Recommendations and Actions – Surveillance and Testing Report

Recommendations	Agency response
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.	**Complete (with continuous improvement)** 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. 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.
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.	**Underway** On 2 December 2020, Cabinet Business Committee agreed to a consolidated set of arrangements for supporting the COVID-19 response including: • 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 if Health including surveillance and testing and public health advice • End-to-end management of borders led by a Border Executive Board
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. 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.	**Underway** As stated under Recommendation 2

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.	**Underway** 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. 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. 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.
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.	**Underway** 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. 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.
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.	**Complete** 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. 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. A system for employers to track the testing status of their employees without breaching privacy is now available for any employer who requires it.

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.	**Underway – for completion by end of December 2020** The Ministry of Health is establishing, where appropriate, a standardised process for issuing ongoing Orders under the COVID-19 Public Health Response Act. 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. 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.
8. Priority should be given to ensuring marine border provisions are applied across the country rather than just at two ports.	**Complete** 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.
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.	**Underway** The COVID-19 Response Unit has a mandate to work across government to lead and coordinate the response, including readiness planning. 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.
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.	**Complete** 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.
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.	**Complete** 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. 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

	tested, regardless of whether they meet the HIS criteria or not. This advice applies to people living everywhere in New Zealand.' 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.
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.	**Underway** 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. In line with this strategy, in October the Ministry announced an alternative using a throat and nasal swab method for border workers. 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. 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.
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.	**Underway (with continuous improvement)** 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.

Recommendations and Actions – Contact Tracing Addendum

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<tr><th>Recommendations</th><th>Agency Response</th></tr>
<tr><td colspan="2">Capacity</td></tr>
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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
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Underway
Current capacity
• 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).
• 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.
• 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 APRHS'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.
• 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.
National Delegation Framework
• 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.
National Outbreak Response Team
• 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.
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	• 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 on call team 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 people on call over summer. 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	
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. 7. Limiting the number of key people in the Ministry that are in direct communication with the public health unit is advisable. 8. Undertake a process to agree on all aspects of communication around a future outbreak before an outbreak occurs.	**Underway** • 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
Funding	
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,	**Underway** • 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

including space, support systems and human resource, along with how the capacity will be deployed between COVID outbreaks would be ideal.
 	
10. There is a strong need for a sustainable funding model that addresses both historical funding issues and the additional pressures from COVID -19 needs to be considered by Minister's as a matter of priority.
 	
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.
	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:
	  ○ 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.
	
	• 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.
	
	• The Government continues to look into options to ensure the sustainability of PHUs, including funding, to enable PHUs to continue to respond to COVID-19 and any public health challenges/emergencies in the future.

Evolution of a '21st century' response to an outbreak	
12. It would be useful to actively pursue integration of all tools that are available. 13. It would be useful to have a lead technology person proactively interacting in real time on the ground.	**Underway** • 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. • The NITC, in consultation with 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 PHUs to identify areas where changes could be made to reduce delays and lead to quality improvement opportunities.

Equity	
14. Stronger Māori outbreak management capacity, available on a national scale. 15. Engagement with Māori and Pacific communities around the dedicated facility for positive cases and their families.	**Underway** • 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: o 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. o Enhancing 3rd party provider capability - increase diversity of workforce, matching callers with ethnicity of close contacts (when known). o 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. • DHBs will receive additional funding to enhance local facilities and wraparound services for Māori and Pacific cases and close contacts.