

Progress against the review of surveillance, testing and contact tracing

Proposal

- 1 This paper updates Cabinet on progress against the health-related recommendations in the '*Report of Advisory Committee to Oversee the Implementation of the New Zealand COVID-19 Surveillance Plan and Testing Strategy*' and its August Outbreak addendum.

Executive Summary

- 2 On 21 August 2020, Cabinet agreed to establish a committee (the Advisory Committee) to oversee the implementation of the New Zealand COVID-19 Surveillance Plan and Testing Strategy [CAB-20-MIN-0415 refers].
- 3 The Advisory Committee was set up to:
 - a. determine the extent to which all elements of the strategy are being implemented including testing at the border;
 - b. identify any issues or barriers that are preventing the strategy from being implemented, including resourcing, capacity, and legal matters;
 - c. identify any improvements that can be made in the implementation;
 - d. any other matters relevant to the Surveillance Plan and Testing Strategy and the pandemic response; and
 - e. recommend options and or interventions required to successfully deliver the Surveillance Plan and Testing Strategy.
- 4 Heather Simpson and Sir Brian Roche are Joint Chairs of the Advisory Committee.
- 5 On 28 September 2020, the Advisory Committee provided the '*Report of Advisory Committee to Oversee the Implementation of the New Zealand COVID-19 Surveillance Plan and Testing Strategy*' (the Surveillance and Testing Report). The Surveillance and Testing Report includes 13 recommendations covering: communication and engagement; accountability and mandate; process and planning; orders and marine border provisions; and emerging technologies and broadening testing methodologies.
- 6 Sir Brian Roche is also the Chair of the Contact Tracing Assurance Committee (CTAC). He and the other member of the Advisory Committee who was also on the CTAC committee, Professor Philip Hill, was later requested by Cabinet on 5 October to review contact tracing performance during the August Outbreak as an addition to the Surveillance and Testing Report [CAB-20-MIN-0462 refers]. This addendum focussed on key learnings that are relevant to, and potentially impact on, future outbreaks.

- 7 Of the 28 total recommendations across the review and its addendum, 25 are for the Ministry of Health (the Ministry) and three relate to wider cross-agency governance arrangements.
- 8 Since the August outbreak, the COVID-19 directorate within the Ministry of Health and its response frameworks have grown and matured considerably. As a result of COVID-19 being a relatively new and unknown virus, the Ministry is always learning and adapting its response at the border, and refining its standard operating procedures. New Zealanders should have confidence in the containment of recent community cases to date as a result of a strengthened centre and the hard work of public health units.
- 9 Cabinet has now agreed proposals on institutional and governance arrangements for our response to COVID-19 which will clarify accountability across the system [CBC-20-MIN-0095/0099/0100 refers]. This sets a strong platform for continuing to improve performance across the areas highlighted in the reports.
- 10 Appendix One and Two outline the individual recommendations in the report and the addendum and the actions taken to address the recommendations.

Background

- 11 In respect of COVID-19, our strategy for the COVID-19 pandemic remains elimination. The pillars of our response are:
- Effective testing and contact tracing
 - Robust border control and isolation measures
 - A health system with capacity to manage COVID-19 cases and
 - Public health measures such as the use of PPE
- 12 While a number of lessons, recommendations and resulting actions have been identified from the report and addendum, it is important to recognise that New Zealand is currently one of the best-placed countries in the world and we are being recognised internationally.
- 13 However, given the developing nature of COVID-19 both in New Zealand and globally, the Government supports a cycle of continuous improvement from every positive community case, building on the approach of 'keep it out' at the border. The report and addendum provide an external view and recommendations on what is required for further improvement.
- 14 The recommendations complement the work already underway. This is part of the commitment to continuous improvement and will inform the Government's longer-term work programme to help strengthen the response to future outbreaks.

Context for the Report and Addendum

- 15 To develop the Surveillance and Testing Report, the Advisory Committee conducted interviews with government agencies, community organisations, academic institutions and other interested stakeholders. Interviews were conducted in August and September 2020 during the Auckland August outbreak.

- 16 The approach taken to develop the later Contact Tracing addendum focussed on interviewing key personnel from both the Ministry of Health and the Auckland Regional Public Health Service (ARPHS) in October 2020 as they were at the epicentre of the August outbreak response
- 17 New Zealand has since identified and quickly managed and contained a small number of other outbreaks, including the Christchurch returnees, the international mariners, the New Plymouth port worker and the Defence worker cluster. In all cases, further lessons were learnt and refinements made to the system.
- 18 This process of continuous improvement means that in the time since the information was being gathered and, in particular, when the Surveillance and Testing Report was received, many of the observations and recommendations had been progressed.
- 19 The Ministry of Health was provided the opportunity to provide feedback on the Surveillance and Testing Report. After review, the authors decided no changes were required.

Recommendations from the Report and Addendum

- 20 The Surveillance and Testing Report includes 13 recommendations. They cover: communication and engagement; accountability and mandate; process and planning; orders and marine border provisions; and emerging technologies and broadening testing methodologies.
- 21 Of the 13 recommendations, all have been responded to, and actions have either been implemented or are underway.
- 22 Cabinet recently considered advice on governance arrangements for New Zealand's response to COVID-19 which responds to recommendations 3, 5 and 9 of the Surveillance and Testing Report.
- 23 The Contact Tracing Addendum includes 15 recommendations. They cover: capacity, resurgence planning, communication and engagement, funding, evolution of a '21st century' response to an outbreak (use of emerging technologies and integration of tools), and equity.

Common recommendations across the Report and Addendum

Communication and engagement - Recommendations 1, 11 and 13 in the Surveillance and Testing Report and 6, 7 and 8 in the Contact Tracing Addendum

- 24 There are three recommendations in each document on communications and engagement. They focus on clear and consistent public messaging, communications between the Ministry and the PHUs, and more deliberate engagement with Māori and Pacifica communities.
- 25 The Ministry of Health acknowledges that communications and guidance to the sector on asymptomatic testing and the use of the Higher Index of Suspicion through June and July was not as clear as it should have been. Since then they have worked hard to produce a pattern of regular testing guidance updates and consistent advice to health professionals. The standard message to health professionals on testing is '...continue to encourage all

patients presenting to primary or secondary care with symptoms consistent with COVID-19 to be tested, regardless of whether they meet the HIS criteria or not. This advice applies to people living everywhere in New Zealand.'

- 26 These core messages are also reflected through the Ministry of Health's revised Surveillance Strategy, Testing Plan and Testing Guidance documents, and will be supplemented with additional advice as when needed.
- 27 The revised COVID-19 Surveillance Strategy and COVID-19 Testing Plan was considered by Cabinet Business Committee on 9 December and will be released shortly.
- 28 Community engagement on the design and delivery of ongoing surveillance is the role of the district health boards. It is a role they have been fulfilling since the outbreak began. Currently, the internal Ministry Māori Health and Pacifica Health teams are part of the development of central strategies and documents, and Tumu Whakarae, the network of DHB Māori GPs, is actively involved in the design of surveillance and testing regimes at a local level.

Use of emerging technologies and integration of tools - Recommendation 12 in the Surveillance and Testing Report and recommendations 12 and 13 in the Contact Tracing Addendum

- 29 These recommendations focus on pursuing the integration of tools that are available and suggest having a technology lead proactively interacting in real time.
- 30 The National Investigation and Tracing Centre is progressively enhancing the National Contact Tracing Solution (NCTS) to meet the evolving needs of the COVID-19 response and recovery as well as learnings from each outbreak.
- 31 As a result, the NCTS has been extended to assist with the management of people crossing New Zealand's borders and through the managed isolation and quarantine facilities (MIQFs). The name given to the collection of health-related functions that make up New Zealand's COVID-19 border control is Border Net.
- 32 It comprises a number of technology systems and services. For example, it comprises the National Border System (NBS), which tracks people arriving by air and sea, and their completion of a set of health checks to make sure they do not have COVID-19 when they leave a MIQF.
- 33 It also includes the Border Worker Testing Register to ensure people working at the border are regularly tested for COVID-19. This system gives employers the ability to track the testing status of their employees, while maintaining the privacy of the employee. This is currently being rolled out to our MIQFs and as well as airports and ports. Currently 17 employers with a total of 832 employees, are using the worker register. The Ministry, in partnership with MBIE, is running regular demonstrations of the worker register and onboarding to border employers.
- 34 A new addition to the Border Net ecosystem of technology systems and services is the Border Clinical Management System. It replaces the different systems currently being used by our MIQFs with roll out expected to be completed by April 2021. The benefits include the ability for guests to move

between MIQF facilities (for example, if they test positive for COVID-19 and need to move to a quarantine facility) and for their health information to follow them.

- 35 The COVID-19 vaccine solution will leverage a number of the technology systems that the Ministry has implemented for contact tracing, border, surveillance and testing.
- 36 The Ministry continues to rapidly develop technology solutions to support many parts of the COVID-19 response and recovery, including contact tracing, surveillance and testing.

The Surveillance and Testing Report

Accountability and mandate - Recommendations 2, 4, and 6

- 37 There are three health-related recommendations in the Surveillance and Testing Report on accountability and mandate. They focus on devolving some of the responsibility for decision making, monitoring of standards and accountability from the Ministry to the AoG unit, other agencies, DHBs and employers.
- 38 I agree there is need for accountability at all levels. As part of a wider paper on institutional and governance arrangements I considered how our response to COVID-19 was structured across agencies to support key objectives including a strong public health response. In that paper I proposed, and it was agreed, that the Ministry of Health continues to be the best agency to manage surveillance and testing as part of the public health response to COVID-19 [CBC-20-MIN-0095 refers].
- 39 A COVID-19 Response Unit, set up in DPMC, will provide strategic leadership and central coordination of the overall response [CBC-20-MIN-0100 refers]. A Border Executive Board will also be established under the Public Service Act 2020 to oversee the end-to-end management of borders, including links to Managed Isolation and Quarantine [CBC-20-MIN-0099 refers].
- 40 The Ministry of Health, the COVID-19 Response Unit and the Border Executive Board are responsible for their role in the response to me as Minister for COVID-19 Response.
- 41 The Ministry of Health also continues to work with DHBs and PHUs on operational implementation of surveillance and testing regimes. Local knowledge from the DHBs and PHUs is of utmost important for understanding the best locations for testing sites and how to reach any affected communities. We know that standard access points (Community Testing Clinics, Accident and Emergency Clinics, General Practices, and soon pharmacies) continue to be an important link into the community and are a key part of our wider national surveillance.

Orders and Marine Border Provisions – Recommendations 7 and 8

- 42 Recommendation 8 in the Surveillance and Testing Report suggests that marine border testing provisions be extended outside of just the Ports of Auckland and Tauranga. I can confirm this recommendation was actioned

prior to the receipt of the Report through the Phase Two Testing Border Order, which was gazetted on 11 September 2020.

- 43 Further to this, the *COVID-19 Public Health Response (Required Testing) Amendment Order (No 3) 2020*, which came into effect on 25 November 2020, was managed with extensive consultation and engagement from across the sector and border agencies and employers. This Order extended the testing requirements to new groups of workers, increase testing frequency for some higher-risk workers, and introduce new duties on workers and Persons Conducting a Business or Undertaking (PCBUs).
- 44 Recommendation 7 suggests the regularisation of the orders process. In order to standardise the Order process, the Ministry of Health has undertaken a rapid review of the process which includes feedback from my office. Dedicated resource has been committed to implement the outcomes of the review.

Process and planning - Recommendation 10

- 45 Recommendation 10 suggested that an updated surveillance and testing plan be developed and have a focus on forward workforce planning.
- 46 An updated Surveillance Strategy, Testing Plan and Testing Guidance was noted by the Cabinet Business Committee on 9 December and will be published shortly thereafter. This cohesive suite of documents was developed with input from a broad range of technical and public health experts.
- 47 The purpose of the Surveillance Strategy is to provide overarching guidance to the sector while remaining flexible to accommodate new learnings and situations. Within that framework, the Ministry has demonstrated that it will take more targeted testing when required, for example, the additional surveillance undertaken during the November quarantine outbreak.

Broadening testing methodologies - Recommendation 12

- 48 Recommendation 12 in the Surveillance and Testing Report is that we broaden the range of testing methodologies, specifically to introduce saliva testing.
- 49 In the New Zealand context, test sensitivity is significant as missing a possible infectious person through not identifying the virus could result in a significant outbreak. This context is significant in understanding why we do not always immediately adopt testing methods that are implemented in other countries that have high rates of infection.
- 50 The Ministry and ESR are continuing to work as quickly as possible on validating a saliva sampling method as an alternative to the nasopharyngeal swabbing method. There is still a significant amount of work to validate this as a reliable alternative, including understanding the sensitivity of the saliva samples compared to nasopharyngeal swabs across the different laboratory platforms. I have asked that this work continue as fast as possible. Currently the advice is that the earliest that this would be available for use is quarter two of 2021.

- 51 I am very aware of the imposition on border and MIQ staff having regular nasopharyngeal swabs. In late October I announced an alternative using a throat and nasal swab method for border workers who are required to undertake regular testing.
- 52 I have directed officials to provide me with regular updates on emerging technologies, both on testing and other areas, and will continue to update Cabinet as appropriate.

The Contact Tracing Addendum

- 53 The NITC produces data reporting on the COVID-19 Disease Indicator metrics (Indicators). These indicators provide an end-to-end view of the public health response to COVID-19, including metrics on timeliness and outcomes of public health interventions like contact tracing.
- 54 Since 1 September 2020, the NITC has produced and published four Indicator reports on the Ministry of Health's website.
- 55 The NITC, in consultation with Auckland Regional Public Health Service (ARPHS), is currently conducting a review into the contact tracing indicators. The review aims to bring visibility to each time component that sits within the P002 (time from case notification to contact isolation/quarantine) metric. A visualisation tool has been developed and the next step is to review exposure events with the relevant Public Health Units (PHUs) to identify areas where changes could be made to reduce delays and lead to quality improvement opportunities.

Capacity - Recommendations 1, 2 and 3

- 56 The three recommendations in the addendum focus on the requirement for higher contact tracing surge capacity, particularly in ARPHS.
- 57 In the document, the expectation that the contact tracing system has national capacity to manage up to 1,000 cases a day is noted as inconsistent with actual PHU capacity, particularly that of ARPHS, as evidenced by the August Auckland outbreak.
- 58 This outbreak affected the Pacific community who have a high level of community interaction and case and close contact complexity. Successful management of this outbreak required extensive use of ARPHS's contact tracing capacity, and demonstrated that PHU capacity is dependent on the nature of the outbreak, the location of the outbreak, the extent of community transmission and the time taken to identify cases and their close contacts.
- 59 The experience of the August Auckland outbreak has emphasised the value and need for early and comprehensive contact tracing activity. Our contact system has developed such that we can now respond more efficiently and effectively at the early stages of an outbreak. We continue to develop our national outbreak response team, as detailed in Appendix two, to support national surge capacity.
- 60 Key strategies that support the containment and elimination of outbreaks include the use of public messaging to support adherence for those in self-isolation as well as comprehensive wrap-around services are key

requirements to support the management of community cases, and have proven effective tools that we can continue to enhance. The use of Alert Levels, both nationally and regionally, has been an effective tool to contain community transmission. If this continues to be activated, it is less likely that New Zealand will have 1,000 new cases per day.

- 61 The Ministry also continues to work closely with ARPHS and other PHUs to understand capacity requirements for smaller outbreaks. In the smaller November outbreaks, PHUs outside of Auckland rostered senior staff on to support the efforts of ARPHS to contain the outbreak. This initiative both allows ARPHS staff to rest and upskills the incoming staff from other regions.
- 62 A national delegation model has also been established and tested which enables the safe delegation of case investigation and contact tracing work between PHUs and the National Investigation and Tracing Centre. In addition, a national outbreak response group has been formed to support capacity for any summer resurgence activity.
- 63 To assist in managing workload in the PHUs, and particularly ARPHS, after each outbreak or complex incident in the MIQFs (such as the outbreak amongst the international mariners cohort) the Ministry continues to refine, enhance and streamline reporting. They have worked with ARPHS and my office on a system of standardised reporting that is scaled up and down depending on urgency. In July this year, the Ministry of Health brought in Dr Don Matheson as a Deputy Director-General to assist in the development of a strong national public health service, as a key next step in strengthening our response to COVID-19 and wider public health issues.

Resurgence planning - Recommendations 4 and 5

- 64 Two recommendations focus on continuing a programme of stress testing, involving a variety of scenarios to test preparedness and response. Each small outbreak has provided an opportunity to stress test the contact tracing system. Planning for a full stress test is complete, but the rollout has been paused while teams have been dealing with the small outbreaks in November. The full stress test is planned for early in 2021.
- 65 The Ministry of Health continues to develop the suite of Standard Operating Procedures for response management in a resurgence. As each new case-identification scenario is identified, such as a case in an apartment block, a SOP is developed by the local PHU. The Ministry works to ensure the local SOPs are able to be adopted nationally.
- 66 Resurgence planning has been a big focus for both the health sector and whole public service ahead of the upcoming high-risk summer holiday period. The Director-General of Health has written to DHBs seeking assurance regarding aspects of DHB readiness to manage any COVID-19 outbreaks during the upcoming summer holiday period. Based on the responses received to date and work at the centre to develop a team to support PHUs and DHBs if needed, the Director-General is confident that there is surge capacity to respond to any outbreaks of COVID-19.

- 67 Table-top scenario planning sessions have taken place, including with Tairāwhiti DHB who host the Rhythm and Vines festival attended by around 23,000 young people over the new year period.
- 68 Further detail on resurgence planning and planning for the summer holiday period was considered by Cabinet Business Committee on 9 December. The Ministry of Health had significant input into this work.

Funding - Recommendations 9, 10 and 11

- 69 These recommendations focus on the need for a sustainable funding model.
- 70 To enable PHUs to respond to the COVID-19 pandemic, one-off funding of \$30 million was allocated, via two separate tranches of \$15 million in March 2020 and October 2020, to support PHU capacity and capability around contact tracing and preparedness for 2019/20 and 2020/21.
- 71 On 2 December 2020, Cabinet Business Committee agreed to an additional \$1,134.046 million over 2020/2021 and 2021/2022 to support the ongoing health system response to COVID-19. \$225 million of that funding is to support DHB capacity to respond to COVID-19, which includes supporting PHUs [CBC-20-MIN-0101 refers].
- 72 Ongoing funding to support the wider sustainability of PHUs, outside of COVID-19, is to be considered as a Budget 21 cost pressure.
- 73 Longer term sustainability of New Zealand's public health capacity is being considered as part of the Health and Disability System Review.

Equity - Recommendations 14 and 15

- 74 The two recommendations focus on engagement with Māori and Pacific communities around the dedicated facility for positive cases and their families, and outbreak management capacity.
- 75 The Ministry has a targeted focus on equity as part of PHU capacity building to ensure local solutions that support local communities.
- 76 The Pae Ora model has been developed as a pilot within ARPHS since the March outbreak, and Māori staff within the PHU have been involved in scoping case investigation for Māori cases.
- 77 Pacific finder services were strengthened during the August outbreak, and enabled access to alternative contact details for Pacific close contacts.
- 78 The Ministry is also enhancing third party provider capability by increasing diversity of workforce, and matching callers with ethnicity of close contacts when known.

Next steps

- 79 The Ministry's new COVID-19 Response directorate provides an end-to-end approach to operationalising the health response to COVID-19. It is partially resourced from seconded staff from across government and the health sector to ensure with cross-government alignment and collaboration. Cabinet

recently agreed to continue to expand the capacity of this unit in order to sustain effective response management and readiness overall.

- 80 The commitment to New Zealand's elimination strategy, will continue to shape the COVID-19 Response directorate's work programme. Examples of this include the development and delivery of the vaccine strategy, executing the testing and surveillance strategy, and strengthening the public health activity related to contact tracing and other parts of New Zealand's COVID-19 response.

Financial Implications

- 81 This Cabinet paper has no financial implications.

Legislative Implications

- 82 This Cabinet paper has no legislative implications.

Impact Analysis

Human Rights

- 83 This Cabinet paper has no Human Rights implications.

Consultation

- 84 The Ministry of Health has consulted with the Department of the Prime Minister and Cabinet, the COVID-19 All of Government Unit, the Public Service Commission, and the Treasury on this paper.

Communications

- 85 I intend to release this Cabinet paper and reports shortly after Cabinet approval in December 2020.

Proactive Release

- 86 We intend to release this Cabinet paper within 30 working days, with redactions as appropriate under the Official Information Act 1982.

Recommendations

The Minister for COVID-19 Response recommends that Cabinet:

- 1 **Note** the receipt of '*Report of Advisory Committee to Oversee the Implementation of the New Zealand COVID-19 Surveillance Plan and Testing Strategy*' (the Surveillance and Testing Report).
- 2 **Note** the receipt of the '*Roche and Hill report on Contact Tracing – Auckland August Outbreak*' (the Contact Tracing addendum).

- 3 **Note** 13 recommendations were made in the Surveillance and Testing report, covering: communication and engagement; accountability and mandate; process and planning; orders and marine border provisions; and emerging technologies and broadening testing methodologies.
- 4 **Note** 15 recommendations were made in the Contact Tracing addendum, covering: capacity, resurgence planning, communication and engagement, funding, evolution of a '21st century' response to an outbreak (use of emerging technologies and integration of tools), and equity.
- 5 **Note** progress against the health-related recommendations, outlined in Appendix One and Two
- 6 **Note** that recommendations 3,5 and 9 in the Surveillance and Testing report relate to wider cross-agency governance arrangements and were addressed in a paper to Cabinet Business Committee on 2 December 2020 [CBC-2-MIN-0095 refers]
- 7 **Note** the '*Report of Advisory Committee to Oversee the Implementation of the New Zealand COVID-19 Surveillance Plan and Testing Strategy*' is planned for public release shortly after Cabinet approval in December 2020.
- 8 **Note** the '*Roche and Hill report on Contact Tracing – Auckland August Outbreak*' is planned for public release shortly after Cabinet approval in December 2020.

Authorised for lodgement

Hon Chris Hipkins

Minister for COVID-19 Response

Appendix One: Recommendations and Actions – Surveillance and Testing Report

Recommendations	Agency response
<p>1. There needs to be more consistent use of language in Ministry of Health documentation on COVID-19 surveillance and testing, with new versions of documents being more clearly identified so changes can be easily tracked. There should always be a current complete set of documentation easily available on the Ministry website.</p>	<p>Complete (with continuous improvement)</p> <p>The Ministry of Health has revised its surveillance and testing strategies, plans and guidance so they form a coherent 'package' of guidance to the sector. The updated Ministry of Health Surveillance Strategy, Testing Plan and Testing Guidance is with Ministers for noting prior to publishing.</p> <p>National guidance on surveillance and testing will need to adapt and change depending on the circumstances and context of the COVID-19 response. The Ministry has developed a process to clearly communicate this to the sector in as timely a manner as possible.</p>
<p>2. Accountability lines should be clarified and be more explicit. While the Ministry of Health should clearly continue to be the Lead agency in determining policy positioning and the setting of standards which need to be met with regard to all surveillance and testing strategies, other agencies and stakeholders should be given accountability, particularly in relation to designing and implementing operational elements.</p>	<p>Underway</p> <p>On 2 December 2020, Cabinet Business Committee agreed to a consolidated set of arrangements for supporting the COVID-19 response including:</p> <ul style="list-style-type: none"> • Strategic leadership and central coordination of overall response to be led by a COVID-19 Response Unit established as a business unit in DPMC • Management of the public health response to be led by the Ministry of Health including surveillance and testing and public health advice • End-to-end management of borders led by a Border Executive Board
<p>3. The All of Government Unit should be renamed the COVID Planning and Coordination Directorate. The Director should report formally to the Chief Executive of DPMC but also have a direct reporting line to a designated Minister.</p> <p>The Directorate should be mandated to work across government agencies to ensure the overall forward plan is brought together cohesively and in a way which allows for rapid and seamless deployment.</p>	<p>Underway</p> <p>As stated under Recommendation 2</p>

<p>4. Accountability for meeting standards set for service delivery or meeting testing coverage targets should be devolved to the appropriate agency, employer or business owner most directly impacted and should be monitored by the CPCD.</p>	<p>Underway</p> <p>The COVID-19 Response Unit, agreed to by Cabinet Business Committee on 2 December, has a role to coordinate data and insights and disseminate these across the system. The Border Executive Board also has accountability for ensuring there are no gaps in the processes at the border. These new arrangements will provide an additional level of assurance alongside the DHB accountability and Ministry of Health monitoring arrangements for testing.</p> <p>DHBs are accountable for meeting testing coverage and targets set by the Ministry of Health. The Ministry actively monitors testing coverage rates as a core component of disease control surveillance. Weekly, or more regularly as required, the Ministry engages with DHBs on testing strategies for the 2-4 weeks ahead.</p> <p>Employers and business owners of border workers are supported to provide detailed briefings and oversight of health elements such as IPC requirements. The Ministry conducts regular audits of all MIQ/F facilities.</p>
<p>5. In order to ensure that economic and social concerns are properly incorporated into policy advice, all Cabinet papers from individual departments, should contain an explicit comment from the CPCD. This should not replace the need for agencies to be better connected in the development of advice but would provide an additional check in the process.</p>	<p>Underway</p> <p>The COVID-19 Response Unit has a role to ensure the impact of policies across all portfolios consider the impacts on response activities and resurgence risks and support all agencies to be connected in the development of advice.</p> <p>There is currently a group of Chief Executives under the Public Service Leadership Team, COVID-19 Coordination and Information Arrangement, who represent sector clusters of agencies and provide a forum to make connections across the economic, social and health factors of agency advice.</p>
<p>6. In particular as these regimes will need to operate over a significant period of time, employers should be given explicit accountability for implementing monitoring and reporting on testing regimes as they affect their own staff.</p>	<p>Complete</p> <p>The COVID-19 Response Unit has a role to coordinate data and insights and disseminate these across the system. The Border Executive Board also has accountability for ensuring there are no gaps in the processes at the border. The Ministry of Health monitors the overall testing rates across the country as mentioned under recommendation 4.</p> <p>At the employer level, Border Order No. 3 went live on 25 November and mandated expectations for employers to monitor and support testing of their staff.</p> <p>A system for employers to track the testing status of their employees without breaching privacy is now available for any employer who requires it.</p>

<p>7. The process for issuing ongoing Orders under the COVID-19 Public Health Response Act should be regularised. Orders should in general be at a higher level focusing on the public health objective to be achieved and providing room for those giving effect to the orders to design and implement processes to meet agreed and accredited standards.</p>	<p>Underway – for completion by end of December 2020</p> <p>The Ministry of Health is establishing, where appropriate, a standardised process for issuing ongoing Orders under the COVID-19 Public Health Response Act.</p> <p>A rapid review of the process is currently taking place and includes feedback from the Office of the Minister for COVID-19 Response. Dedicated resource has been committed to implement the outcomes of the review.</p> <p>It is important to note that there will be times an Order is required to be produced under urgency in which case standardised processes may need to be adapted to meet the specific circumstances of the issue/event they relate to.</p>
<p>8. Priority should be given to ensuring marine border provisions are applied across the country rather than just at two ports.</p>	<p>Complete</p> <p>Expansion of mandatory regular testing to all ports was gazetted on 11 September and took effect on 14 September as part of the Phase Two Testing Border Order.</p>
<p>9. Work should focus immediately on preparing a comprehensive, but concise forward plan which sets out the range of options likely to be facing the country in the next few years with opportunity for public and stakeholder discussion before adoption.</p>	<p>Underway</p> <p>The COVID-19 Response Unit has a mandate to work across government to lead and coordinate the response, including readiness planning.</p> <p>This work can draw on the scenario planning that is already occurring under the Safe Travel Zone programme and the work from the Ministry of Health to review the Elimination Strategy which has already included extensive consultation with public health experts and other agencies.</p>
<p>10. This plan should include an updated surveillance and testing plan which has benefitted from the input of a broader range of public health expertise and should also address forward workforce planning.</p>	<p>Complete</p> <p>The updated Ministry of Health Surveillance Strategy, Testing Plan and Testing Guidance is with Ministers for noting prior to publishing. Like previous iterations, this cohesive suite of documents has been developed with input from a broad range of public health experts. Forward workforce planning is a consideration in all strategic planning documents.</p>
<p>11. The testing plans should have clear and consistent messages for the public so that the basic strategy does not change over time. The core message should be that anyone with symptoms should have a test, then additional messages aimed at particular population groups may change over time.</p>	<p>Complete</p> <p>The clear and consistent advice to the public across both the All of Government - Unite Against COVID-19 website and the Ministry of Health information is that anyone who has symptoms should 'call Healthline or your doctor immediately'. Healthline provides further information on where to get a test and how to keep others around you safe while you wait for a result.</p> <p>The advice to health professionals is '...continue to encourage all patients presenting to primary or secondary care with symptoms consistent with COVID-19 to be</p>

	<p>tested, regardless of whether they meet the HIS criteria or not. This advice applies to people living everywhere in New Zealand.'</p> <p>These core messages are also reflected through the Ministry of Health's revised Surveillance Strategy, Testing Plan and Testing Guidance documents, and will be supplemented with additional advice as when needed.</p>
<p>12. Priority should be given to broadening the range of testing methodologies employed. In particular saliva testing as a complementary methodology should be introduced as soon as possible to increase acceptability of testing across workforces and the community. Every effort should be made to steadily reduce the turnaround time for delivering test results so that regular testing becomes more effective.</p>	<p>Underway</p> <p>The current context in New Zealand, with very few or no cases, means that currently saliva testing is not yet part of the suite of tests recommended for deployment by the Ministry's public health experts. The more sensitive nasopharyngeal swabbing method is still advised as the most appropriate test for most cases. However, testing options and the science behind different options remains under active consideration against the specific context, real-time situation and risks of New Zealand's COVID-19 response.</p> <p>In line with this strategy, in October the Ministry announced an alternative using a throat and nasal swab method for border workers.</p> <p>In the New Zealand context, the sensitivity issue is significant because missing a possible infectious person through a test not picking up the virus could result in a significant outbreak. This context is significant in understanding why we can't always immediately adopt testing processes that are implemented in other countries.</p> <p>The Ministry continues to work with ESR on validating a saliva sampling method as an alternative to the nasopharyngeal swabbing method. Currently the advice is that the earliest that this would be available for use is early 2021.</p>
<p>13. The importance of community engagement in the design and delivery of ongoing surveillance should be emphasised especially amongst Māori and Pacific communities and wherever possible DHBs should be given the flexibility to design and implement surveillance and testing regimes and be held accountable for their delivery.</p>	<p>Underway (with continuous improvement)</p> <p>Community engagement, via DHBs, is vital in the design and delivery of surveillance and testing. The internal Ministry of Health Māori health and Pacifica health teams are part of the development of all strategies and documents, and Tumu Whakarae, the network of DHB Māori GMs, are actively involved in the design of surveillance and testing regimes at a local level.</p>

Appendix Two: Recommendations and Actions – Contact Tracing Addendum

Recommendations	Agency Response
<i>Capacity</i>	
<ol style="list-style-type: none"> 1. Higher surge capacity is required, particularly in ARPHS. 2. We should be clear on what New Zealand's capacity is expected to be and then act accordingly. 3. Work needs to be done to achieve a common understanding within the system as to what the actual capacity is within the system and the time frames and requirements for it to be deployed as part of any surge capacity 	<p>Underway</p> <p><i>Current capacity</i></p> <ul style="list-style-type: none"> • In its current state, it is expected that PHUs collectively have capacity to manage up to 350 new cases per day with the ability to surge to an additional 150 cases per day within 3 – 4 days if required. • This estimate is based on a series of assumptions, including the number of close contacts per case, the level of complexity of cases, local policy settings and the availability of a wider workforce (predominantly from DHBs). <p><i>National Delegation Framework</i></p> <ul style="list-style-type: none"> • A national delegation framework has been established and was tested during the August Auckland cluster. • This enables the safe delegation of work between PHUs and NITC thereby allowing those PHU managing outbreaks to focus on the high value work. • This has additional benefits in giving PHUs across the country experience in managing COVID cases and contacts. <p><i>National Outbreak Response Team</i></p> <ul style="list-style-type: none"> • To further support outbreaks, we have worked with PHUs to develop a proposal for a national outbreak response team which would draw on a multi-disciplinary workforce across PHUs to support local regions. • The intent is that we look at capacity across the system, rather than local regions to make use of PHU expertise and finite resources. This is enabled through the NCTS. • Roster of ~40-person team on call at any point in time over summer drawn from all PHUs • Deployable to outbreaks across New Zealand within 24-48 hours • Mix of physical and virtual deployment • DHBs have been asked to provide assurance that their PHUs have 2/3 of their ready capacity available over the summer period with the ability to surge their workforces in the event of a significant outbreak.

Resurgence Planning

4. A programme of stress testing should continue and involve a variety of scenarios such as a church event, a residential apartment block of community event. The diversity of the scenarios should be designed to test preparedness and response.

5. A list should be prepared of scenarios and associated plans available.

Underway

Resurgence Planning

- A stress test will be undertaken in the first quarter of 2021, and development of expanded scenario-based exercises is scheduled for early 2021.
- The Director-General of Health has written to DHBs seeking assurance regarding 5 key aspects of DHB readiness to manage any COVID-19 outbreaks during the upcoming summer holiday period.
- The Ministry has codified IMT setup responsibilities in the Ministry's resurgence plan, and revised Standard Operating Procedures were in place at the end of November 2020
- A table-top stress testing exercise with the Ministry's refreshed resurgence plan will be completed in December 2020
- A programme of work is underway to streamline exemption processes, and agreements are in place with other agencies e.g. MBIE to pick up responsibilities.

Case investigation

- A case investigation exercise will be conducted prior to the summer holidays for the Ministry of Health's investigation capacity.
- The call script and training material will be modified (if required) and we will have a better idea around how long it takes a new case investigator to conduct an interview and record it in the system.
- Case investigation refresher training is scheduled to occur before Christmas for staff that have indicated they will be available if required to stand up over the Christmas/New Year period.

Contact Tracing

- The National Outbreak Response Team is being established and will have a roster of ~40 people on call at any point in time over summer by 24 December 2020. This outbreak response team can be deployed anywhere in the country. This will provide a significant workforce that can be deployed to respond to an outbreak (a mix of physical and virtual deployment).
- The NITC has undertaken a readiness assessment of PHU and will be visiting four PHUs before 18 December to provide support and NCTS training which will provide assurance of their ability to respond to outbreaks.
- Existing rotation of non-Auckland PHU staff through ARPHS will be expanded into 2021.

Communication and Engagement

<p>6. Communications between the Ministry and the PHUs around outbreak management should continue to be optimised which reinforces the previous recommendations around accountabilities and decision rights.</p> <p>7. Limiting the number of key people in the Ministry that are in direct communication with the public health unit is advisable.</p> <p>8. Undertake a process to agree on all aspects of communication around a future outbreak before an outbreak occurs.</p>	<p>Underway</p> <ul style="list-style-type: none"> • The NCTS is fully operational and provides operational support to all PHUs and enables the ability to work nationally if required. • Targeted operational advice has been provided to PHUs on the management contact who attend mass gatherings and or are away from their homes • The Ministry is continuing to better define roles, responsibilities and communication channels between Ministers' offices and the Ministry
<p>Funding</p>	
<p>9. There is an opportunity to build the foundations for an improved public health capacity for NZ overall. An integrated plan for expansion that involves all aspects, including space, support systems and human resource, along with how the capacity will be deployed between COVID outbreaks would be ideal.</p> <p>10. There is a strong need for a sustainable funding model that addresses both historical funding issues and the additional</p>	<p>Underway</p> <ul style="list-style-type: none"> • Existing rotation of non-Auckland PHU staff through ARPHS will be expanded into 2021. • To enable PHUs to respond to the COVID-19 pandemic, one-off funding of \$30 million was allocated, via two separate tranches of \$15 million per tranche in March 2020 and October 2020 respectively, to support PHU capacity and capability around contact tracing and preparedness for 2019/20 and 2020/21. • In addition, one-off funding of \$3.5 million has been provided to enable PHUs to continue providing critical population and public health services in 2020/21, including continuing to support the COVID-19 response – this funding is charged against the COVID-19 Response and Recovery Fund. • ARPHS's funding allocation is set out below: <ul style="list-style-type: none"> ○ Tranche 1 one-off COVID-19: \$5.12 million for 2019/20 ○ Tranche 2 one-off COVID-19: \$5.12 million for 2020/21 ○ Additional one-off funding for critical public and population health services, including COVID-19 for 2020/21: \$1.07 million. • The Ministry is looking to advocate for additional sustainable funding for PHUs to enable PHUs to continue to respond to

<p>pressures from COVID -19 needs to be considered by Minister's as a matter of priority.</p> <p>11. A case should be made as soon as practicable to support the additional resources and to ensure that it receives the appropriate level of attention and support within the Government budgetary system.</p>	<p>COVID-19 and any public health challenges/emergencies in the future.</p>
<p><i>Evolution of a '21st century' response to an outbreak</i></p>	
<p>12. It would be useful to actively pursue integration of all tools that are available.</p> <p>13. It would be useful to have a lead technology person proactively interacting in real time on the ground.</p>	<p>Underway</p> <ul style="list-style-type: none"> • The NITC is progressively enhancing the national contact tracing system based on every outbreaks learnings. • Geospatial tools are in development that can support our response to an outbreak. • The Ministry will continue to consult with ARPHS around learnings from the August Auckland outbreak.
<p><i>Equity</i></p>	
<p>14. Stronger Māori outbreak management capacity, available on a national scale.</p> <p>15. Engagement with Māori and Pacific communities around the dedicated facility for positive cases and their families.</p>	<p>Underway</p> <ul style="list-style-type: none"> • The Ministry will ensure Pasifika and Māori representation is a feature of all responses. The Ministry's COVID-19 Health System Response Directorate is building an equity implementation plan and associated communications plan. • Targeted focus on equity as part of PHU capacity building to ensure local solutions that support local communities: <ul style="list-style-type: none"> ○ Pae ora model developed as a pilot within ARPHS since the March outbreak. Māori staff within the PHU involved in scoping case investigation for Māori cases. ○ Enhancing 3rd party provider capability - increase diversity of workforce, matching callers with ethnicity of close contacts (when known). ○ Pacific finder services - enhanced during August outbreak, enabled access to alternative contact details for Pacific close contacts. Since this outbreak, we have developed a module within the IT system to enable secure transfer of information on close contacts with Pacific whanau ora commissioning agency.

	<ul style="list-style-type: none">• DHBs will receive additional funding to enhance local facilities and wraparound services for Māori and Pacific cases and close contacts.
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Proactively released



Cabinet

Minute of Decision

This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.

Progress Against the Review of Surveillance, Testing and Contact Tracing

Portfolio COVID-19 Response

On 14 December 2020, Cabinet:

- 1 **noted** the receipt of the *Report of Advisory Committee to Oversee the Implementation of the New Zealand COVID-19 Surveillance Plan and Testing Strategy* (the Surveillance and Testing report);
- 2 **noted** the receipt of the *Roche and Hill Report on Contact Tracing – Auckland August Outbreak* (the Contact Tracing addendum);
- 3 **noted** that 13 recommendations were made in the Surveillance and Testing report, covering communication and engagement, accountability and mandate, process and planning, orders and marine border provisions, and emerging technologies and broadening testing methodologies;
- 4 **noted** that 15 recommendations were made in the Contact Tracing addendum, covering capacity, resurgence planning, communication and engagement, funding, evolution of a '21st century' response to an outbreak (use of emerging technologies and integration of tools), and equity;
- 5 **noted** the progress against the health-related recommendations, as outlined in Appendices One and Two of the paper under CAB-20-SUB-0534;
- 6 **noted** that recommendations 3, 5 and 9 in the Surveillance and Testing report relate to wider cross-agency governance arrangements and were addressed in a separate paper to the Cabinet Business Committee on 2 December 2020 [CBC-20-MIN-0095];
- 7 **noted** that the Surveillance and Testing report is planned for public release shortly after Cabinet approval in December 2020;
- 8 **noted** that the Contact Tracing addendum is planned for public release shortly after Cabinet approval in December 2020.

Michael Webster
Secretary of the Cabinet

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