

Health Report

Update on Contact Tracing Assurance Committee Report Release

Date due to MO: 26 August 2020 **Action required by:** 27 August 2020

Security level: IN CONFIDENCE **Health Report number:** 20201521

To: Hon Chris Hipkins, Minister of Health

Contact for telephone discussion

Name	Position	Telephone
Chrystal O'Connor	Manager, National Investigation and Tracing Centre	s 9(2)(a)
Sue Gordon	Deputy Chief Executive, COVID-19 Health System Response	s 9(2)(a)

Action for Private Secretaries

N/A

Date dispatched to MO:

Update on Contact Tracing Assurance Committee Report Release

Purpose of report

This report provides an update on progress regarding the key areas of focus of the Contact Tracing Assurance Committee's (the Committee) final report which is due to be publicly released on 27 August 2020.

Summary

- The Ministry provided a previous report (HR 20201210) on 22 July 2020 to support your receipt of the Committee's report.
- This report provides an update of progress made since July regarding the six key areas of focus as identified by the Committee.
- Since 22 July, there has been resurgence of COVID-19 cases in the community which has enabled the National Investigation and Tracing Centre (NITC) and Public Health Units (PHUs) to test the capability and national delegation framework to respond to a community outbreak.
- A COVID-19 Disease Indicator report has been developed for the timeframe of 11 August to 21 August 2020 (refer Appendix one). Overall the key indicators for this period look favourable.
- Also attached to this report for your consideration are the draft press release (Appendix two) and talking points (Appendix three).

Recommendations

We recommend you:

- a) **agree** to the proactive release of these documents on the Ministry of Health and COVID-19 websites **Yes/No**
- Contact Tracing Assurance Committee Final Report
 - HR 20201210
 - This health report (HR20201521)
 - COVID-19 Disease Indicator report


Sue Gordon
Deputy Chief Executive

COVID-19 Health System Response

Hon Chris Hipkins
Minister of Health

Date:

Update on Contact Tracing Assurance Committee Report Release

Background

1. Case investigation and contact tracing are fundamental public health tools for controlling infectious disease outbreaks and these remain a key focus of the Ministry.
2. Figure 1 outlines the case investigation and contact tracing pathway for COVID-19 at the border and in the community.

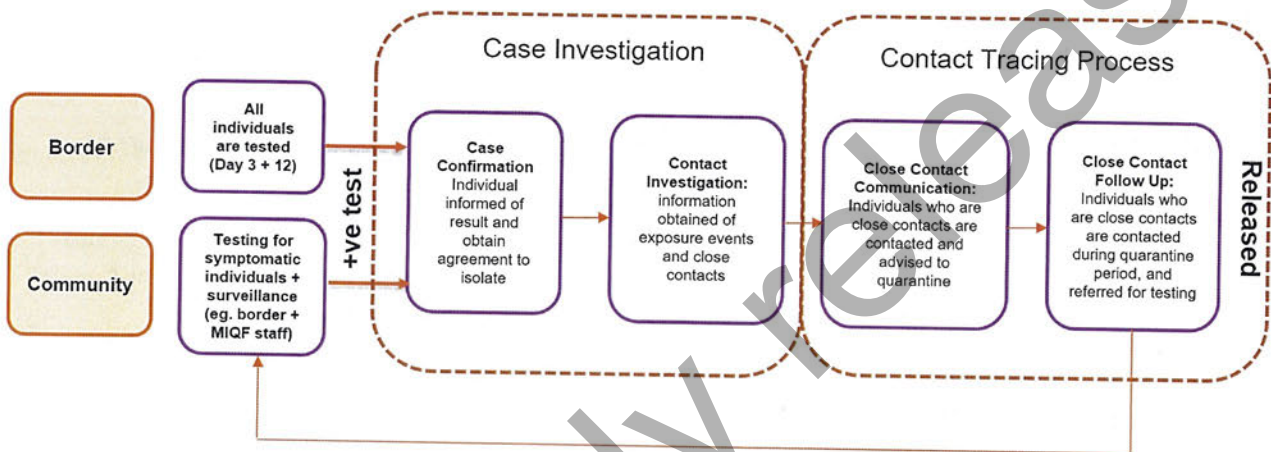


Figure 1: Case Investigation and Contact Tracing Processes

3. On 22 July 2020, the Contact Tracing Assurance Committee (the Committee), established under Section 11 of the New Zealand Health and Disability Act 2000, provided their final report to you.
4. In its report, the Committee identified six areas of focus that required urgent attention to provide assurance on the service's ability to successfully deploy and respond to a COVID-19 outbreak.
5. The six key areas of focus are:
 - i. scenario planning and stress testing of the system
 - ii. clarity of accountabilities and decision rights
 - iii. the role of technology to support contact tracing
 - iv. fit for purpose project structure
 - v. a very active cross-Government approach
 - vi. a whole of system view.
6. On 22 July, the Ministry provided a report (HR20201210) to you to support your receipt of the Committee's final report. It provided an overview of the actions taken and planned to address the Committee's key areas of focus.

7. HR20201210 is due to be proactively released and published on the COVID-19 website in mid-September 2020.
8. The Committee's report highlighted that the Ministry has implemented all recommendations from Dr Ayesha Verrall's independent rapid audit of contact tracing for COVID-19.
9. This report outlines the additional actions that have been undertaken since 22 July against each of these six key areas of focus and the progress made by the NITC and PHUs.
10. The National Investigation and Tracing Centre (NITC) had planned to complete readiness testing in August 2020 to assess the Ministry and Public Health Unit's capability to respond to COVID-19 outbreaks. This testing was deferred due to the community cases that were first identified on 11 August 2020.

COVID-19 Disease Indicator report

Report publication for 11 to 21 August 2020

11. In response to the recent and ongoing outbreak in Auckland, a summary report (refer Appendix one) that presents performance against the COVID-19 Disease Indicators has been developed based on Dr Ayesha Verrall's April 2020 recommendations. It covers the period from 11 August 2020, when notification of the first community case was received, to 21 August 2020. We recommend publishing this report at the same time as the Committee report is released. With subsequent updates to occur weekly on a seven day rolling average basis.
12. The indicators have been grouped into four focus areas:
 1. **System-level:** These indicators provide a view of the end-to-end collective actions of the wider health system response (indicators are prefixed with an S#).
 2. **Community-level:** This indicator focuses on community behaviours and the impact of communication, education and societal attitudes (indicator is prefixed with a C#).
 3. **Laboratory sector:** These indicators provide insight into the effectiveness of testing facilities and programmes (indicators are prefixed with an L#).
 4. **Public health sector:** These indicators provide a national overview of contact tracing as well as case and close contact management by PHUs and the NITC (indicators are prefixed with a P#).
13. Some of the indicators are significantly skewed due to different factors and performance is lower than the set target. The relevant caveats to explain these factors have been detailed in the summary report attached as Appendix one and will be updated for each subsequent report, as necessary.

Equity

14. The recent community cases have demonstrated the importance of providing appropriate support to communities who are at greater risk of being adversely impacted by COVID-19. The NITC, alongside the Pacific Health team, have engaged with the Whānau Ora Commissioning Agency and their providers to ensure that timely access to support can be provided for affected communities.

15. The District Health Board General Managers of Māori Health, Tumu Whakarae, in conjunction with the Ministry's Māori Health Directorate, have also been engaged to establish a single point of contact within each District Health Board, establishing a direct link between service providers and identified case and close contacts that require support to isolate safely.

Key areas of focus from the Committee's report

16. The following section provides an update on progress against the Committee's recommendations since July 2020; the Committee's recommendations are in the shaded blue boxes.

Scenario planning and stress-testing of the system

Scenario planning and stress-testing of the system along with a full risk register are required. Having a newly designed and implemented system is encouraging but until it has been stressed-tested and amended/modified as required there are ongoing risks of failure. Scenario planning and stress-testing were recommended by the Allen + Clarke report and the Committee (through discussions) in May. The Ministry is planning to undertake this exercise in late July and again in August.

In keeping with the need for a whole of system approach to COVID-19, contact tracing capacity should be seen and framed within the context of the overall management of an outbreak, should one occur. As such, scenario planning will need to include an integrated approach to the use of the tools available – including clear leadership and role allocation, strategic testing, regional alert level changes, travel restrictions to and from the affected region/city and contact tracing.

Scenario planning, stress-testing and the development of a risk register as outlined above are normal within response-type systems such as Fire and Emergency, Bio-Security and Police operations. A response to a COVID-19 outbreak has many of the same characteristics.

17. The NITC, along with the PHUs, had planned to undertake a contact tracing readiness test in August. The purpose of this test was to review and evaluate the timeliness, appropriateness and effectiveness of the service's existing capability and overall response.
18. The test was to be made up of two exercises; the first to test the case investigation capability of all twelve PHUs as well as the Ministry's investigation team, and the second to test the close contact communications process.
19. The Ministry engaged with the All of Government response in the development of the exercises and sought support to identify volunteers to act in the role of 'cases' and 'close contacts' to enable effective exercise simulation.
20. With the re-emergence of COVID-19 cases in the community on 11 August, the decision was made to defer the contact tracing readiness testing until a later date to allow the sector to respond to that outbreak.
21. During this recent outbreak, the NITC scaled its user base in line with the preparedness plan and has focused on providing additional user training across the system. Additional support was provided to the PHUs most heavily involved with the activity.

22. The response has required the delegation methodology within the NITC operational model to be exercised, where work is moved from a PHU experiencing load to another which has capacity available. This is facilitated by the National Contact Tracing Solution (NCTS) and the leadership and coordination function that the Ministry performs.
23. Work is ongoing with PHUs to identify priority enhancements to the technology solution to better support their pathways in addition to the agreed development work programme.
24. The form and requirement for any future evaluation will be re-visited once the current response activity has been completed and reviewed, as many of the aspects of simulation exercise have now been validated during the recent response. There is an opportunity to refine the future testing exercises to build upon the relevant learnings from the recent outbreak.

Clarity of accountabilities and decision rights

Clarity of accountabilities and decision rights within the three core interventions around border controls, testing and contact tracing require ongoing work. The operating environment is dynamic and the processes and associated accountabilities need to reflect that. Clarity on the command and control structure is critical. Recent events at the border have highlighted the need for clarity in this area.

Specifically with respect to an outbreak of COVID-19, it is important that the command and control structure and decision-making rights are transparent and understood by all those likely to be involved in a response. Management of a potentially fast-moving outbreak should be led by an appointed person with training in public health and outbreaks of infectious diseases who has the authority to act quickly using all the tools available, with the involvement and confidence of Cabinet and the Director-General of Health.

25. The Ministry agrees with the Committee's assessment of the need for clarity around roles and responsibilities; and that ensuring consistency across key public health and COVID-19 response interventions is important, particularly with respect to decision rights and accountabilities.
26. The Ministry is the lead agency for pandemic responses. These roles have clear accountabilities and responsibilities attached to them. Key people within the Ministry also have statutory responsibilities under various legislation, including the Director-General of Health and Director of Public Health.
27. Decision rights at the system level are complex and span multiple structures. This is unlikely to change in the near-term however at the outbreak response level, we have developed clear resurgence plans which provide ready-made structures with clear lines of accountability.
28. These structures are based on standard Coordinated Incident Management Structure (CIMS) methodology and provide a level of certainty about who is leading the response structure. The majority of people in senior roles (e.g. Controller) have extensive public health and outbreak experience; and CIMS training is offered to all staff working in the emergency response.

The role of technology to support contact tracing

The role of technology to support contact tracing is a fundamental enabler of a high quality and responsive system. Ongoing effort is required to simplify and make more useable the current App, together with clarifying the role of other technologies such as the Bluetooth Card and/or other improvements made by Google and Apple. Having readily accessible high-quality information is critical to success irrespective of its source. Making it easy for the public to record information is an ongoing task made more challenging by the lack of what many see as a lack of an imminent threat. The complacency which is currently evident makes this a critical and ongoing issue.

29. As part of ongoing enhancements to the NCTS, the latest release in August included integration with the NZ COVID Tracer App to provide the ability to pull QR scanned 'contact locations' from the App into the NCTS to support case investigation and creation of exposure events, standardisation of release decision questions for cases and close contacts and visibility of the border health record on the COVID case for returnees in a Managed Isolation or Quarantine facility.
30. Use of the NZ COVID Tracer app is continuing to grow. As at 25 August 2020 there has been 1,810,000 registrations for the NZ COVID Tracer app (around 45% of the adult population), 318,278 QR codes generated, and 118,945 businesses registered. For the past eight days up to 25 August 2020, daily scans have been in excess of one million (10,909,023 total scans over this period).
31. A range of activities have been undertaken to increase uptake and usage of the app, including through social media, direct communications and engagement, and promotion through the Unite Against COVID-19 brand via television and radio, digital and print advertising. Monthly upgrades of the app by consumers are ongoing.
32. The Ministry is planning to test the value of Apple and Google's Exposure Notification Framework (ENF) to contact tracing. Mobile apps based on the Apple-Google ENF are used in a number of apps by other countries, including Ireland's COVID Tracker. These apps are designed to work with both Apple and Android phones. Further work would be required to align this notification process with the current contact tracing processes.
33. A trial of the CovidCard is due to go ahead in Rotorua in September 2020 to assess how it performs in community settings with real-life scenarios, and its value for contact tracing. If proven of value to contact tracing, the CovidCard could be utilised as an additional technology option to support New Zealand's COVID-19 response.
34. The Government has confirmed that the CovidCard will also be piloted within one of our managed isolation facilities to see how effective it is at identifying interactions that could lead to the transmission of COVID-19; within a facility.

Fit for purpose project structure

Fit for purpose project structure and response is a critical success factor. The recently adopted structural change for overall responsibility of the COVID-19 response within the Ministry is encouraging. It is critical that the project structure and those who work within it provide the connectivity, support and leadership to respond to any outbreak. It is a very significant challenge that will require ongoing effort and modification as and when circumstances change, especially as the response moves beyond the exclusive domain of the Ministry of Health.

35. The Ministry agrees with the Committee's observations in this and we welcome the positive comments about the direction of travel internally within the Ministry. We see this change as achieving two separate but related objectives:
 - a. providing the infrastructure to stand up and maintain incident management responses to COVID-19 outbreaks that flexes up and down depending on outbreak requirements
 - b. providing the architecture to deliver a medium-term strategic health system response to COVID-19 over the next 12 to 24 months outside of emergency management responses, ie the enduring work we need to do to manage COVID-19 over a potentially extended period of time.
36. On the first point, our resurgence planning structures provided a useful starting point for identifying key CIMS roles to be filled, and we are using staffing rotations / shifts to ensure we have strength in depth and coverage across the Ministry. This approach also provides us with an opportunity to train and induct a broad range of staff across the Ministry in emergency responses, which helps provide sustainability.
37. On the latter point, we are close to finalising a new structure that creates a dedicated COVID-19 Health System Response Directorate for the medium-term which will be responsible for delivering the broader health system response to COVID-19. We agree that this directorate needs to be fully integrated with the wider Ministry and All-of-Government response structures.
38. The nature of COVID-19 in New Zealand means that no one single directorate within the Ministry is responsible for the entirety of the delivery of the elimination strategy, but the key role it will play is to ensure all parts of the system are connected. The new COVID-19 Health System Response Directorate structure gives effect to this in a number of ways, for example the creation of back-office planning and programme management roles that are designed to work across the whole and ensure integration.

A very active cross-Government approach

A very active cross-Government approach will be required to achieve success and to ensure that the Ministry can retain the confidence and understanding of others within the Government response. There would be merit in continuing to review where the response is best placed within the Public Sector to ensure the success of any response that arises.

39. The Ministry agrees with the Committee that all-of-government support and cooperation is required to deliver a successful COVID-19 response.

40. More broadly, the Ministry is the lead agency for public health and pandemic responses and the supporting legislation confers statutory powers to the Director-General of Health, the Director of Public Health and other actors in the health and disability system (including Medical Officers of Health, who are delegated certain functions and powers such as the power to quarantine / isolate unwell people).
41. The exercise of these powers already sits within the broader all-of-government response framework and we work closely with other parts of the Public Service to deliver the elimination strategy. We have appointed all-of-government liaison roles within the new directorate as well as nominated all-of-government connector roles within the Incident Management Team responsible for responding to outbreaks. Integration with other agencies will continue to be a focus for the COVID-19 response. Several key functions in the current outbreak draw from across the public sector e.g. exemptions processing.

A whole of system view

A whole of system view must continue to be taken within the adopted approach and strategy. The public health sector has historically suffered from fragmentation and at times, an unhealthy focus on institutional independence. The approach currently adopted by the Ministry, which the Committee supports, will challenge the historical operating model adopted within the sector. The associated cultural and operational challenges should not be underestimated.

The leadership role of the Ministry will be critical to an integrated and seamless approach to any response. While good progress has been made and an enviable position has been achieved to date, the system leadership approach adopted by the Ministry will need to continue and be focussed on overcoming any impediments to a system view and an end-to-end approach.

42. The Ministry has identified the establishment of a national public health service together PHUs and certain Ministry functions as a key priority. A Deputy Director-General of Public Health and Primary Care Transformation has recently been appointed to lead the establishment.
43. The establishment of a national contact tracing model which describes the roles, responsibilities and task shifting arrangement between the Ministry and each local PHU provides a strong platform to progress this. This coordinated approach has strengthened the health system's response to the most recent outbreak of COVID-19, when work was delegated between PHUs and the Ministry.
44. In establishing the scope of a national public health service there will be consideration to what functions are best managed at a national or regional level.

Next steps

45. Officials can provide further information about this topic at your request.

ENDS.

Appendix One – Summary of COVID-19 Disease Indicators for 11 August 2020 to 21 August 2020

Report date: 26/08/2020

This summary report presents performance against the COVID-19 Disease Indicators. This is the first in a series of reports in response to the recent outbreak and covers the period from 11 August 2020, when notification of the first community case in the current outbreak was received, to 21 August 2020.

The indicators have been grouped by focus area:

- **System-level:** These indicators provide a view of the end-to-end collective actions of the wider health system response (indicators are prefixed with an S#).
- **Community-level:** This indicator focuses on community behaviours and the impact of communication, education and societal attitudes (indicator is prefixed with a C#).
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Points to note:

- Indicators **S002** (Time from case first symptom to contact isolation/quarantine) and **C001** (Time from first symptom to test sample taken for positive cases) are significantly skewed by several of the initial community cases who are included in these indicators but who were diagnosed in mid-August, many days after the onset of symptoms.
- Performance for indicator **P002** (Time from case notification to isolation/quarantine of contact) is lower than the target (80% within 48 hours). This is a key indicator. On many days during the period it was above 80%. The overall result for the period is affected by a relatively small number of contacts that are identified late due to the delayed identification of some exposure events. This can happen for several reasons, including a case recalling further details following the original case interview or the time it takes for an employer to prepare a list of close contacts. It is anticipated that performance for this indicator will improve with the increased uptake in use of the COVID-19 Tracer App. Once the close contacts were recorded in the National Contact Tracing Solution (NCTS), 86% were identified and contacted within 48 hours of case notification as reported in indicator **P004** (Proportion of contacts traced in 48 hours).
- Indicator **S001** (Time from exposure to contact isolation/quarantine), indicator **S002** (Time from case first symptom to contact isolation/quarantine) and **C001** (Time from first symptom to test sample taken for positive cases) are less relevant for cases in MIQ as returnees are placed into MIQ upon arrival and are tested if symptomatic or on approximately day 3 and day 12. Therefore, the cases in MIQ will make the performance of these indicators appear low.

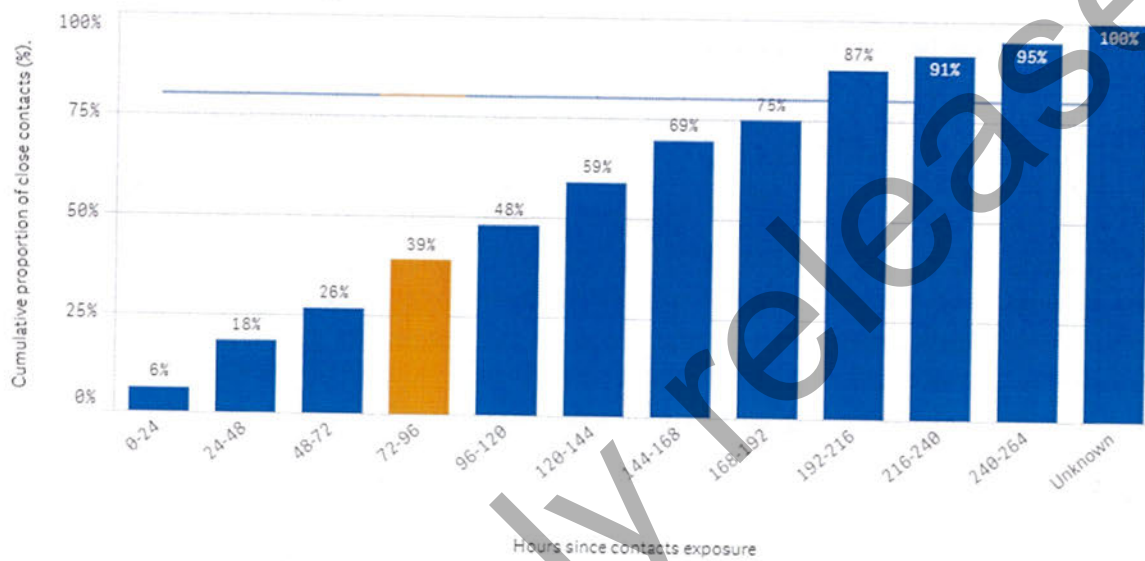
Key:

 Below target

S001 - Time from exposure to contact isolation / quarantine

Target: 80% within 96 hours

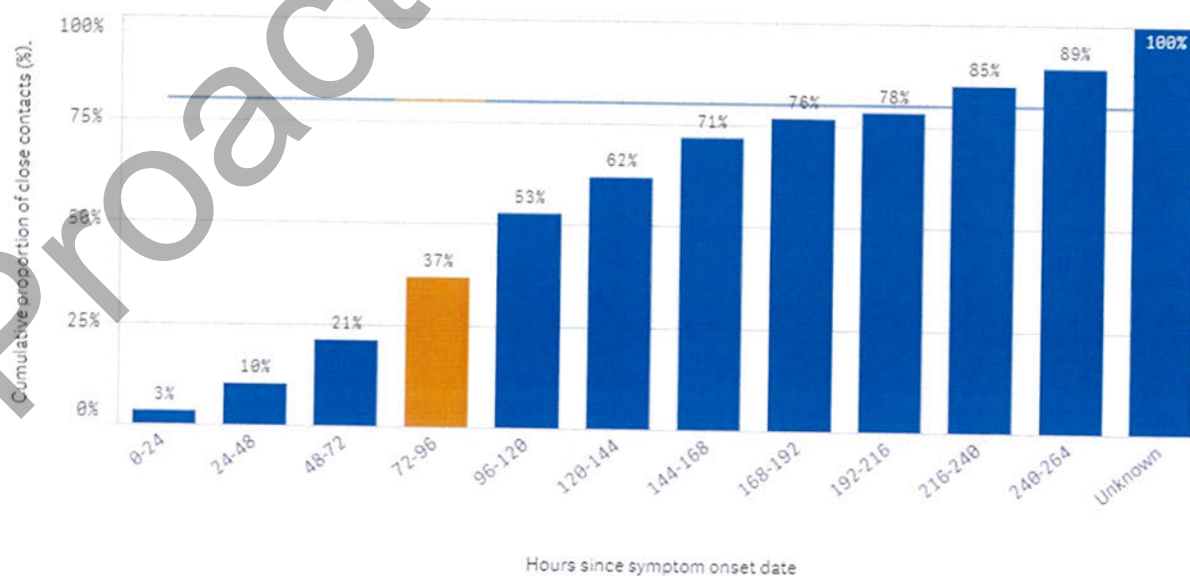
Number of hours to achieve target



S002 - Time from case first symptom to contact isolation / quarantine

Target: 80% within 96 hours

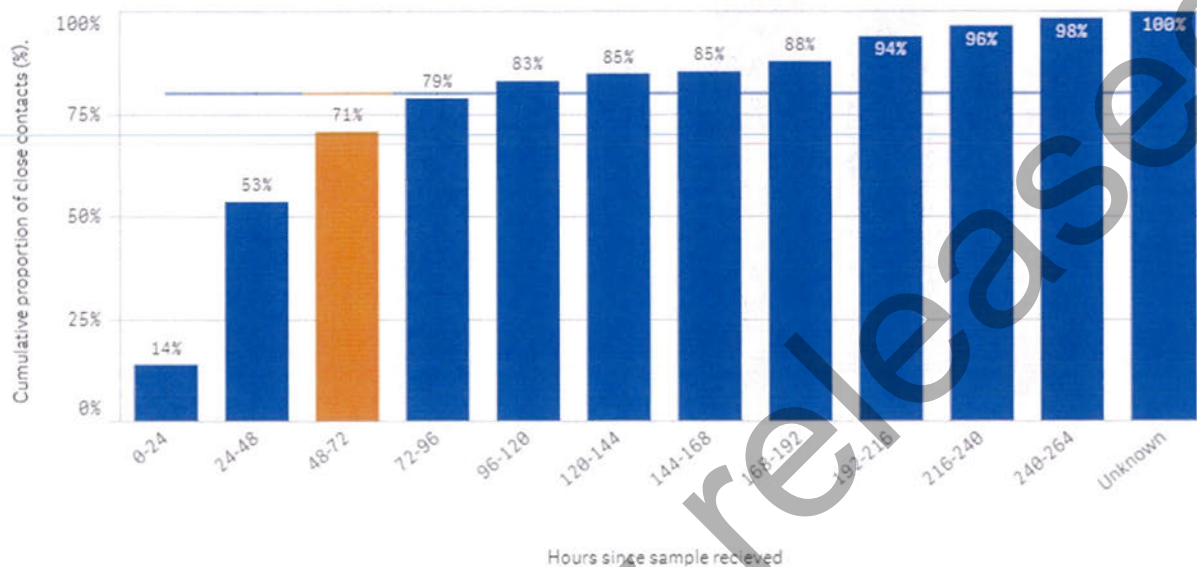
Number of hours to achieve target



S003 - Time from test sample taken to close contact isolation / quarantine

Target: 80% within 72 hours

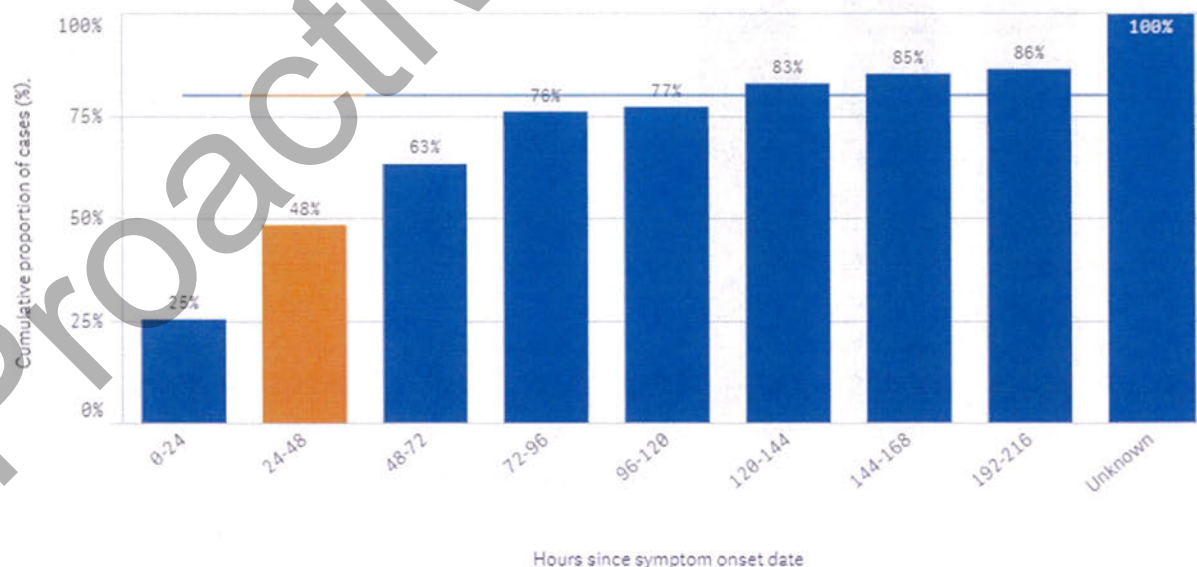
Number of hours to achieve target



C001 - Time from first symptom to test sample taken for positive cases

Target: 80% within 48 hours

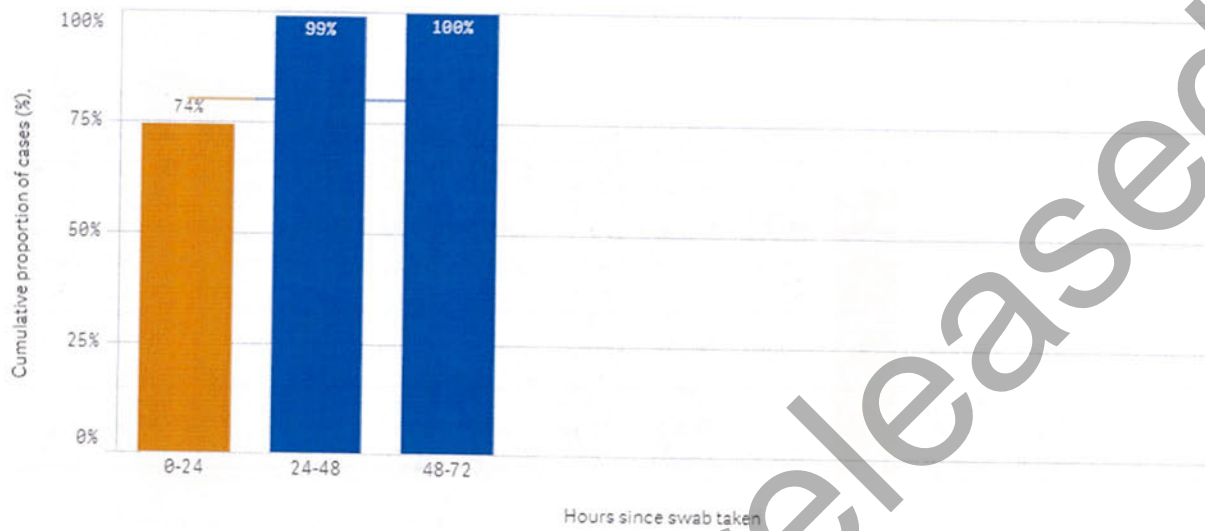
Number of hours to achieve target



L001 - Time from test sample taken to notification of positive result

Target: 80% within 24 hours

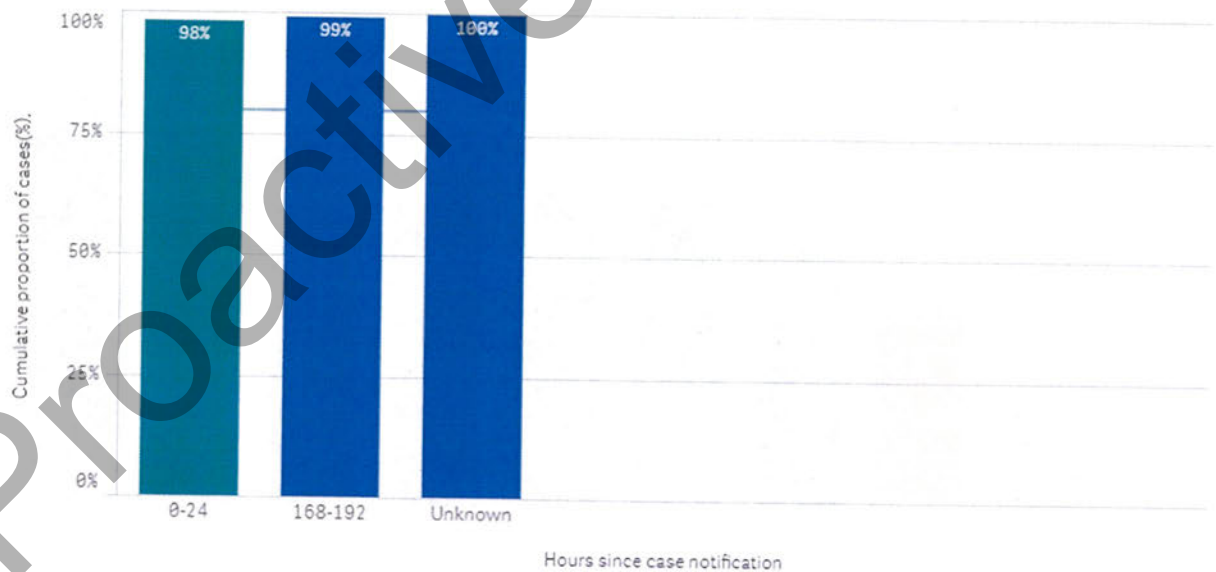
Number of hours to achieve target



P001 - Time from notification to case interview

Target: 80% within 24 hours

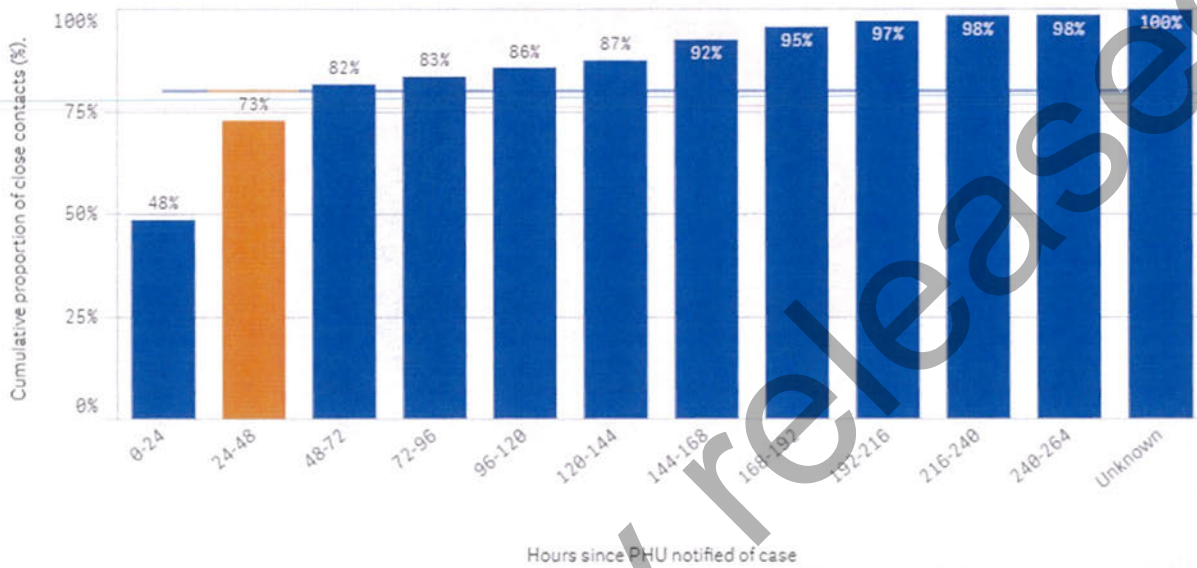
Number of hours to achieve target



P002 - Time from case notification to isolation / quarantine of contact

Target: 80% within 48 hours

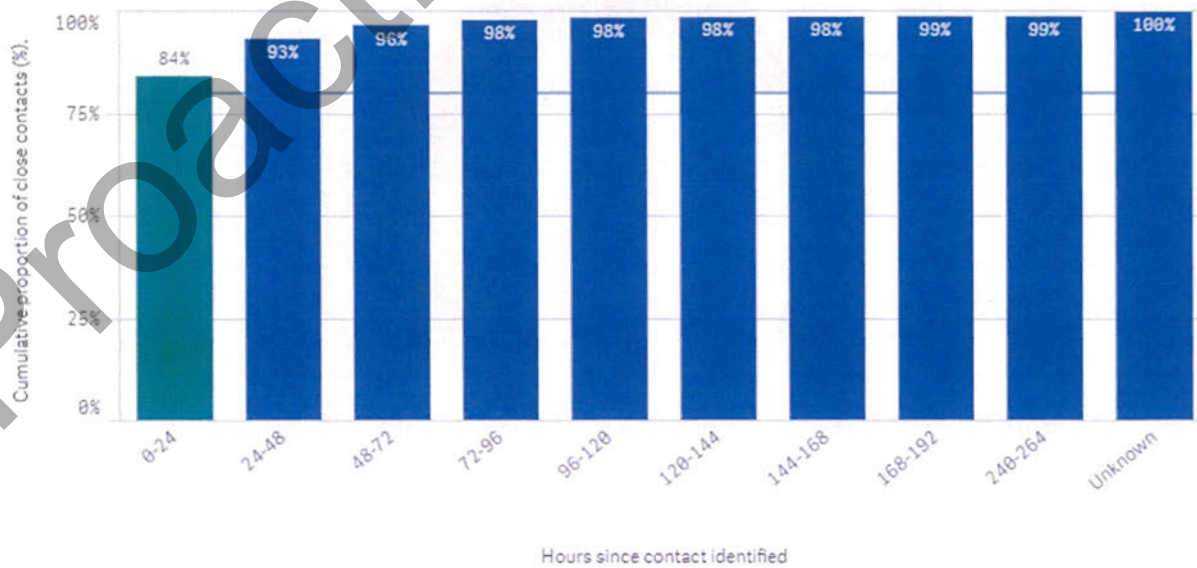
Number of hours to achieve target



P003 - Time from close contact identification to isolated / quarantined

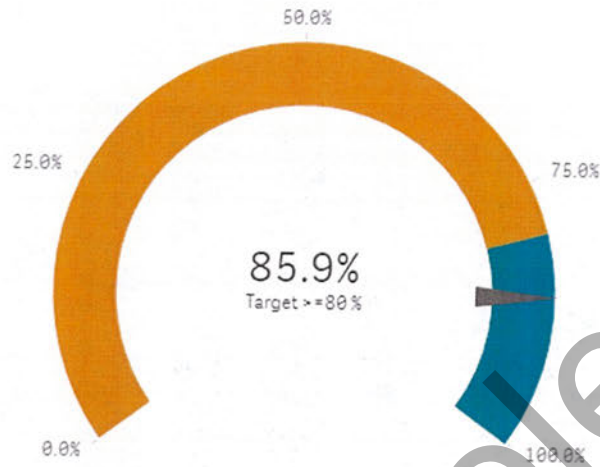
Target: 80% within 24 hours

Number of hours to achieve target



P004 - Proportion of contacts traced in 48 hours

Target: 80% within 48 hours



S005 - Proportion of close contacts with confirmed or suspected COVID-19 at the time of tracing

Target: less than 20%

