Integrated Recovery Team

COVID-19

From Response to Recovery – the next normal.

A Thematic Analysis of 24 identified Whanganui strategic leaders in the COVID-19 response and understanding the 'next normal'.

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Abstract

This report seeks to provide some clarity to the Reset, Redesign – Recovery team in terms of understanding what the 'next normal' looks like to the people of the Whanganui DHB rohe. This foundational document merges and provides interpretation to 24 COVID-19 Response Strategic Leader interviews through thematic analysis. Thematic Analysis allows us to determine precisely the relationships between individual interviewee's concepts and compare them with the wider interview data. By using thematic analysis, there is the possibility to link the various concepts of the strategic leaders and compare these with the data that is being gathered through the focus groups and wider community engagement.

Background

The impact of COVID-19 on New Zealand has been far-reaching and profound. As at the 10th of July 2020, about 1,540 people have contracted the virus and 22 people have died. Across the globe, over 12.2 million people have contracted the virus and over 552,000 people have died. Health systems have been overwhelmed in many countries and the economic impact is huge and unfolding. The global pandemic and the measures taken to control it have disrupted the lives of all New Zealanders. This has created the need to support the health and wellbeing of the whole population and also ensure we support and address the needs of those most severely impacted, whether that be health and wellness, socially or economically.

The COVID-19 pandemic has tested all aspects of New Zealand society, but with every emergency new opportunities are created. A Whanganui integrated emergency operations centre was opened on the 16th of March 2020 in response to the pandemic. As this response moved towards recovery, an Integrated Recovery Team was been established to lead the recovery phase of the COVID-19 pandemic. The intention was to plan for recovery from COVID-19 by thinking strategically about 'reset and re-design'. This is best achieved through key strategic leaders working collaboratively and planning together for the 'next normal'. Integrated planning, redesign and ultimately provision of services will provide our communities with the best opportunity to increase its economic growth, social connection and health and wellbeing.

The Integrated Recovery Team understand that collectively we are required to enable and support our communities to live their healthiest lives possible in thriving communities. The arrangements for recovery, which we called Reset, Redesign - Recovery, involved the coordinated efforts and processes used to bring about the immediate, medium-term and long-term holistic regeneration and enhancement of our communities following the COVID-19 pandemic. To start this journey, we first needed to understand the learnings that our community strategic leaders; who were part of the Emergency Operations Centre Response, took from their experiences during the pandemic response. We set about interviewing these strategic leaders and sort to understand the themes of their experiences and whether or not these themes had the potential to create impactful change in our communities.

Method

In our analysis, 24 Whanganui Strategic Leaders, all of whom had been involved in the Emergency Operations Centre Response, were interviewed using the interview questions displayed in Table 1. Interviews were semi-structured in that conversations with each leader were guided by the questions listed in Table 1. Although each interview began with Q1 and ended with Q3 conversations were not constrained by the interview guide so as to allow new questions or discussion points as a result of each participant's discourse. Both clarification ("What do you mean by…?") and elaboration probes ("Can you give me an example of…?") were used throughout each interview to both prompt the leaders in such circumstances and encourage clarity and richness of data. The Strategic Leaders were sent a copy of the interview questions along with their invites to the meeting at least three days prior to their interview and were asked to reflect on these questions. As can be seen in Table 1, we did not ask the leaders to reflect on the negative aspects of their experiences with the response phase to COVID19, these negative experiences are more readily available and recalled by the leaders (through our predisposition to the psychological negativity bias).

Table 1: *Reflection pre-interview questions for the Strategic Leaders*

Each of the strategic leaders were asked the following questions:

1. Have there been unexpected positive outcomes of this crisis?
2. Have there been unexpected positive outcomes of this crisis *for you*?
3. What changes have been made that you would like to keep once the crisis has ended?

During the interview, often directly following question 2, we asked the leaders if "there were any negatives that came about as a result of the COVID19 pandemic response"? This enabled the leaders to work through areas for improvement in the health sector in the future, should such an event such as the COVID19 pandemic occur again.

Unfortunately, at the stage that these interviews were conducted, we did not record the interviews and are therefore unable to provide verbatim analysis. Notes were taken during all interviews; in real time by a dedicated note taker, in a manner which provided the clearest account of discussions had within the interviews. The notes were reviewed by both the interviewer and the note taker to ensure the accuracy of the interview notes.

Participants – Strategic Leaders

We undertook face-to-face interviews with key strategic leaders involved in the COVID-19 response. Those interviewed were representatives from welfare, economic and health (DHB, primary and community health leads), the Emergency Operations Centre (EOC), and community leaders.

Table 2: Strategic leaders interviewed

Name	Area/role
Ian Murphy	Whanganui DHB Executive Leadership Team
Lucy Adams	Whanganui DHB Executive Leadership Team
Alex Forsyth	Whanganui DHB Executive Leadership Team
Rowena Kui	Whanganui DHB Executive Leadership Team
Paul Malan	Whanganui DHB Executive Leadership Team
Andrew McKinnon	Whanganui DHB Executive Leadership Team
Louise Allsopp	Whanganui DHB Executive Leadership Team, EOC Controller

Kath Fraser-Chapple	Whanganui DHB business development manager
Catherine Marshall	Whanganui DHB business development manager
Russell Simpson	Chief Executive Whanganui DHB
Wheturangi Walsh-Tapiata	Chief Executive Te Oranganui
Jonathan Murray	National Hauora coalition (NHC)
Dr Rawiri McKree Jansen	National Hauora coalition (NHC)
Stuart Hylton	EOC Controller
Lauren Tamehana	EOC Welfare response/recovery
Rhonda Morris	EOC Economic response/recovery
Leighton Toy	Whanganui District Council, Economic response/recovery
Daryn Te Uamairangi	EOC Iwi liaison response/recovery
Frank Bristol	Whanganui DHB consumer advocate
Patrick O'Connor	Medical Officer of Health
Steve Yanko	St John Ambulance
Rebecca Davis	Director and Impact Strategist at The Change & Innovation
Erena Mikare	Ruapehu Whanau Transformation
Nigel Allen	Whanganui Police

Data Analysis

The depth and richness of the interviews is best reflected through the use of both qualitative and quantitative methodologies. In order to objectively analyse the interviews, first these were put through a text analyser to provide the exact number of times that a phrase or word was mentioned throughout the interviews. We then conducted a qualitative analysis of the interviews by way of thematic analysis. This was to ensure that the stories, experiences and concepts provided insights by way of themes, into the areas of importance for the strategic leaders.

Text Analysis

Text Analysis, sometimes called text mining, is a type of quantitative analysis. Text mining is the process of exploring and analysing large amounts of unstructured text data aided by software that can identify concepts, patterns, topics, keywords and other attributes in the data. For the purposes of this report, we have structured this analysis as a complete word analysis (number of times mentioned) and an artificial intelligence (AI) key theme identification based on the text analysis. The key theme analysis is reported in terms of identified themes and percentages. These percentages can total greater than 100, due to the text analysis enabling sentences to be applied against multiple themes where appropriate. These themes were then collated into larger theme groupings where the same topics were mentioned.

Thematic Analysis

Thematic Analysis is a type of qualitative analysis. It is used to analyse and present themes (patterns) that relate to the interviews. It illustrates the data in detail among diverse subjects via interpretations. Thematic Analysis is considered most appropriate for studies that seek to discover using interpretations - providing a systematic element to data analysis. It allows us to associate an analysis of the frequency of a theme with one of the whole contents. Thematic Analysis gives an opportunity to understand the possibility of other issues more widely. Namey et al. (2008) stated, "*Thematic [analysis] moves beyond counting explicit words or phrases and focuses on identifying and describing both implicit and explicit ideas.*"

Thematic Analysis allows us to determine subjectively the relationships between concepts and compare them with the replicated data. By using thematic analysis, there is the possibility to link the various concepts and opinions of the leaders and compare these with the data that has been gathered in focus groups and wider community engagement.

The process for thematic analysis will follow a method of coding and verifying triangulation thematic mapping. Guest et al. (2012) describe four basic steps in undertaking thematic analysis:

1. Familiarisation with, and organisation of, transcripts.
2. Identification of possible themes (coding)
3. Review and analysis of themes to identify structures (coding and thematic analysis)
4. Construction of themes, constantly checking against new data (thematic analysis and triangulation)

The process of coding and thematic analysis is outlined in the following sections.

Coding

The data consisted of the notations taken throughout the 24 structured interviews. Drawing on principles and techniques from grounded theory, the data were read and reread several times and open coding was used to initially mark parts of the interviews that suggested a theme. The constant comparison method was used to determine whether a chunk of text would be placed in an existing theme or a new one. During this phase, we reviewed the coded data extracts for each theme to consider whether they appear to form a coherent pattern. The validity of individual themes was considered to determine whether the themes accurately reflect the meanings evident in the data set as a whole (Braun & Clarke, 2006). In the course of this phase, inadequacies in the initial coding and themes were revealed and required various changes (King, 2004). When we identified a relevant issue in the text not covered by an existing code, a new code was inserted. Through this process, if we found no need to use a code or if it substantially overlapped with other codes, it was deleted.

During this phase, it also became evident that some themes did not have enough data to support them or the data was too diverse. Some themes collapsed into each other while other themes needed to be broken down into separate themes. Selected themes needed to be refined into themes that were specific enough to be discrete and broad enough to capture a set of the ideas contained in numerous text segments.

Verifying triangulation thematic mapping

This process consisted of having two other people within the team read and then re-read the interview notes and undertake a thematic mapping process. These were then matched against the initial thematic analysis to ensure that the themes were consistent across the verifiers and the initial reported themes. If they matched, the theme was identified as a core theme, if they did not match these were moderated to either form part of a larger theme or became a subtheme within this report.

Results

Text Analysis

Have there been unexpected positive outcomes of this crisis?

The text analysis for this question had 3695 words analysed. The breakdown of the top five words mentioned were:

1. Community
2. Collaboration
3. Working
4. Iwi
5. Leadership

Collectively they attributed 7 percent of the total word count.

Key theme identification based on text analysis:

Main Topics:

- Working together/collaboration [*42.56%*]
- Focus on Community [*38.29%*]
- New ways of working (enablers such as technology) [*19.86%*]
- Social Leadership (governance) [*18.8%*]

Have there been unexpected positive outcomes of this crisis for you?

The text analysis for this question had 716 words analysed. The breakdown of the top five words mentioned were:

1. People
2. Family
3. Working
4. Home
5. Quieter

Collectively they attributed 6 percent of the total word count.

Key theme identification based on text analysis:

Main Topics:

- Working from home [*44.79%*]
- Need to be agile [*37.33%*]
- Focus on people and family (on what is important) [*31.36%*]
- Quiet time, slower pace of living [*25.4%*]

Have there been challenges or negative outcomes of this crisis?

The text analysis for this question had 759 words analysed. The breakdown of the top five words mentioned were:

1. Communication
2. Media
3. Working

4. Top-down
5. Lockdown

Collectively they attributed 5.5 percent of the total word count.

Key theme identification based on text analysis:

Main Topics:

- Concerns around returning to a top-down model for services and funding [*56.25%*]
- Concerns with how we communicated with the public [*34.38%*]
- Anxiety around the level four lockdown [*31.25%*]
- Problems with IT at home [*21.87%*]

What changes have been made that you would like to keep once the crisis has ended?

The text analysis for this question had 1597 words analysed. The breakdown of the top five words mentioned were:

1. Care
2. Communities
3. Collaboration
4. Change
5. Leadership

Collectively they attributed 5 percent of the total word count.

Key theme identification based on text analysis:

Main Topics:

- Care for the community in the community [*45.10%*]
- Changing the funding models [*41.36%*]
- Focus on the social determinants of Health [*25.57%*]
- Shared accountability and responsibility [*20.31%*]

Thematic Analysis

The coding of the interview data resulted in a total of 368 coded units. Through this coded data, four core themes and eleven subthemes were developed. The themes combined both the positive and negative experiential elements for the leaders during the COVID19 pandemic.

Core themes

- Collaboration between partners in care
- A focus on the community
- Technology as an enabler
- The ways we are working

Subthemes

- *Collaboration between partners in care*
    - Social Governance Leadership (shared responsibility and accountability to the community)
    - Changes to the funding models and service delivery
    - Focus on the social determinants of Health
- *A focus on the community*
    - Focus on people, whānau and communities
    - Care for people in the community
    - Strength of leaders
- *Technology as an enabler*
    - How we communicate with the community
    - Suite of services
- *The ways we are working*
    - Working from home
    - Taking time for ourselves and our whānau
    - The need to be agile in how we work

Collaboration between partners in care

Most leaders interviewed acknowledged the important role that the intersectoral partners, iwi and our partners in care had in working together to achieve thriving communities. The ability for rapid decision making to occur, the breaking down of organisational barriers and the capacity to work for the benefit of the community were all effective in our response to COVID-19.

Social Governance Leadership

The way that we, collectively, operate in an integrated manner across boundaries, across organisations and across the social determinants of health will directly impact on the health and wellness of the community. The leaders outlined that iwi worked together to support their whanau in a very responsive and agile manner. Furthermore, that the integrated response emergency operations centre provided the clarity to the strategic vision of social governance and how it could operate in a functioning setting.

> *"Social Governance model and the ability to further it, trial it and enact it early on. Shown that we had existing structures in place and are well placed to respond on an even bigger scale if needed in future."*
>
> *"We were one of the only areas to operate as an integrated response and it worked well."*
>
> *"Iwi have always supported, but from a distance. Now more of a vested interest, ensuring an iwi voice and solutions are informed from an iwi position."*
>
> *"Biggest strength for us was a community-led EOC. Health has not dominated. Synergies in EOC which we should continue post-COVID. Opportunity to kick-start social governance space."*
>
> *"Integrated response model at EOC – unique and great. Keep for recovery. Connectivity is key."*

"System response (health, Government, formal). Whanganui has regional cross-sectoral working. Have gained understanding and trust to be able to go straight into response mode. Effective collaboration and collective thinking."

Changes to the funding models and service delivery

The importance of, the way in which and the variation in the delivery of funding and services was outlined by many leaders as both an opportunity and concern going forward post COVID-19. A significant shift in the focus of funding and services from a 'top-down model' and 'widget counting' to a more sustainable, community and prevention focus based on outcomes was identified as important.

"Concerns about the end of funding and our ability to keep changes. Especially for those we have been supporting through welfare."

"Funding and governance are key factors in any decision change for it to be sustainable."

"Understand systems thinking more. Opportunity to embed these now. Continuously improve the way we work rather than going back to what the system knew."

"The funding model has to be turned on its head - Primary care should be free and find ways to fund this that incentivises primary care/prevention."

"Health and wellness focus where Whanau ora plans are made more available."

"Bo*ttom-up vs top-down operations were confusing at times. Sometimes the top-down directives gave no regard to local circumstances. Having to work through the national dictates slows things down."*

"Showed we can change at a local level. And once we have proven we can do it; we can do it again. Can't lose this traction. Strike while the iron is hot."

"Integrated EOC model strengthened relationships and ensured the best outcomes for communities. The better connected we are the better we can utilise funding and resources."

"Practice viability under current funding scheme is a significant concern."

"The crisis has enabled rapid funding changes. Were able to quickly put money behind things and allow work to occur as needed (without funding worries). Financial barriers which previously existed were removed in order to support people/providers quickly."

"General decision making in a crisis much faster - really good. Replicate this after."

Focus on the social determinants of Health

The social determinants of health, also known as the contributory factors to poor health outcomes, was identified as a key topic. Not only the actions that we are undertaking to address these, but moreover our inactions. It was identified that health 'compensates' for the greater social determinants in-as-far-as that it operates as the 'ambulance at the bottom of the cliff' – leaders identified that through a collaborative approach with social governance partners that we can better utilise the communities strengths and a preventative approach to set up the barriers at the top of the cliff.

"We need to be active in our communities – asking what they want and keeping connected (health/business/social) – health has traditional not been at the table."

"Changes to the whole health system – a re-focus. COVID, health and disability system review are timely."

"Want a re-focus on better health for our communities rather than on deficits."

"Social determinants of health thinking – considering social, education, justice etc. (not just health) - housing strategy (essential for health)."

"Became aware that community didn't know what protective factors are (family harm, chronic disease, suicide etc.). Knowledge in health is in the system or with subject matter experts and requires a change in power dynamic – shifting the knowledge and information over to community. How do we build community wellness? Quote: "Well individuals belong to well whanau who live and participant in well communities." (Barry Taylor - Taylormade)"

"Healthy Families and Suicide Prevention work with community and intervention (and through this prevention). People are collaborating around prevention, mid-intervention and reflecting on how to deal with crisis."

"Huge willingness to collaborate on difficult issues. Prevention alongside crisis management is phenomenal. Shows willingness for transformational shift towards community-led."

"Talking about pai ora in non-health forums now too (heathy lifestyle approach), rather than deficit/unwell approach."

"Need to bring people together under a shared vision (rather than patch protection)."

A Focus on the community

The importance of the communities in determining and delivering upon what makes them healthy and well has been recognised as a key strategic driver in the way that we operate in the future. The strength in the response phase was that we worked closely with our communities and the community providers to support individuals and whānau to meet their own needs – this moved away from a traditionally organisational centric focus for the DHB and the councils alike. Moving forward, we must take the opportunity to engage with our communities to support them build resiliency and capability to ensure that they are able to achieve communities that are healthy and are economically and socially thriving. This cannot be about 'us doing it to them', but about partnering with our communities to achieve great things.

Focus on people, whānau and communities

He aha te mea nui o te ao? He tangata, he tangata, he tangata.

All of the strategic leaders emphasised the importance on focusing on our people. It was outlined that the biggest impact as a result of COVID-19 was on the people first, then the organisations. Through this focus, the impacts on our whanau and communities become evident, and the response that evolved was community owned – be that iwi looking after iwi, 'rouge' community groups supporting the vulnerable, or the simplicity of being kind to one

another. This people, whanau and community focus enabled the response team to get resources rapidly to where they were required – be that hygiene packages, food parcels, mobile pop -up clinics and CBACs or Personal Protective Equipment.

> *"Locally, Maori providers have been able to drive some community initiatives in direct response to need in their communities."*
>
> *"We naturally work well together as a community and work closely across sectors."*
>
> *"Been able to support the community in a different way through welfare. Communal vision for the betterment of the community."*
>
> *"We want resilient, self-determining communities. – Maori communities have gone after this and supported others to do so too. Build on this. Hasn't only occurred in Maori communities, but this is what I see from my position."*
>
> *"Different expectations from political, community and organisational levels made it difficult. It was easier to focus on our communities and support solutions to their needs."*
>
> *"Need commitment on both sides and good relationships. COVID has been the measure of this, and we have done well. The gradual process led by pro-equity gave us a strong platform."*
>
> *"Russ clearly articulated genuine need for relationship with community. COVID has created this in a meaningful manner."*
>
> *"The ability to deconstruct, reconstruct and mobilise the health system. Showed we can do this, and in a way that meets a need rather than in a systems approach."*

Care for people in the community

The COVID-19 pandemic necessitated a new way of working with our communities. No longer could we attend hui in person, hold appointments face-to-face (unless urgent and clinically relevant), or engage with our communities in traditional manners. Not all experiences in this transition worked as planned, and we have some learning opportunities as a system to undertake to ensure that in the future we are better prepared. However, despite some learnings, overall the providers and the community relished the opportunity to spend more time in their immediate communities. GP and hospital services moved to technological methods of interaction, welfare teams deployed staff to conduct food deliveries and many local groups undertook grocery runs for vulnerable members of their communities.

> *"Delay in patients seeking care. Know there is a huge clinical demand being built up in the community. Not yet seen this come into play."*
>
> *"Lots of changes: presentation numbers have reduced, change in demand, and moved to a virtual care environment."*
>
> *"The community and staff were not consulted about patients not coming into Te Awhina."*
>
> *"Important to differentiate between what clinicians want to do (e.g. care for dying person clinically best way/in hospital), and what whanau want (e.g. take on the challenge of caring for dying family member at home)."*

"One solution we are looking into is pop-up clinics providing holistic care for whole communities (not just GP/clinic populations)."

"Community response - Consistently scanning social media and networks to see how community was responding. Powerful. Black-market response of generosity. Sharing food, caring for each other."

"Watching the natural generosity. People/businesses have been generous with food, time, money, assets to help this community and this has helped us to have a gentler ride through COVID here and mitigated a lot of hurt."

"The community can learn new ways of doing things. We already have rural communities doing things differently."

"Allowed better working with communities, building trust."

"Validated that the hospital demand is intertwined with social systems."

"Huge importance of tipping ourselves upside down and putting patients and whānau first. Hospital is important when needed, however focus needs to be in the community, and this is becoming more apparent. The Hospital did what any hospital would do – prepare for COVID. But biggest the action space was in the community."

"*Critical that community is the centre-piece."*

"Willingness of local suppliers to work with us. Very good people locally who we should maintain relationships with."

Strength of Leadership

The fortune 100 leadership consultant and author Jay Richards penned as a result of COVID-19, that in a crisis "where some see doom and gloom, great leaders take the reins and make stuff happen" (May 8, 2020). Of the leaders interviewed, most outlined the importance of strong leadership during the crisis and more-so in our response to what 'the next normal' looks like. During the COVID-19 response, we saw the strength in leadership from individuals, iwi and communities – this enable agile decision making in sometimes rapid evolving situations (i.e. standing up of the CBACs). However, what this also highlighted for some, was the way that we have traditionally led may not be successful in the future post COVID-19.

"The crisis has shown who our leaders are, who can step up to the challenge, who can adjust well."

"Heartened by the level of trust across a range of leaders to the ways we look proactively at solutions - all informed by a Social Governance approach."

"Sowing the seed for Iwi leaders as to their importance in the heath space. From a national perspective the national directive has stepped up, which has resulted in a strengthened collective Maori leadership across DHB's."

"There is strength in the leadership working together, regularly connecting."

"In a time of crisis, iwi leaders activate themselves. COVID has brought leaders together to the point they are talking about establishing an iwi alliance, looking at what can they

do collaboratively across the motu to ensure they have a voice and are showing leadership in spaces (Te Ranga Tupua)."

"Clear that our leadership has been more focused on the hospital than on the system. Leader cohesion and communication can always be worked on."

"Horizontal integration – leaders from different sectors all working well together in EOC."

"'Shared leadership,' resulted from respect and equality."

"Firm leadership needed to maintain the gains. Group of leaders on same page with consistent messages."

"Leadership - Recovery will show a new way of doing things, it will help us to understand what is needed and who is best to do it."

"During COVID, at times we have had to make very quickly decisions, while other times we have had to wait for accurate info before moving forward. The principle is good, but long-term this is exhausting – we need to ensure we look after our leaders."

"We have community ground-swell. Movers and shakers ready for this. How to we nudge this and keep fueling this to keep momentum of change."

Technology as an enabler

Technology has the ability to hold such promise in the age of iPhones, surface books and over the internet video calling - but often we find technology holds us back instead of enabling our organisations. Some of this is due to the way it is implemented, some is due to the upgrades or advancements not being prioritised, and some is how it is communicated/how we communicate. During the COVID-19 response, we saw rapid roll outs of new innovations and new technologies as a result of necessitation in the way were expected to operate. However, with some of these rapid roll outs, we did not engage in sound change management processes to bring all our teams and the community on the journey.

How we communicate with the community

The strategic leaders mentioned the way that we communicate with the community as being enabled through technology. Although this is not a perfect fit in terms of technology as a theme, it does indicate how they, and the community engaged in the dialogue resulting from COVID-19. The analysis does outline that we can do better in terms of how we communicate, the speed and the frequency often being the areas for consideration. This is further emphasised in the way that we communicated with patients about '*how*' the changes to appointments etc affected them personally, or what it meant to use new technologies.

"Some patients believed that the telephone call was a 'pre-appointment' call, not realising it was the appointment itself."

"We need to communicate in a way that is understandable. Health jargon is not helpful."

"Will need to communicate with the community better in how it works and gain acceptance of new way of having an appointment."

"Always things to improve, e.g. Communication with people."

"Ensure messaging remains positive to support consumer confidence, e.g. Aroha local."

"Communication from the MoH to NZ public and the DHB's around a common purpose (fighting COVID) has shown strength and instilled solidarity."

"Telling members of the public to 'stay home' caused confusion. Some people have reported not going to the hospital even if they were sick due to them being told to 'stay home'. The communication needs to be worked on and localised."

Suite of Services

The COVID-19 pandemic enabled businesses and organisations to evaluate, redesign and develop new ways of interacting with members of the community – whether it was a shift to online shopping, online payments or online appointments. It additionally gave teams the ability to interact with one another through the use of teams, zoom conferences (also known as a 'zui'), and virtual desktops. In terms of Health, Telehealth advancements and utilization as a new way of interacting with patients was seen as a strategic leap forward. The leaders acknowledged that although most of the technological roll outs went well, some caused concerns around the lack of change management rather than the technology itself.

"Microsoft Teams worked well. Although additional support in the beginning about how it works would have been helpful"

"Remote access working. Worked well in a pandemic scenario too."

"When you have a burning platform you can suddenly get things done fast. E.g. IT space with Microsoft 365. Previously had only 100 staff able to work remotely, within one week we had whole DHB working remotely. Otherwise would have taken months to do this."

"Technology uptake by business community. Some have been forced to get on board and now have online services, new distribution routes etc."

"Enablement of technology and quick roll-out. Virtual desktop."

"Technology has been humorous at times."

"More succinct meetings via zoom, however we need to learn how to run good meetings using technology."

"Significant increase in DHB Zoom (25% of the increase is patient-related zoom)."

Video telehealth. But not everyone has webcam, zoom. Needs to be part of a suite of services rather than the only option."

"Zoom meetings e.g. with SMO's, GP's have been a great forum for discussing ideas."

"Telehealth, especially for allied and primary health is a game changer. What was traditionally 'too difficult' to implement occurred within a few days."

The ways we are working

The COVID-19 pandemic provided an opportunity to change the way we work and post COVID-19 it appears that flexibility and remote working is here to stay. When faced with the prospect of allowing employees to work from home or have no revenue coming in, many businesses suddenly adapted. When the DHB and councils faced an inability to operate in a face-to-face environment they enabled their staff to work from home, with connectivity back into their teams through the utilisation of

technology. The leaders indicated that now's the time to build on those changes and how they'll apply long-term - however, there will always be a need for physical spaces for people to come together. We are still social beings and human contact is important for creativity, thought generation, mental health and wellbeing. There's no substitute for face-to-face contact.

Working from home

Many of the leaders acknowledged that due to some team members being considered 'vulnerable' that working from home was one way to continue to keep them engaged in the team environment whilst not physically being in the office. It enabled work to continue and for some staff, the environment enabled them to work more productively due to less distractions. For others, it provided flexibility and a sense of security that they did not need to work in the office and potentially be exposed to the virus. As previously mentioned in terms of technology, it was sometimes 'humorous' when working with it from home, but most of the staff made the best of it.

> *"Still felt connected to people when working from home."*
>
> *"Felt more relaxed about working from home going forward into BAU work. Allows flexibility/ balance in work."*
>
> *"Staff relaxed about working from home and are still able to work with sick children."*
>
> *"Working from home, certainly is a nice home office."*
>
> *"Staff flexibility working from home was greatly appreciated."*
>
> *"Initial IT challenges but has improved."*
>
> *"Focus on wellness in occupational health. Understanding staff vulnerabilities, helping get back to work."*

Taking time for ourselves and our whānau

COVID-19 brought the frantic pace of everyday life to a screeching halt in the matter of hours following Jacinda Ardern's Level 4 lockdown announcement. No longer could we rush to work, to a gym class, to a restaurant and then to the movies – and that was just a normal Monday. We were confined to our bubbles advised to 'stay home' and reconnect with those family/friends within our bubbles. The leaders advised how they saw families out walking and exercising together, parents were role modelling 'being kind', that neighbourhoods seemed safer and that life seemed all round quieter. Families came back together and reported enjoying this time together – infact, many leaders indicated that it would be nice to have more time to continue this post COVID-19.

> *"For whanau, while there may have been some increase in family violence etc., the majority have quite enjoyed the opportunity to be together. Some sad things around tangi, but also many positives around being a cohesive whanau. Many have moved to be with family during COVID. Allowed role-modelling within whanau."*
>
> *"Many whanau moved home and many will stay home."*
>
> *"Community reached out and focused on wellbeing/connectivity. E.g. hundreds turning up to karakia to connect with each other."*

"Focus on wellbeing continues. E.g. young people reaching out, teaching karakia with Maori form of karate. How to prepare food."

"Town feels safer, more relaxed neighbourhoods."

"More people using walkways and a sense of a level of connection, cohesion, cooperation across communities"

"Communities taking responsibility for themselves. Meant the conversation was around 'working together against COVID' rather than 'enforcement' or 'us vs them.'"

"Mokai Patea and Taihape did great work connecting with families. In fact, Iwi, NGOs and whānau all stepped up."

"The pace was slower; the streets were quieter. I did not realise how tired I was until I could take time to slow down. The pace pre-COVID was unsustainable for many of us and would eventually lead to burn outs. In a strange way, COVID was a chance to reset – as individuals, whanau, environmentally and as communities. It would be a real shame to lose this again."

The need to be agile in how we work

When the ground shifts, it pays to be agile

As the COVID-19 pandemic has rippled across and impacted the world, challenges that once existed in the background are being brought into the spotlight. One of those is the critical value of an agile operation that identifies and adapts to rapid change. We define "agility" as the ability to reconfigure strategy, structure, processes, people, and technology quickly toward impact-creating and impact-protecting opportunities. The uncertainty brought on by COVID-19 requires organisations to recognise leadership, employee and communities sentiments and explore new ways of working towards 'thriving communities'. In the not-so-distant past, local government and crown agencies were viewed as slow moving, bureaucratic beasts who did not easily change in an environment that requires it (akin to turning the titanic). However, throughout the response phase and into recovery, the leaders identified that the old play book needed to be reworked and a new, more agile focus was required.

"COVID has highlighted governance policy, procedural issues, which need to be brought up to speed with the modern-day."

"We proved that we could remove barriers to getting things done quickly - especially for logistics, payments. This should not be lost."

"The inability to see our patients in person has forced us to look at how to do things in the community."

"Ensuring the pace we are moving is manageable, sustainable long-term and thorough planning still exists."

"Huge potential going forward working collaboratively."

"We have to remain agile in the way we work together for our communities. Through COVID our communities have come to expect this, and we cannot go back."

"Within regional spaces there is room for more agile arrangements."

"Should be a continuous learning system and embedding learnings, therefore we need quality improvement. DHB could have been more agile, used more co-design."

"Initiatives have led to thinking about an alternative future, e.g. hubs doing lots of activities, staying in touch with patients, whanau-looking, MDT meetings, etc."

"Don't go back to old ways. Understand what didn't go well in our changes e.g. telehealth, and address it. – don't use it as a reason not to keep changes."

"Changes to the whole health system – a re-focus. COVID, health and disability system review are timely. We want a re-focus on better health for our communities rather than on deficits."

Insights into the next normal

The COVID-19 pandemic has enabled a systemic rethink about how we deliver services to our communities and our customers. As we step into the post-coronavirus future, we will need to find a balance between what worked before and what needs to happen to succeed in the next normal. Collaboration, flexibility, inclusion, and accountability are things organisations have been thinking about for years, with some progress. But the massive change associated with the coronavirus could and should accelerate changes that foster these values.

The strategic leaders interviewed collectively agree that the future post COVID-19 has changed as a result of the crisis. Many indicated that the integrated approach to the pandemic response was a way of working that needed to continue to address the wider social determinants of health, it needed to become 'the way' of working – the next normal. As a result, the formation the strategic Integrated Social Governance Leadership Team (ISGLT) will continue to provide a platform for collaboration as we move into the next normal.

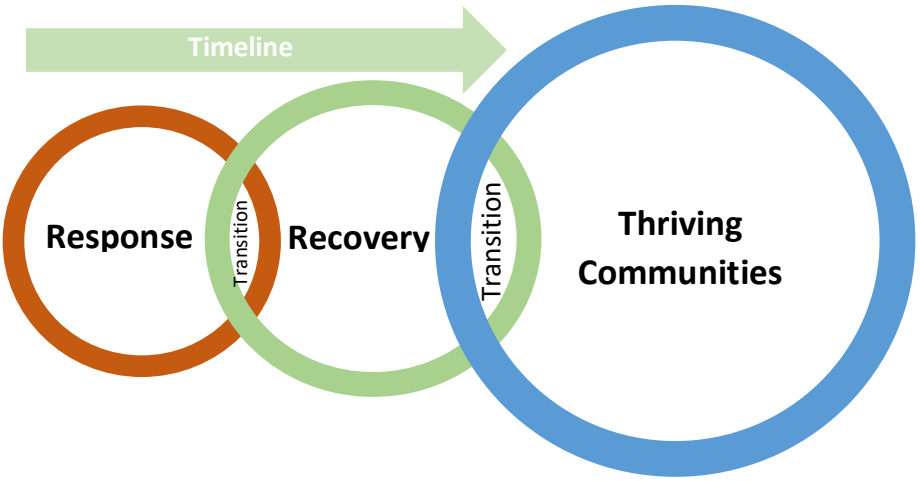
The next normal – the need to engage with the community

The direction indicated from central government is a move towards a more community centric model. We will be required to engage more, and enable community led services based on individual community needs. These services will be required to be impactful in terms of how they support the health and wellness of our communities – to enable thriving communities. The integrated recovery team is currently undertaking widespread community engagement to better inform the next normal. However, the community engagement does not stop following the official recovery phase – it is iterative and will ensure a continuous feedback loop is created between our organisations and the communities to whom we support.

The next normal – the transition from Recovery to Thriving Communities

The direct effects of COVID-19 in terms of health, social and economic wellbeing will be with us for generations to come. The Recovery Phase under the National Civil Defence Emergency Management (NCDEM) protocols involves the co-ordinated efforts and processes used to bring about the short, medium and long-term holistic re-generation and enhancement of a community following an emergency. As with the response phase of the COVID-19 pandemic with its extended periods of waiting for a potential viral wave, the recovery requires a new way of operating which operates with the future community impacts in mind. Figure 1 represents the transition phases between response (4 weeks), NCDEM recovery (12 weeks – based on regional CDEM determination) and Thriving Communities (the next normal).

Figure 1 – transition phasing



As a result, within the Whanganui rohe, the transition from the NCDEM recovery phase into the next normal is being supported by the Integrated Recovery Team and the Integrated Social Governance Team as we move towards an integrated 'Thriving Communities' team. This team will be focused on short, medium and long term positive, sustainable community impacts and whose membership is representative and supported by the organisations who are committed to the ISGLT and framework.

The Integrated Recovery Team have been able to identify 'quick wins' within the community and action these, as well as begin the wider community engagement about what keeps them healthy and well. This report as a result of the Strategic Leader Interviews, along with the analysis of the community engagement will support the transition into the future as we identify the key health, social and economic contributories that are preventing us from achieving communities that are vibrant and sustainable. The 'Thriving Communities' team will work in partnership to identify existing plans, support networks and advisory committees to reduce duplication, uncover 'blind spots' and strengthen community relationships. The result will be a set of truly collaborative, community led, impact focused plans to address the needs of our communities.

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