be to ensure that the future model is sufficiently strengthened to enable a fully functioning health system whilst at the same time being able to care and treat cases that may required medical support.</p>		<p>System component</p> <ol style="list-style-type: none"> 8. Long-term health infrastructure planning and management systems <i>Primary health care responses, ICU beds, high-flow oxygen, negative pressure rooms, isolation capacity etc</i> 9. Testing and tracing capacity