

## Work programme for implementation of Public Health operational changes to respond to Omicron

RESPONSIBLE GROUPS KEY:

CONTACT TRACING & CASE INVESTIGATION (NITC)

BORDER/MIQ (B&MI)

TESTING (T&S)

CARE IN THE COMMUNITY (CinC)

COMMUNICATIONS (Comms)

POLICY (P)

### Overview of recent progress

- To monitor and maintain oversight of the health systems capacity, the Ministry of Health's COVID-19 Assessment Committee met on 15 February 2022.
- The Ministry of Health advised that the current settings under the COVID-19 Protection Framework should remain unchanged.
- On 15 February 2022, New Zealand shifted from Phase One to Phase Two of the Omicron Response Plan. DHBs confirmed that they were ready for this shift, and the Ministry continues to provide support as required.

### Key upcoming activities

- The Ministry of Health and DHB leads will next meet on 1 March 2022 to further assess the CPF settings and DHB capacity considering COVID-19 and other health system demands.
- The Ministry is working at pace to determine what indicators should be used to shift to Phase Three of the Omicron response plan. This will be driven from Science and Insights. The Ministry is also developing actions to prepare for Phase Three, and these will include:
  - Reviewing existing data / measures to monitor the outbreak.
  - Developing criteria to support consideration of a shift to Phase Three
  - Undertaking Regional Equity Assessments (Identify how each region is managing the risks of Omicron/Delta directly or due to displacement of health resource)

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)	
	<b>ENABLERS</b>	Review prioritisation & management of exposure events	16 FEBRUARY	On Track	Exposure event settings have been reviewed in consultation with Public Health Units (PHUs). The criteria applied to assist with prioritising settings included: <ul style="list-style-type: none"> <li>where there are many individuals who are vulnerable to severe disease from COVID-19</li> <li>where there is a higher risk of COVID-19 transmission due to close proximity and difficulties in maintaining social distancing</li> <li>the lack of experience/processes to manage the exposure event themselves.</li> </ul> The review has also considered the impact of the outbreak on Māori, Pasifika and low-income populations.  This approach has resulted in exposure event settings being classified as high priority, moderate priority and low priority. The recommendation is that PHUs manage high priority settings and Reach Aotearoa manage moderate priority settings. These recommendations are currently awaiting endorsement from the Public Health Clinical Governance Sub Group.	NITC	
		<b>Care in the Community readiness</b>	Develop health workforce action plan to support CIIC	18 FEBRUARY	On Track	Underway.	CinC
	Commence Care Coordination Hubs readiness assessment of systems and processes, linkages with Maori, iwi, Pacific and disability providers.		21 FEBRUARY	On Track	Will look to complete the week of 7 March subject to Care Coordination Hubs availability to meet.	CinC	
	Review CIIC model and pathways to ensure meet needs for disabled and groups with complex needs		4 MARCH	On Track	Pathways have been developed for individuals who require additional health support. We are currently developing and testing the pathways with complex clinical case studies.	CinC	
	National Alternative Accommodation Service pilot has been stood up to support sourcing of accommodation for the regions.		ONGOING	On Track	First phase has been established, and regions are currently engaging with the third party provider. Second phase will be subject to Cabinet decision in mid-March	CinC	
	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Update position on sale of RATs to individuals	18 FEBRUARY	On Track	Preparing update advice on the sale of RATs to individuals	T&S	
		Confirm testing plan for education	18 FEBRUARY	On Track	Briefing with Minister for approval	T&S	
		Confirm testing plan for in home care providers	25 FEBRUARY	On Track	Drafting briefing to Minister on testing plan for in home care providers	T&S	
		Confirm and implement supervised and unsupervised RAT funding models	25 FEBRUARY	On Track	Funding models have been agreed with Pharmacies, Community Providers, GPs and DHBs for their respective testing portfolios. Work is underway on finalise the contractual arrangements with DHBs on RAT distribution which includes a model for engagement with GPs. We are also working to finalise the contractual arrangements for community organisations who will provide supervised RATs. We expect to have these contractual arrangements in place by next week, however it should be noted that organisations are able to provide services in the meantime	T&S	
		Authorisation of recently evaluated RATs	ONGOING	On Track	11 RATs have been recommended by ESR/MOH, all of which have been authorised for use. Eight RATs are currently going through the technical assessment process.	T&S	
	<b>DISTRIBUTION METRICS AND REPORTING</b>	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Revise minimum selection criteria for RAT tests and ID new suppliers	21 FEBRUARY	On Track	Memo for the revision to the stage 2 technical assessment and other changes to the evaluation framework was signed and approved by the Director-General of Health on 15 February. Submission webpage to be updated by 21 February	T&S
			Purchases placed, negotiation of delivery schedule, distribution to Community providers, GPS, DHBs	ONGOING	On Track	In total 182.6 million RATs had been ordered as of 15 February. Of these 83.5 million are confirmed for delivery. There are an estimated 7.2 million RATs in the system.	T&S

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	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>DISTRIBUTION METRICS AND REPORTING</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Supply and distribution to community providers who deal with priority populations	ONGOING		The Ministry has to date, contacted over 1000 community providers through provider networks, agencies and DHBs. Of the 1000 community providers, approximately 400 new providers have now access to the PPE portal used to order RATs.	T&S
		Distribution of additional RATs to pharmacies to support expansion of supervised testing and supply of RATs to private hospitals doing public surgical procedures.	ONGOING		As of 10 February, 379,645 RATs have been supplied to pharmacies for supervised testing (for travel or for courts). 63,033 of these have been recorded as having been used. Private hospitals will be able to access RATs for staff through the CCES.	T&S
		Front load distribution once critical workers defined	ONGOING		Healthcare and emergency services have been front-loaded with additional RATs. Other critical workers will access RATs through DHB collection sites	T&S
	<b>Care in the Community readiness</b>	Update advice on use of pulse oximeters	ONGOING		Advice has been reviewed, and still remains relevant to Omicron. We will continue to message to the sector the need for pulse oximeters to be provided to those who have received a clinical assessment.	CinC
<b>GUIDANCE</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	New guidance for health staff as part of Reconnecting New Zealand	18 FEBRUARY		Work on track to develop guidance	T&S
		Update guidance for businesses	18 FEBRUARY		Work underway to update existing business guidance in response to the operational changes to testing in response to the Omicron strategy and Covid Protection Framework	T&S
		Critical worker guidance (includes a range of distribution models to healthcare workers, public and private sector workers)	22 FEBRUARY		Version 2 published on the MoH website 15 Feb. Work underway to update as part of changes made to contact tracing processes (will be completed 16 Feb) Further work planned to include a critical worker journey visual to the guidance (22 Feb)	T&S
		New guidance for retail RATs	ONGOING		User facing one page visual is being developed in preparation for enabling the retail sale of RATs,	T&S
	<b>Care in the Community readiness</b>	Risk stratification model 1.0 implemented	18 FEBRUARY		The technology is currently ready to deploy and is awaiting business signoff, with an aim for the functionality to be turned on by 18 February.	CinC
		Accommodation guidelines updated to reflect Omicron	11 MARCH		Apartment guidelines are being updated to reflect Omicron, and will be published on 22 February. The temporary accommodation guidelines will be published on 11 March.	CinC
		COVID-19 Care in the Community Framework updated	16 MARCH		Scoping and revisions to the COVID-19 Care in the Community Framework are underway alongside key stakeholders. We are aiming to have a co-authored Framework with MSD published in March.	CinC
<b>COMMUNICATIONS &amp; ENGAGEMENT</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Website updated for approved POC tests	ONGOING		All 11 of the currently approved tests are listed and described on the Ministry's website with links to detailed information for each.	T&S Comms
		RATs web page and key messages updated for Phase 2 and sent to agencies/sectors including RATS order form, MY Covid Record (recording (RAT results) and CCES info	ONGOING		Work underway to update web page and key messages based on media and sector queries	T&S Comms
	<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Lead the development of advice for critical infrastructure i.e., business and education	18 FEBRUARY		Guidance for the education sector is in place (early learning services and kōhanga reo, schools and kura, and tertiary education). This guidance is comprised of a toolkit for each sector and a companion step-by-step guide. Guidance for hostel settings (both tertiary and school-based) is expected to be finalized by the end of this week.	NITC P
		Guidance for workplaces has been updated and has been published on the Ministry of Health's website. It is expected to be circulated to providers on 16 February 2022.				
	<b>Care in the Community readiness</b>	Self-Service Strategy	16 MARCH		The self-service strategy has been developed and socialised. The strategy will be reflected in the COVID-19 Care in the Community Framework which will be published on 16 March.	CinC
Videos on managing COVID at home available for publishing (TBC Health Navigator dates)	ONGOING		Five videos have been published on the Ministry's website which cover a range of topics such as managing COVID-19 symptoms, how to isolate at home, and reducing the spread of infection in your home.	CinC		

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Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>DIGITAL PATHWAYS AND ENABLERS</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Develop RAT recorder for health providers to report RAT results	<b>ONGOING</b>		In production and use by community pharmacies and some community providers. Enhancements underway to expand scope of providers to GPs (timeline TBC)	T&S
		Developed solution for recording supervised RATs – Health provider version	<b>TBD</b>		Requirements to be developed/reviewed	T&S
		Developed solution for recording unsupervised RATs/self test RATs – health consumer version	<b>TBD</b>		Requirements to be developed/reviewed	T&S
	<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Case self-investigation implemented	<b>4 FEBRUARY</b>		The link to the COVID-19 Contact Tracing Form has been piloted and will be automated as part of the SMS notification to positive cases. This form replaces the phone-based case investigation and enables a case to share all relevant information e.g. symptoms, contacts as well as self-refer for welfare assistance from the Ministry of Social Development. If a case doesn't complete the form, they will receive a phone call.	NITC
		Text to positive case functionality available	<b>16 FEBRUARY</b>		The functionality to allow SMS notifications to positive cases is expected to go live on 16 February. Cases with valid mobile numbers will receive text notifications with the following information: <ul style="list-style-type: none"> <li>Confirmation of their positive test result</li> <li>Link to the COVID-19 Contact Tracing Form</li> <li>Link to the Ministry of Health website for more information and guidance for positive Cases</li> </ul>	NITC
	<b>Care in the Community readiness</b>	COVID-19 Health Hub goes live for COVID-19 cases, close contacts, and household contacts.	<b>17 FEBRUARY</b>			CinC
<b>HSPP</b>  	<b>Self Isolation at scale for returnees</b>	Project Management of Border Reopening	<b>27 FEBRUARY</b>		There are no anticipated barriers to opening, however timelines remain tight for deliverables. Risks are identified and managed, and reporting is done via BEB (Customs), DPMC RNZ Report and MBIE's Self-Isolation Ownership reporting. Internal MoH governance also meets fortnightly.	B&MI
	<b>Future of MIQ facilities</b>	Support system changes in MIQ relevant to domestic response level	<b>27 FEBRUARY</b>		Operational impacts of move to Phase two of the Omicron strategy are being worked through. MoH is working with all relevant agencies to ensure readiness for implementation of RNZ.	B&MI
		Future use of MIQ Facilities	<b>TBD</b>		MoH is inputting into MBIE planning towards what a National Quarantine System may look like in the future. Timeframes are under development, with DPMC reviewing timing of 'Future Border Settings' work	B&MI

### Activities to support work programme

Business Group	Critical activities	Action	Progress
<b>COVID-19 Operations</b>	Preparedness for shift to Phase Three	Review existing data / measures to monitor the outbreak. Review indicators in areas of concern, including: <ul style="list-style-type: none"> <li>Regional Equity assessments</li> <li>ARC outbreaks</li> <li>Secondary transmission in high deprivation areas</li> </ul>	
		Develop criteria to support consideration of shift to Phase Three	
		Conduct Regional Equity Assessments to identify how each region is managing the risks of Omicron/Delta directly or due to displacement of health resource – e.g. older people not able to enter ARC facilities due to policies of no entry, deferment of day surgeries etc)	
<b>Science &amp; Insights</b>	Scientific and Technical Advisory Group	Assess COVID-19 relevant data and impacts on equity settings and populations at higher-risk for transmission, and poorer clinical and other outcomes	This is part of the BAU work programme of the Group. Equity considerations are considered across all our reporting, assessment, evidence and advice provision.
	Scientific and Technical Advisory Group	Monitor and describe the incidence, prevalence, geographic spread, and disease severity in the population to estimate the burden of disease, assess trends, viral changes, and inform appropriate prevention and mitigation measures	This is the core function of the COVID-19 Science and Insights team. We provide daily, weekly, monthly and ad-hoc evidence and insights into all aspects of the COVID-19 virus and disease.
	Scientific and Technical Advisory Group	Continuously review international vaccine effectiveness against Omicron	The Scientific and Technical Advisory Group undertakes regular review of international vaccines against Omicron, and other variants of concern. This is provided through our International Perspective report, Variant of Concern report, and in close workings with the National Immunisation Programme.
	Surveillance Working Group and Intelligence and Analytics Team	Review data to ensure systems are enabling robust surveillance data	The COVID-19 Data and Analytics team are working closely with the Intelligence function and other parts of the Ministry to review reporting and data management as we shift to Phase 2 of the Omicron Strategy.

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### Overview of recent progress

- The Office of the Director of Public Health approved prioritisation of settings for public health management/investigation during the Omicron response. This has been operationalised nationally.
- New guidance for health staff as part of Reconnecting New Zealand has been developed and will be in place from 28 February onwards
- COVID-19 Health Hub went live for COVID-19 cases, close contacts, and household contacts on 17 February.
- The new COVID-19 Contact Tracing form has been rolled out to COVID-19 cases, enabling people to share key contact tracing information on their mobile phone or computer instead of via a phone-call. People who test positive and have a valid mobile phone number will be sent a text message with an access code, a link to find more guidance and support, and link to the form. Any information shared is private and secure.
- Minimum selection criteria for RAT tests and identifying of new suppliers complete.
- The functionality to allow SMS notifications to positive cases was implemented on 16 February. Cases with valid mobile numbers will receive text notifications with the following information: confirmation of their positive test result, link to the COVID-19 Contact Tracing Form and a link to the COVID-19 Health Hub for more information about positive cases.
- The Equity Impact Assessment has been informed by a series of hui conducted between 20 January and 18 February 2022 with community stakeholders, Tiriti o Waitangi partners, Pacific health leaders, clinicians, DHB (District Health Board) kaimahi, Māori nurses, lived experience groups including disabled people and their carers', mental health, and addiction whānau and their support workers. Feedback from the hui has been analysed against the Omicron Phase two implementation strategies using the Tiriti o Waitangi and Equity Guidance for Pandemic Policy Planning document produced by the Māori Health Directorate in January 2022.

### Key upcoming activities

- Borders reopen to vaccinated New Zealanders from Australia from 11.59pm Sunday 27 February.
- The COVID-19 Assessment Committee and DHB Resilience Leads will next meet on 1 March 2022 to further assess the CPF settings, and DHB capacity considering COVID-19 and other health system demands. Resilience Leads will also report to the committee on how they are prioritising their most at risk populations in light of Omicron and phase changes under the Omicron response plan.
- The Ministry is undertaking an assessment of the data collected across the system to ensure it best captures the information requirements of the current Omicron outbreak, health system capacity and demand. Advice will be provided to the COVID-19 Assessment Committee for their endorsement next week before seeking endorsement from the Director-General.

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
	<b>ENABLERS</b>	<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Update comms materials across all channels, in advance of Phase 3	28 FEBRUARY	Underway.	NITC
	<b>Care in the Community readiness</b>	Finalise Care Coordination Hubs readiness assessment of systems and processes, linkages with Maori, iwi, Pacific and disability providers.	25 FEBRUARY	Underway.	CinC	
		Review CinC model and pathways to ensure meet needs for disabled and groups with complex needs	4 MARCH	Pathways have been developed for individuals who require additional health support. We are currently developing and testing the pathways with complex clinical case studies.	CinC	
		National Alternative Accommodation Service pilot has been stood up to support sourcing of accommodation for the regions.	ONGOING	First phase was established on 8 February and regions are currently engaging with the third-party provider. Second phase will be subject to Cabinet decision in mid-March.	CinC	
		Begin developing a health workforce action plan to support CinC	ONGOING	Underway.	CinC	
	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Complete drafting of testing plan for education	21 FEBRUARY	Updated briefing with Minister for approval (21/2).	T&S	
		Confirm testing plan for in home care providers	25 FEBRUARY	Drafting briefing to Minister on testing plan for in home care providers.	T&S	
		Provision of supervised RATs by GPs	25 FEBRUARY	Rollout is planned for 24/2 in Auckland, and the rest of the country on 25/2. GPs can then opt-in to offer supervised and/or unsupervised RATs. MVP IT systems will be in place but untested. Guidance drafted. Sector has concerns with the RAT rollout and likely to lobby the funding model. Contracts being put in place alongside the rollout (retrospective payment available).	T&S	
		Authorisation of recently evaluated RATs	ONGOING	11 RATs have been recommended by ESR/MOH, all of which have been authorised for use. Eight RATs are currently going through the technical assessment process.	T&S	
	<b>Equity</b>	Refine Māori Situational Report	4 MARCH	Working with Māori health directorate to finalise latest version. Aiming to report new version from 4 March.	EQ	
Equity Impact Assessment to inform Omicron Response		12 MARCH	Meeting to review second draft, 25 February.	EQ		
<b>DISTRIBUTION METRICS AND REPORTING</b>	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Purchases placed, negotiation of delivery schedule, distribution to Community providers, GPs, DHBs	ONGOING	In total 181 million RATs had been ordered as of 22 February. Of these 82 million are confirmed for delivery by end of April. An estimated 7.3 million RATs are in the system.	T&S	

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<b>DISTRIBUTION METRICS AND REPORTING</b>  	<i>Implementation of Rapid Antigen Testing (RATs) in New Zealand</i>	Supply and distribution to community providers who deal with priority populations	ONGOING		The Ministry has provided access to RATs for over 1000 community health providers. We are expecting 300-400 provider to sign up. Uptake has been slow.	T&S
		Distribution of additional RATs to support expansion of supervised testing.	ONGOING		Distribution is ongoing to pharmacies for supervised testing (for travel or for courts). As at 23 Feb, 98,814 of tests have been recorded as having been used. We have seen a significant spike over the last 3 days. Note - Private hospitals will be able to access RATs for staff through the CCES. In the last 2 weeks we have provided 225k RATs to GPs. We will prioritise supply of RATs to GPs who choose to opt into providing supervised testing for Phase 3.	T&S
		Front load distribution once critical workers defined	ONGOING		Healthcare and emergency services have been front-loaded with additional RATs. Other critical workers will access RATs through DHB collection sites.	T&S
	<i>Care in the Community readiness</i>	Update advice on use of pulse oximeters	ONGOING		Advice has been reviewed, and still remains relevant to Omicron. We will continue to message to the sector the need for pulse oximeters to be provided to those who have received a clinical assessment.	CinC
<b>GUIDANCE</b>  	<i>Implementation of Rapid Antigen Testing (RATs) in New Zealand</i>	Critical worker guidance (includes a range of distribution models to healthcare workers, public and private sector workers)	24 FEBRUARY		Version 2 published on the MoH website 15 Feb. Work underway to update as part of changes made to contact tracing processes (will be completed 16 Feb) Further work planned to include a critical worker journey visual to the guidance (22 Feb).	T&S
		Update guidance for businesses	N/A		Business guidance updates were made in response to Phase 2, now superseded by Guidance for Business document developed by contact tracing team.	T&S
	<i>Care in the Community readiness</i>	Risk stratification model 1.0 implemented	25 FEBRUARY		The technology is currently ready to deploy and is awaiting business signoff, and the case study is being discussed with the Director-General.	CinC
		Accommodation guidelines updated to reflect Omicron	11 MARCH		Apartment guidelines are being updated to reflect Omicron and will be published on 25 February. The temporary accommodation guidelines will be published on 11 March.	CinC
		COVID-19 Care in the Community Framework updated	16 MARCH		Scoping and revisions to the COVID-19 Care in the Community Framework are underway alongside key stakeholders. We are aiming to have a co-authored Framework with MSD published in March.	CinC
<b>COMMUNICATIONS &amp; ENGAGEMENT</b>  	<i>Implementation of Rapid Antigen Testing (RATs) in New Zealand</i>	Website updated for approved POC tests	ONGOING		All 11 of the currently approved tests are listed and described on the Ministry's website with links to detailed information for each.	T&S Comms
		RATs web page and key messages updated for Phase 3 and sent to agencies/sectors including RATS order form, MY Covid Record (recording (RAT results) and CCES info	ONGOING		Work underway to update web page and key messages for phase 3 plus supporting collateral.	T&S Comms
	<i>Case Investigation and Contact Tracing model in light of Omicron</i>	Update guidance for education and workplaces in preparation for Phase 3	28 FEBRUARY		Guidance to be updated and published when we move to Phase 3. Key messages to be shared with the Ministry of Education and AoG on 23 February 2022.	NITC P
		Lead the development of advice for critical infrastructure i.e., business and education	ONGOING		Guidance for hostel settings (both tertiary and school-based) was finalised last week.	NITC P
	<i>Care in the Community readiness</i>	Self-Service Strategy	16 MARCH		The self-service strategy has been developed and socialised. The strategy will be reflected in the COVID-19 Care in the Community Framework which will be published on 16 March.	CinC
		Videos on managing COVID at home available for publishing (TBC Health Navigator dates)	ONGOING		Five videos have been published on the Ministry's website which cover a range of topics such as managing COVID-19 symptoms, how to isolate at home, and reducing the spread of infection in your home.	CinC

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<b>DIGITAL PATHWAYS AND ENABLERS</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Develop MVP solution for GPs to report RAT results	<b>24 FEBRUARY</b>		Enhancements underway to expand scope of providers to GPs via Healthlink (est 24 Feb) and to enable providers to record issuing of a RAT (22 Feb).	T&S
		Develop RAT Requestor (v2) to allow household ordering & non-critical worker ordering (pick up from collection points)	<b>28 FEBRUARY</b>		RAT Requestor MVP for critical workers went live 15 Feb. Development on track to extend beyond CCES.	T&S
		Develop Éclair RAT Catcher (developed solution of Éclair RAT Reporter) for health providers, to support step-by-step guide of supervised RATs provision by device type, and to process multiple RATs at once and report results.	<b>18 MARCH</b>		Baseline requirements confirmed, wireframes signed off with some details to be worked on. Development commencing. MVP solutions in place and in operation.	T&S
		Upgrade MCR RAT Reporter (health consumer version for recording unsupervised RATs/self test RATs)	<b>TBD</b>		MCR upgrades (limits, result changes) delivered 21 Feb and 23 Feb with further upgrades to come when requirements are confirmed. MVP solutions in place and in operation.	T&S
		Develop Éclair RAT Reporter MVP for health providers to report RAT results	<b>ONGOING</b>		MVP solution to enable digital reporting of RAT results where supervised is in production and use by community pharmacies and some community providers. Assisted channels also use this to report on behalf of others.	T&S
<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Simplification of case investigation online form for Phase 3	<b>28 FEBRUARY</b>		Updates will be made to reduce the level of detail collected during case investigation, and deployed on Monday 28 February.	NITC	
<b>HSPP</b>  	<b>Self Isolation at scale for returnees</b>	Project Management of Border Reopening	<b>27 FEBRUARY</b>		There are no anticipated barriers to opening, however timelines remain tight for deliverables. Risks are identified and managed, and reporting is done via BEB (Customs), DPMC RNZ Report and MBIE's Self-Isolation Ownership reporting. Internal MoH governance also meets fortnightly.	B&MI
	<b>Future of MIQ facilities</b>	Support system changes in MIQ relevant to domestic response level	<b>27 FEBRUARY</b>		Operational impacts of the Domestic Omicron strategy are being worked through as changes occur. Testing of returnees is due to be adjusted with immediate implementation in the next 24 hours. They will switch to self-administered tests on days 0/1 and 5/6 while in MIQ facilities. Operational guidance being prepared.	B&MI
		Future use of MIQ Facilities	<b>TBD</b>		MoH is inputting into MBIE planning towards what a National Quarantine System may look like in the future. Timeframes are under development. Currently 8 MIQ facilities are to close by end of June 2022 based on low use, IPC and other issues. We are working with MBIE on staff comms and retaining skills for future national quarantine service.	B&MI

### Activities to support work programme

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<b>COVID-19 Operations</b>	Preparedness for shift to Phase Three	Review existing data / measures to monitor the outbreak. Review indicators in areas of concern, including: <ul style="list-style-type: none"> <li>Regional Equity assessments</li> <li>ARC outbreaks</li> </ul>	
		Conduct Regional Equity Assessments to identify how each region is managing the risks of Omicron/Delta directly or due to displacement of health resource – e.g. older people not able to enter ARC facilities due to policies of no entry, deferment of day surgeries etc)	Commissioned from DHBs on Wednesday 23 February. We are expecting to receive this back by COP Monday 28 February.
<b>Science &amp; Insights</b>	Scientific and Technical Advisory Group	Assess COVID-19 relevant data and impacts on equity settings and populations at higher-risk for transmission, and poorer clinical and other outcomes	This is part of the BAU work programme of the Group. Equity considerations are considered across all our reporting, assessment, evidence and advice provision.
	Scientific and Technical Advisory Group	Monitor and describe the incidence, prevalence, geographic spread, and disease severity in the population to estimate the burden of disease, assess trends, viral changes, and inform appropriate prevention and mitigation measures	This is the core function of the COVID-19 Science and Insights team. We provide daily, weekly, monthly and ad-hoc evidence and insights into all aspects of the COVID-19 virus and disease.
	Scientific and Technical Advisory Group	Continuously review international vaccine effectiveness against Omicron	The Scientific and Technical Advisory Group undertakes regular review of international vaccines against Omicron, and other variants of concern. This is provided through our International Perspective report, Variant of Concern report, and in close workings with the National Immunisation Programme.
	Surveillance Working Group and Intelligence and Analytics Team	Review data to ensure systems are enabling robust surveillance data	The COVID-19 Data and Analytics team are working closely with the Intelligence function and other parts of the Ministry to review reporting and data management as we shift to Phase 2 and Phase 3 of the Omicron Strategy. Work is being undertaken by the Evaluation and Behavioural Research team for Phases 2 and 3.

## Work programme for implementation of Public Health operational changes to respond to Omicron

KEY:

PUBLIC HEALTH OPERATIONS GROUP (PHOG)	COVID-19 EQUITY (EQ)	CONTACT TRACING & CASE INVESTIGATION (NITC)	BORDER/MIQ (B&MI)	TESTING (T&S)	CARE IN THE COMMUNITY (CinC)	COMMUNICATIONS (Comms)	POLICY (P)
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### Overview of recent progress

- Communication materials were updated across all channels in advance of Phase 3.
- The case investigation online form has been reduced in length (as of 1 March) to limit the information required to only high-risk locations, and household contacts. Details of non-household close contacts are not collected in line with Phase 3 of the Omicron response. The new form is expected to take approximately 20 minutes to complete, assuming one or two high risk locations.
- Critical worker guidance was updated on 25 February with changes to contact tracing and isolation requirements, eligibility and distribution models and pathways.
- Guidance for GPs to support rollout of supervised Rapid Antigen Testing under Phase 3 settings complete and sent to sector.
- Step 1 of RNZ was implemented at 11:59 27/2/22 with the first returnees arriving from Australia and entering self-isolation.

### Key upcoming activities

- In total 175 million RATs are on order as of 1 March. Of these 129 million are confirmed for delivery by end of April. An estimated 6.2 million RATs are currently held in stock.
- With up to 1500 returnees in MIQ eligible to leave from 11.59pm 4/3/22, with no isolation requirement (testing requirements), we are preparing systems and guidance to support staff with the checkout process.
- Kick off of additional study by Te Rau Ora on how equitable was the response to the impact of COVID-19 on communities and health providers. This is aimed for completion in June.



Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
ENABLERS	<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Work with key stakeholders to establish public health approach for outbreaks in prisons, churches and transitional housing	4 MARCH		Working with the Ministry of Health's Pacific Health team and PHUs to develop national guidance to support outbreaks involving Pacific Churches. Links have been established with the Department of Corrections and the Auckland Regional Public Health Service to identify issues, review processes and enhance guidance.	PHOG
		Develop a prioritisation strategy for case investigations	4 MARCH		Prioritisation criteria has been developed and advice is being drafted for noting by the Director-General and Ministers.	NITC
		Develop a strategic approach for Public Health Units (PHUs) as the outbreak progresses, including what comes after the peak	ONGOING		Significant discussion with PHUs on next steps, reviewing planning in development within PHUs, and expecting to share draft guidance on 4 March.	PHOG
	<b>Care in the Community readiness</b>	Finalise Care Coordination Hubs readiness assessment of systems and processes, linkages with Maori, iwi, Pacific and disability providers.	4 MARCH		The assessment of the Care Coordination Hubs was completed on 25 February. The final report will be finalised on 4 March, and will inform the support delivered by the programme to the regions.	CinC
		Review CinC model and pathways to ensure meet needs for disabled and groups with complex needs	16 MARCH		Pathways have been developed for individuals who require additional health support. We are currently developing and testing the pathways with complex clinical case studies. We will look to include these in the next version of the COVID-19 Care in the Community Framework (to be published on 16 March)	CinC
		National Alternative Accommodation Service pilot has been stood up to support sourcing of accommodation for the regions.	ONGOING		First phase was established on 8 February and regions are currently engaging with the third-party provider. Second phase will be subject to Cabinet decision on 16 March.	CinC
		Development of a health workforce action plan to support CinC	ONGOING		Underway.	CinC
	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Confirm RAT supply prioritisation policy	1 MARCH		Updated memo following ODPH advice sent to DG 1 March – awaiting advice	T&S
		Complete drafting of testing plan for education	2 MARCH		Input being provided to MoE's report on, "Reassurance Testing for Schools and Early Learning" - due 2 March. Outcome of report may affect testing plan for education.	T&S
		Confirm testing plan for in home care providers	2 MARCH		Memo to DG drafted to be submitted 2 March.	T&S
		Provision of supervised RATs by Community Providers and Community Pharmacies (updated)	2 MARCH		Options proposed to modify funding of supervised testing by community pharmacies and community providers – under DG consideration (2 March).	T&S
		Provision of supervised RATs by GPs	ONGOING		Guidance for GPs to support rollout of supervised RATs under Phase 3 settings complete and sent to sector. GPs can opt-in to offer supervised and/or unsupervised RATs. Contracting model being finalised. GPs have been front loaded with RATs with further supply prioritised. Public communication re when to access RATs via GPs vs other access points is being developed.	T&S
		Authorisation of RATs	ONGOING		11 RATs have been recommended by ESR/MOH, all of which have been authorized for use. 11 additional RATs are now currently going through the technical assessment process.	T&S
Onboarding community providers who support priority populations		ONGOING		Māori Provider distribution channel being set up to advance equitable access to RAT self-tests and /or supervised tests to over 100 Maori providers in their communities. Requires technology and process simplification to better support equitable access for these providers. Aiming to have at least 200 community providers across NZ to provide supervised testing services for priority populations. As at today, 70 community providers have registered EOIs, and are in the process of being assessed and onboarded once approved.	T&S	
<b>Equity</b>	Study by Te Rau Ora on how equitable was the response to the impact of COVID-19 on communities and health providers.	JUNE 2022		Study is now in progress and at Stage 1; Rapid scan of health equity literature related to COVID-19; Early hui with key stakeholders; Refine project plan. Aim for completion June 2022.	EQ	

## Work programme for implementation of Public Health operational changes to respond to Omicron

KEY: PUBLIC HEALTH OPERATIONS GROUP (PHOG) COVID-19 EQUITY (EQ) CONTACT TRACING & CASE INVESTIGATION (NITC) BORDER/MIQ (B&MI) TESTING (T&S) CARE IN THE COMMUNITY (CinC) COMMUNICATIONS (Comms) POLICY (P)

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>ENABLERS CONT.</b>	<i>Equity</i>	Refine Māori and Pacific Situational Report	<b>4 MARCH</b>		Working with Māori health directorate and Science and Insights to finalise latest version. Aiming to report new version from 4 March and S&I data analysts completing this on a weekly basis.	EQ
		Equity Impact Assessment to inform Omicron Response	<b>12 MARCH</b>		Meeting to review second draft, 7 March.	EQ
		Equity review – COVID-19 Directorate	<b>30 APRIL</b>		In progress. Survey to be sent out to the directorate week ending March 4th.	EQ
<b>DISTRIBUTION METRICS AND REPORTING</b> 	<i>Implementation of Rapid Antigen Testing (RATs) in New Zealand</i>	Purchases placed, negotiation of delivery schedule, distribution to Community providers, GPS, DHBs	<b>ONGOING</b>		In total 175 million RATs are on order as of 1 March. Of these 129 million are confirmed for delivery by end of April. An estimated 6.2 million RATs are currently held in stock.	T&S
		Distribution of additional RATs to support expansion of supervised testing and provision of unsupervised testing	<b>ONGOING</b>		Work is ongoing to ensure supply chains are able to cope with demand in each region, until new freight enters New Zealand. There are delays in the delivery of orders due to ongoing constraints with the domestic freight and courier network affecting some GPs, pharmacies, community providers and ARCs. DHBs are supporting these locally and as a short-term solution we are creating more channels for product to be distributed into the network (incl. large volumes via iwi and PHOs).	T&S
		RATs ordering for distribution at CTCs and Collection Sites	<b>ONGOING</b>		RAT Requestor for household/non-critical worker ordering went live 1 March 2022 streamlining the process for Community Collection Sites and CTC's to distribute RAT kits.	T&S
	<i>Care in the Community readiness</i>	Update advice on use of pulse oximeters	<b>ONGOING</b>		Advice has been reviewed, and still remains relevant to Omicron. We will continue to message to the sector the need for pulse oximeters to be provided to those who have received a clinical assessment.	CinC
<b>GUIDANCE</b> 	<i>Implementation of Rapid Antigen Testing (RATs) in New Zealand</i>	Community Provider Guidance	<b>3 MARCH</b>		Guidance materials for community providers has been updated to reflect latest settings, and further simplified. For review by early adopter providers before publication.	T&S
		Public-facing guidance (How to take a Rapid Antigen Test, Should I get a test)	<b>3 MARCH</b>		Handout for the public (how to take a RAT) has been produced and shared on MoH website and shared with CTCs and sector. Working with DPMC to ensure MoH and UAC webpages and guidance are aligned..	T&S
		Critical worker guidance (includes a range of distribution models to healthcare workers, public and private sector workers)	<b>ONGOING</b>		Critical worker guidance further updated 25 Feb with changes to contact tracing and isolation requirements, eligibility and distribution models and pathways. Further update required with refined verification requirements.	T&S
	<i>Care in the Community readiness</i>	Risk score tool implemented	<b>11 MARCH</b>		We are aiming for 11 March go live. The risk score tool was signed off by the Director-General; however, due to significant releases into NCTS/ CCCM recently, we will look to have the risk score released once critical system issues have been resolved.	CinC
		Accommodation guidelines updated to reflect Omicron	<b>11 MARCH</b>		Apartment guidelines are being updated to reflect Omicron and were published on 28 February. The temporary accommodation guidelines will be published on 11 March, and have gone through consultation with housing agencies.	CinC
		COVID-19 Care in the Community Framework updated	<b>16 MARCH</b>		Scoping and revisions to the COVID-19 Care in the Community Framework are underway alongside key stakeholders. We are aiming to have a co-authored Framework with MSD published in March.	CinC
<b>COMMUNICATIONS &amp; ENGAGEMENT</b> 	<i>Implementation of Rapid Antigen Testing (RATs) in New Zealand</i>	Ensure latest version of guidance is available for download	<b>ONGOING</b>		All relevant guidance has been updated to reflect the switch to Phase 3 and the new testing requirements.	T&S Comms
		RATs web page and key messages updated for Phase 3 and sent to agencies/sectors including RATS order form, MY Covid Record (recording (RAT results), Rat Requestor, Retail RATS and and CCES info	<b>ONGOING</b>		Web page and key messages for phase 3 plus supporting collateral updated. Meeting is being setup with DPMC to ensure joined up messaging and guidance.	T&S Comms
	<i>Case Investigation and Contact Tracing model in light of Omicron</i>	Development of an animation video to accompany the workplace guidance for Phase Three	<b>11 MARCH</b>		Underway.	NITC P
		Lead the development of advice for critical infrastructure i.e., business and education	<b>ONGOING</b>		Working with the Ministry of Education to update the tertiary student accommodation guidance, which is expected to be completed on 2 March.	NITC P
	<i>Equity</i>	Set up contact line for disabled people if their carer/support worker tests positive for COVID-19 or has to isolate as a precaution.	<b>MARCH 7</b>		Work began this week with Whakarongorau and Health Workforce.	EQ

## Work programme for implementation of Public Health operational changes to respond to Omicron

KEY: PUBLIC HEALTH OPERATIONS GROUP (PHOG) COVID-19 EQUITY (EQ) CONTACT TRACING & CASE INVESTIGATION (NITC) BORDER/MIQ (B&MI) TESTING (T&S) CARE IN THE COMMUNITY (CinC) COMMUNICATIONS (Comms) POLICY (P)

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
COMMUNICATIONS & ENGAGEMENT CONT.	Care in the Community readiness	Self-Service Strategy	16 MARCH	Green	The self-service strategy has been developed and socialised. The strategy will be reflected in the COVID-19 Care in the Community Framework which will be published on 16 March.	CinC
		Videos on managing COVID at home available for publishing (TBC Health Navigator dates)	ONGOING	Green	Five videos have been published on the Ministry's website which cover a range of topics such as managing COVID-19 symptoms, how to isolate at home, and reducing the spread of infection in your home.	CinC
DIGITAL PATHWAYS AND ENABLERS	Implementation of Rapid Antigen Testing (RATs) in New Zealand	Upgrade MCR RAT Reporter (health consumer version for recording unsupervised RATs/self test RATs)	23 FEBRUARY	Orange	MCR integration to NCTS and Care in the Community (for positive RATs) now in Production. Noted as orange as issues were identified with downstream integration morning of 2 March – being investigated	T&S
		Develop additional functionality around GP reported RATs results	16 MARCH	Green	Development work under way to send text messages with RAT results when GPs report via Healthlink, and to copy self-reported and GP RATs positive results to the enrolled GP.	T&S
		Develop Éclair RAT Catcher (developed solution of Éclair RAT Reporter) for health providers, to support processing of multiple RATs at once and result reporting via mobile device.	18 MARCH	Green	Development in progress; user guide materials and access provisioning processes to be defined.	T&S
		Develop Éclair RAT Reporter MVP for health providers to report RAT results	ONGOING	Green	MVP solution to enable digital reporting of RAT results where supervised is in production and use by community pharmacies and some community providers. Assisted channels also use this to report on behalf of others. Symptoms to be added to form.	T&S
HSPP	Reconnecting New Zealanders Steps 1 & 2	Border reopening with community self-isolation	2 & 4 MARCH	Orange	Step 1 of RNZ was implemented at 11:59 27/2/22 with the first returnees arriving from Australia and entering self-isolation. Cabinet decisions on Monday 28/2/22 regarding the removal of self-isolation for step 1 returnees will be actioned at 11:59 2/3/22 with a fast follow in place for further expansion this week. There are no anticipated barriers to implementation, however there is substantial work, particularly in the legislative space, that needs to land quickly to support this.	B&MI
		Support system changes in MIQ relevant to domestic response level	4 MARCH	Green	With up to 1500 returnees in MIQ eligible to leave from 11.59pm 4/3/22, with no isolation requirement (although they will have testing requirements), we are preparing systems and guidance to support staff with the checkout process. Remaining MIQ returnees have also been transitioned to self-administered tests on days 0/1 and 5/6 while in MIQ facilities.	B&MI
	Future of MIQ facilities	Future use of MIQ Facilities	TBD	Green	MoH is inputting into MBIE planning towards what a National Quarantine System may look like in the future. Timeframes are under development with further advice being prepared by MoH on unvaccinated arrivals this week. Currently 8 MIQ facilities are to close by end of June 2022 based on low use, IPC and other issues. We are working with MBIE on staff comms and retaining skills for future national quarantine service.	B&MI

### Activities to support work programme

Business Group	Critical activities	Action	Progress
COVID-19 Operations	Ensuring understanding of how Omicron is being managed	Stocktake of existing data / measures to monitor across the outbreak. Review of most appropriate indicators across areas of concern, including: • Care in the Community • Health system capacity (hospital workloads and workforce issues) Once key indicators, appropriate metrics and data sources confirmed, identification of opportunities to streamline reporting while assuring appropriate information flows	Stocktake in final draft Initial indicators identified, and further work in the immediate with Office of Director of Public Health to ensure gaps are captured and/or other data sets included
Science & Insights	Scientific and Technical Advisory Group	Assess COVID-19 relevant data and impacts on equity settings and populations at higher-risk for transmission, and poorer clinical and other outcomes	This is part of the BAU work programme of the Group. Equity considerations are considered across all our reporting, assessment, evidence and advice provision.
	Scientific and Technical Advisory Group	Monitor and describe the incidence, prevalence, geographic spread, and disease severity in the population to estimate the burden of disease, assess trends, viral changes, and inform appropriate prevention and mitigation measures	This is the core function of the COVID-19 Science and Insights team. We provide daily, weekly, monthly and ad-hoc evidence and insights into all aspects of the COVID-19 virus and disease.
	Scientific and Technical Advisory Group	Continuously review international vaccine effectiveness against Omicron	The Scientific and Technical Advisory Group undertakes regular review of international vaccines against Omicron, and other variants of concern. This is provided through our International Perspective report, Variant of Concern report, and in close workings with the National Immunisation Programme.
	Surveillance Working Group and Intelligence and Analytics Team	Review data to ensure systems are enabling robust surveillance data	The COVID-19 Data and Analytics team are working closely with the Intelligence function and other parts of the Ministry to review reporting and data management as we progress through Phase 3 of the Omicron Strategy. Work is being undertaken in collaboration with the Strategic Operations team to develop a framework and measures for monitoring the impact of the Omicron Response.

## Work programme for implementation of Public Health operational changes to respond to Omicron

KEY:

PUBLIC HEALTH OPERATIONS GROUP (PHOG)

COVID-19 EQUITY (EQ)

CONTACT TRACING & CASE INVESTIGATION (NITC)

BORDER/MIQ (B&MI)

TESTING (T&S)

CARE IN THE COMMUNITY (CinC)

COMMUNICATIONS (Comms)

POLICY (P)

### Overview of recent progress

- Guidance provided to Ministry of Education for tertiary accommodation providers in light of phase 3 changes to contact management and isolation
- Care in the Community guidelines have all been updated to reflect the Omicron variant. Both sets of guidance are now on the MOH website.
- The RAT supply prioritisation policy was confirmed by the DG on 2 March, setting out a proposed RAT allocation prioritisation policy to inform decisions about distribution of RATs in scenarios where either supply or distribution networks are constrained.
- As at 9 March, 754 GPs are recorded in Healthpoint as offering RAT testing services.
- On Friday 4 March at 11.59pm, the Director-General of Health introduced an exemption to allow critical healthcare workers (HCW) to return to work through two pathways. Asymptomatic HCW who are cases can return to work on Day 6 pending negative Day 5&6 RATs or they return to work on a COVID-19 ward from day 0.
- The Māori distribution channel now includes 21 lead Māori providers, with a potential reach of over 200 Māori providers (and growing) covering most of the country. By the end of this week, 3 million RATs will have been distributed through the channel.

### Key upcoming activities

- In total 159.4 million RATs are on order as of 8 March. Of these 113 million are confirmed for delivery by end of April. An estimated 12.1 million RATs are currently held in stock.
- Isolation periods for cases and household contacts will be shortened from 10 to 7 days. This will be in effect from 11.59pm Friday 11 March.
- Work is being undertaken to develop a framework and measures for monitoring how the system is coping as we respond to Omicron, e.g., cases in ICU, hospitalisation rates, contact timeframes for care in the community referrals.
- Work is underway to develop a robust post-peak testing plan.
- Development work under way to send text messages with RAT results when GPs report via Healthlink, and to copy self-reported and GP RATs positive results to the enrolled GP.
- Improvements to the user experience for self-service are underway, including:
  - changes to the text message inviting cases to complete case investigation,
  - the automation of reminder text messages for those yet to complete the form.

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>ENABLERS</b>	<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Develop a strategic approach for Public Health Units (PHUs) as the outbreak progresses, including what comes after the peak	11 MARCH		A draft strategy was shared with PHUs on 4 March, with feedback requested by 8 March. A final document will be ready for 11 March.	PHOG
		Develop a prioritisation strategy for case investigations	14 MARCH		Prioritisation criteria has been developed and advice is being drafted for noting by Ministers.	NITC
		Undertaking an NITC Retrospective/Lessons Learned exercise from the Omicron response to date	ONGOING		Planning underway for a retrospective exercise to identify lessons learned from Omicron response, which will help to inform the future of the COVID response, as well as any other communicable disease outbreak.	NITC
		Work with key stakeholders to establish public health approach for outbreaks in specific settings	ONGOING		The Pacific Health team are attending regular PHU meetings to provide support where required and have shared supporting guidance with PHUs. Guidance for transitional housing developed by NRHCC has been circulated, and relationships with Corrections are ongoing. Support is being provided to PHUs with outbreaks in meat processing facilities. PHUs raised concerns about outbreaks in disability providers, and PHOG have connected with the Disability Directorate to provide support.	PHOG
	 <b>Care in the Community readiness</b>	Finalise Care Coordination Hubs readiness assessment of systems and processes, linkages with Māori, iwi, Pacific and disability providers.	21 MARCH		The final report is going through internal sign out. We will be presenting the findings to the regions on 21 March, including how the Ministry can support the regions with the pressures they are facing.	CinC
		Review CinC model and pathways to ensure meet needs for disabled and groups with complex needs	21 MARCH		Pathways have been developed for individuals who require additional health support. We are developing and testing the pathways with complex clinical case studies. We will look to include these in the next version of the COVID-19 Care in the Community Framework (to be published on 21 March)	CinC
		National Alternative Accommodation Service pilot has been stood up to support sourcing of accommodation for the regions.	ONGOING		First phase was established on 8 February and regions are currently engaging with the third-party provider. Second phase will be subject to SWC decision on 16 March.	CinC
		Communications campaign to surge Care in the Community health workforce	10 MARCH		On track for launch date 10 March 2022.	CinC
		Allocation of \$10m care in the community funding for health workforce initiatives and recruitment	10 MARCH		Memo for approval to HSPP steering group – 10 March Funds distributed to providers by 10 April	CinC
	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Provision of supervised RATs by Community Providers (updated)	9 MARCH		Options to modify funding of supervised testing by community providers in development due	T&S
		HR paper - Nationwide access to RATs	11 MARCH		Paper in development regarding RATs distribution and access to RATs	T&S
		Provision of supervised RATs by GPs	ONGOING		Opt-in process for GPs to offer supervised and/or unsupervised RATs underway. Contracts under development by sector operations as GPs opt in. As at 9 March, 754 GPs are recorded in Healthpoint as offering RAT testing services.	T&S
Onboarding community providers who support priority populations		ONGOING		The Māori distribution channel now includes 21 lead Māori providers, with a potential reach of over 200 Māori providers (and growing) covering most of the country. By the end of this week, 3 million RATs will have been pushed out through this channel. Broader distribution to priority population providers including 78 transitional housing providers and 40 womens refuge centres being worked through.	T&S	

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Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>ENABLERS CONT.</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Assisted pathways to Report RAT Results and Request RATs	<b>ONGOING</b>		Assisted channel continues to experience high call volumes – 18,763 calls on 8 March, with an average wait time of 14 minutes. Main reason for calling is to seek assistance with reporting RAT result. Ongoing monitoring of volumes and staffing levels.	T&S
		Provision of supervised RATs by Community Pharmacies	<b>TBC</b>		Funding models for Community Pharmacies and Community Providers are now being considered separately. Funding memo for Pharmacy RATs is owned by Primary Care – T&S input only. Contracting and engagement work pending outcome.	T&S
	<b>Equity</b>	Equity Impact Assessment to inform Omicron Response	<b>18 MARCH</b>		Information being collated, still in draft process. Noted as orange, as further consultation and review was required. Aimed for completion by 18 March.	EQ
		Equity review – COVID-19 Directorate	<b>30 APRIL</b>		In progress. Survey to be sent out to the directorate week ending March 11th.	EQ
		Refine Māori and Pacific Situational Report	<b>ONGOING</b>		Refined version was reported 4 March, to be reported weekly. Ongoing refinement is being undertaken with Māori health directorate and Science and Insights. Distribution beyond MoH TBC.	EQ
<b>DISTRIBUTION METRICS AND REPORTING</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Purchases placed, negotiation of delivery schedule, distribution to Community providers, GPS, DHBs	<b>ONGOING</b>		In total 159.4 million RATs are on order as of 8 March. Of these 113 million are confirmed for delivery by end of April. An estimated 12.1 million RATs are currently held in stock.	T&S
		Distribution of additional RATs to support expansion of supervised testing and provision of unsupervised testing	<b>ONGOING</b>		Distribution from warehouse to selected organisations – DHBs, GPs, ARCs, Corrections, Police, community providers, and from 11 March this will include the Disability sector. There are continued delays in the delivery of orders due to ongoing constraints with the domestic freight and courier network are affecting some GPs, pharmacies, community providers and ARCs. Community collection sites and CTCs were well stocked, despite high demand. DHBs are supporting these locally and as a short-term solution we are creating more channels for product to be distributed into the network (incl. large volumes via iwi and PHOs) and enabling local re-distribution between sites.	T&S
		RATs ordering for distribution at CTCs and Collection Sites	<b>ONGOING</b>		RAT Requestor v2 for ordering RATs (for individuals and households as well as critical workers) continues to receive high volumes of orders, With 54,736 orders (representing 221,152 household members) received 7 March and 45,415 orders (182,178 household members) received on 8 March.	T&S
<b>GUIDANCE</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Aged Residential Care facilities testing guidance	<b>10 MARCH</b>		ARC guidance is being further revised with latest policy settings in conjunction with the sector. Feedback received from ARC COVID-19 Steering Group.	T&S
		Community Provider Guidance	<b>ONGOING</b>		Guidance materials for community providers under review and further simplified. For review by community provider group before publication.	T&S
		Public-facing guidance (How to take a Rapid Antigen Test, Should I get a test)	<b>ONGOING</b>		Public-facing guidance (including MPP and UAC translations) and operational guidance updates underway for the changes to isolation periods.	T&S
	<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Changes to isolation periods for household contacts and cases	<b>11 MARCH</b>		Advice has been agreed to by Ministers to shorten isolation periods for cases and household contacts from 10 to 7 days. This is expected to be in effect from 11.59pm Friday 11 March.	NITC
		Risk score tool implemented	<b>9 MARCH</b>		Critical system issues have been resolved. The risk score is expected to go live on 9 March.	CinC
<b>Care in the Community readiness</b>	COVID-19 Care in the Community Framework updated	<b>21 MARCH</b>		The "Omicron Update" to the Framework will be published on 21 March, and will be a consolidation of key processes, and pathways developed to support the Hubs prepare for Omicron.	CinC	
	<b>COMMUNICATIONS &amp; ENGAGEMENT</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	RATs web page and key messages updates	<b>ONGOING</b>		Engaging with DPMC to ensure joined up messaging and guidance, including translation.
<b>Case Investigation and Contact Tracing model in light of Omicron</b>		Development of an animation video to accompany the workplace guidance for Phase Three	<b>11 MARCH</b>		Final feedback from Health Navigator has been received, on track for completion by the end of this week.	NITC

## Work programme for implementation of Public Health operational changes to respond to Omicron

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Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>COMMUNICATIONS &amp; ENGAGEMENT CONT.</b> 	<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Provide key message update to COVID Comms and AoG and update of education and workplace packs	11 MARCH		On track to be delivered for the implementation of changes to household contact and case isolation periods.	NITC
	<b>Care in the Community readiness</b>	Set up contact line for disabled people if their carer/support worker tests positive for COVID-19 or has to isolate as a precaution.	ONGOING		Underway.	CinC
<b>DIGITAL PATHWAYS AND ENABLERS</b> 	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Upgrade MCR RAT Reporter (health consumer version for recording unsupervised RATs/self test RATs)	11 MARCH		MCR integration to NCTS and Care in the Community (for positive RATs) now in Production. The 2 March downstream integration issues have been resolved. Functionality to allow result reporting on behalf of Under 12s is due 11 March.	T&S
		Develop additional functionality around GP reported RATs results	16 MARCH		Development work under way to send text messages with RAT results when GPs report via Healthlink, and to copy self-reported and GP RATs positive results to the enrolled GP.	T&S
		Develop Eclair RAT Catcher (developed solution of Éclair RAT Reporter) for health providers, to support processing of multiple RATs at once and result reporting via mobile device.	18 MARCH		Development in progress and guidance being updated	T&S
		Develop Eclair RAT Reporter MVP for health providers to report RAT results	ONGOING		MVP solution to enable digital reporting of RAT results where supervised is in production and use by community pharmacies and some community providers. Solution also used by call centre (assisted channels) to report on behalf of others. Symptoms have been added to form.	T&S
		Develop ESR RAT Reporter for third parties	TBC		Assessing requirements around potential provision of a mechanism for businesses and non-clinical third parties to report RAT Results of their workers	T&S
	<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Increasing automation within National Contact Tracing Solution	10 MARCH		Improvements to the user experience for self-service are underway, including: <ul style="list-style-type: none"> <li>changes to the text message inviting cases to complete case investigation,</li> <li>the automation of reminder text messages for those yet to complete the form.</li> </ul>	NITC
<b>HSPB</b> 	<b>Reconnecting New Zealanders Steps 3+</b>	Deliver RNZ Step 2.2 – 13/3/22 Support maritime border reopening Transition to NZTD declaration tool Produce reporting on steps 1 &2 RNZ Prepare any further system changes	ONGOING		RNZ Steps 1 & 2 have been delivered, with Step 2.2 taking place on the 13th March. There will be limited systems changes for MoH as this is only an expansion of Visa classes eligible for entry to NZ. Reporting for Step 1 & 2 testing compliance is also being developed. Additional work is underway with supporting the development and implementation of NZTD (Customs led), which is currently undergoing user testing. Focus is shifting to support the reopening of the maritime border, with multi-agency strategy meetings taking place and BEB as the governing body.	B&MI
		Support system changes in MIQ relevant to domestic response level	TBC		With RNZ steps 1&2 delivered, the remaining MIQ occupants have transitioned to RATs testing. Currently there are no system changes required, however this will be reevaluated post Cabinet decisions 14 March. With the isolation period for cases and household contacts being reduced from 10 to 7 days. This will impact a small number of guests currently in quarantine facilities. Guidance and comms are being prepared for health and ops teams.	B&MI
	<b>Future of MIQ facilities</b>	Future use of MIQ Facilities	TBC		MoH has prepared advice on the continued use of MIQ for the unvaccinated for consideration by Cabinet on 14 March. Scoping of future work will be undertaken once decisions are announced.	B&MI

### Activities to support work programme

Business Group	Critical activities	Action	Progress
COVID-19 Operations	Ensuring understanding of how Omicron is being managed	Stocktake of existing data / measures to monitor across the outbreak. Review of most appropriate indicators across areas of concern, including: <ul style="list-style-type: none"> <li>Care in the Community</li> <li>Health system capacity (hospital workloads and workforce issues)</li> </ul> Once key indicators, appropriate metrics and data sources confirmed, identification of opportunities to streamline reporting while assuring appropriate information flows	COVID-19 directorate teams are working closely with other parts of the Ministry to review reporting and data management as we progress through Phase 3 of the Omicron Strategy. Work is being undertaken to develop a framework and measures for monitoring how the system is coping as we respond to Omicron, e.g., cases in ICU, hospitalisation rates, contact timeframes for care in the community referrals. A memo which outlines updated key indicators for understanding the current Omicron outbreak, health system capacity and demand has been drafted. These indicators will assist the COVID-19 Assessment Committee when making decisions on traffic light settings under the COVID-19 Protection Framework and review phases under the Omicron response plan. This memo will be provided to the COVID-19 Assessment Committee on Tuesday 15 of March for their endorsement. Work continues to understand how data and reporting can further be streamlined to reduce impact on Ministry staff, DHBs and other central agencies.  The Science and Insights and Testing Operations teams have work underway to develop a robust post-peak testing plan

## Work programme for implementation of Public Health operational changes to respond to Omicron

KEY: PUBLIC HEALTH OPERATIONS GROUP (PHOG) COVID-19 EQUITY (EQ) CONTACT TRACING & CASE INVESTIGATION (NITC) BORDER/MIQ (B&MI) TESTING (T&S) CARE IN THE COMMUNITY (CinC) COMMUNICATIONS (Comms) POLICY (P)

### Overview of recent progress

- Over 93% of the population are now able to access RATs within a 20-minute drive.
- New functionality is now available as of March 11 in My COVID Record to report RAT results "on behalf of".
- Funding models have been confirmed for Community Providers and onboarding is in progress.
- The Māori distribution channel now includes 29 lead Māori providers, with a reach of over 300 community partners. They are also a distribution hub for other ethnic communities. Over 4 million RATs have been pushed out through this channel since it was stood up.
- As at 11:59pm on the 11<sup>th</sup> of March, isolation periods for household contacts and cases was reduced from 10 to 7 days, necessitating substantial work across the contact tracing system to facilitate this change, including updated messaging to AoG.
- Improvements have been made to the self-service process, including automation and rewording of reminder texts. This has produced a notable increase in the uptake of the form since introducing these changes.
- A memo covering Bluetooth's continued usage in Phase 3 of the Omicron Response was provided to Ministers on 14 March 2022.
- A briefing on case investigation and its interactions with the Care in the Community pathway was provided to Ministers on 14 March 2022.
- A communications campaign to surge Care in the Community health workforce was launched on 10 March.

### Key upcoming activities

- Updates and engagement on the Testing Strategy and Testing Plan.
- Confirm requirements around eligibility and delivery mechanism for RAT orders dependent on outcome of Health Reports.
- Engagement with disability sector on further supporting access to RATs.
- The COVID-19 Assessment Committee will meet on 29 March 2022 to undertake a review of the COVID-19 Protection Framework settings.
- From 11:59pm 12 April 2022, fully vaccinated Australian citizens and permanent residents can enter New Zealand without self-isolation or entering managed isolation and quarantine.
- From 11:59pm 1 May 2022, fully vaccinated visitors from visa waiver countries, and visitors from other countries who already hold a valid visitor visa can enter New Zealand without entering self-isolation or managed isolation and quarantine.

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>ENABLERS</b>	<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Coordinate and develop a work programme to support wider Ministry preparedness in responding to infectious disease incursions and outbreaks as Aotearoa, New Zealand opens to international travelers	18 MARCH		There is increasing concern that with the border opening there will be an influx of other diseases which we will not be ready for both as a system and as a population. PHOG is leading the development of a memo and working across various Ministry teams to develop a proposal to address this issue. The sign out process is intended to start by 18 March.	PHOG
		Undertake an NITC retrospective/lessons learned exercise from the Omicron response to date	25 MARCH		Planning is underway for a retrospective exercise next week to identify lessons learned from the Omicron response. This will help to inform the future of the COVID response, as well as any other communicable disease outbreak.	NITC
		Work with key stakeholders to establish public health approach for outbreaks in specific settings	ONGOING		To address equity concerns with the change in process for welfare referrals, PHOG organised for PHUs to meet with MSD to understand the changes. Work has continued to support outbreaks in correctional facilities, and Corrections has shared their guidance for staff when managing those exposed to a positive case, in addition to their new prisoner's arrival process. A review of priority exposure events will be undertaken this week based on feedback from PHUs.	PHOG
		Develop a strategic approach for Public Health Units (PHUs) as the outbreak progresses, including what comes after the peak	ONGOING		The National Public Health Plan for the Phase 3 Peak was signed off on 11 March and shared with PHUs. Work has now commenced on a post-phase 3 plan.	PHOG
	<b>Care in the Community readiness</b>	Finalise Care Coordination Hubs readiness assessment of systems and processes, linkages with Māori, iwi, Pacific and disability providers.	21 MARCH		The final report is going through internal sign out. We will be presenting the findings to the regions on 21 March, including how the Ministry can support the regions with the pressures they are facing.	CinC
		Review CinC model and pathways to ensure it meets the needs for disabled and groups with complex needs	21 MARCH		Pathways have been developed for individuals who require additional health support. We are developing and testing the pathways with complex clinical case studies. We will look to include these in the next version of the COVID-19 Care in the Community Framework (to be published on 21 March).	CinC
		Allocation of \$10m care in the community funding for health workforce initiatives and recruitment	10 APRIL		Funds are starting to be allocated to providers – on track to be distributed by 10 April.	CinC
		National Alternative Accommodation Service pilot has been stood up to support sourcing of accommodation for the regions.	ONGOING		Preparations have been established for the second phase, pending confirmation of SWC decision 16 March.	CinC
	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Regulatory changes to POCT Order for 2022	16 MARCH		Proposal for Rapid Antigen Testing – Regulatory changes for 2022 provided, further updated version provided 16 March.	T&S
		Updating the Testing Strategy and Testing Plan post peak in the medium term	17 MARCH		Review of the Testing Strategy, Testing Plan and Testing modelling with Science and Insights is underway. A paper will go to the Director-General on 17 March 2022 with initial thinking. Engagement is planned with a range of stakeholder groups.	T&S
Access to RATs		ONGOING		Nuanced Distribution Methods for Rapid Antigen Testing (HR20220418) with Minister for consideration 11 March, with updates on 15 March. Outcome of this paper will inform the need to stand up additional delivery options for unsupervised RATs. A further briefing to be provided Friday 18 March 2022, on the operationalisation of these changes. Aide Memoire Options for Increasing Public Access to RATs (HR20220445) was provided for discussion 13 March 2022, alongside HR20220418. Request received for comms on PR reflecting the good work on RAT distribution and RAT access. As at 15 March, over 93% of the population are able to access RATs within a 20-minute drive to a collection point.	T&S	



## Work programme for implementation of Public Health operational changes to respond to Omicron

KEY:	PUBLIC HEALTH OPERATIONS GROUP (PHOG)	COVID-19 EQUITY (EQ)	CONTACT TRACING & CASE INVESTIGATION (NITC)	BORDER/MIQ (B&MI)	TESTING (T&S)	CARE IN THE COMMUNITY (CinC)	COMMUNICATIONS (Comms)	POLICY (P)
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Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>ENABLERS CONT.</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Onboarding community providers who support priority populations	ONGOING		Work is currently being done to support Pacific and ethnic communities in the regions. Work for the disability sector continuing to deliver RATs through providers and enhance assisted channels is ongoing. Accessibility and acceptability are key focus areas. Work is currently being undertaken to enhance national coverage for this sector. Collectively there are currently over 65 providers who will be sent a contract for supervised RATs. More providers to be onboarded over the coming weeks.	T&S
		Assisted pathways to report RAT results and request RATs	ONGOING		Assisted channel call volumes have started to settle (6,500 calls on 16 March). Currently there is less than a one-minute wait times for callers. However, if access to RATs is broadened then demand on both the assisted channel and the RAT requester form will likely increase (pending Ministerial decision).	T&S
		Provision of supervised RATs by community pharmacies	ONGOING		Ongoing engagement with the pharmacy sector on broadened services following funding decision. Pending Minister decision, if access is broadened this may result in additional need for supervised testing services. DHBs are contracting community pharmacies for any unsupervised RATs distribution where needed.	T&S
		Authorisation of RATs	ONGOING		12 RATs are currently authorised for use. BIOCREDIT COVID-19 Ag Home Test was approved by DG on 15 March. Gazette and MoH website update for 16 March. 4 devices are undergoing technical review.	T&S
	<b>Equity</b>	Equity Impact Assessment to inform Omicron Response	MID APRIL		Information still under collation. The next step is to finalise the report and provide it to the Director-General by mid April.	EQ
		Equity review – COVID-19 Directorate	30 APRIL		In progress. Survey was sent to the directorate March 11th. Interviews with GM are scheduled 17th-26th April, acknowledging the current pressures on the Directorate.	EQ
		Refine Māori and Pacific Situational Report	ONGOING		Ongoing refinement is being undertaken with Māori health directorate and Science and Insights. Distribution beyond MoH TBC. Tāngata Whakaha vaccination and boosters (Māori living with disability) now reported weekly.	EQ
<b>DISTRIBUTION METRICS AND REPORTING</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Purchases placed, negotiation of delivery schedule, distribution to Community providers, GPS, DHBs	ONGOING		A total of 136.6 million RATs are on order as of 15 March, with 68.7 million confirmed for delivery in March. As of 15 March, there are 25 million RATs in central stock	T&S
		Distribution of additional RATs to support expansion of supervised testing and provision of unsupervised testing	ONGOING		Distribution from warehouse to selected organisations – DHBs, GPs, ARCs, Corrections, Police, community providers, and disability providers. An additional distribution push has been positioned to DHBs this week. Community collection sites and CTCs are well stocked, despite high demand. DHBs are supporting these locally and have expanded distribution channels for product into the network (incl. large volumes via Māori and Pasifika providers) and enabling local re-distribution between sites.	T&S
		RATs ordering for distribution at CTCs and Collection Sites	ONGOING		RAT Requestor v2 for ordering RATs (for individuals and households as well as critical workers) is in use nationwide. 24,000 orders (representing 96,000 people) were received on 15 March. Overall, order volumes indicate that RATs distribution has reached a steady state under current eligibility.	T&S
<b>GUIDANCE</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Pharmacy guidance	18 MARCH		Update guidance for Pharmacies - dependent on acceptance of funding model.	T&S
		Aged Residential Care facilities testing guidance	ONGOING		ARC guidance is being further revised with latest policy settings in conjunction with the sector. Feedback sought via ARC COVID-19 Steering Group. Community Residential Care Facilities guidance update is also in progress.	T&S
		Community Provider Guidance	ONGOING		Under review by community provider group before publication (17 March) New guidance for Community Providers in development re: funding model.	T&S
		Public-facing guidance (How to take a Rapid Antigen Test, should I get a test)	ONGOING		Public-facing guidance and operational guidance were updated with changes to the isolation period. Translations of public guidance is in progress with MPP and UAC.	T&S
	<b>Care in the Community readiness</b>	Risk score tool implementation	ONGOING		The risk score tool went live on 10 March. A rapid assessment of the risk score is currently being developed.	CinC
		COVID-19 Care in the Community Framework updated	21 MARCH		The "Omicron Update" to the Framework will be published on 21 March. This will be a consolidation of key processes, and pathways developed to support the Hubs to prepare for Omicron.	CinC

## Work programme for implementation of Public Health operational changes to respond to Omicron

KEY: PUBLIC HEALTH OPERATIONS GROUP (PHOG) COVID-19 EQUITY (EQ) CONTACT TRACING & CASE INVESTIGATION (NITC) BORDER/MIQ (B&MI) TESTING (T&S) CARE IN THE COMMUNITY (CinC) COMMUNICATIONS (Comms) POLICY (P)

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
 COMMUNICATIONS & ENGAGEMENT	<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Development of an animation video to accompany the workplace guidance for Phase Three	16 MARCH		Final sign-off being completed for finalisation this week.	NITC
	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Draft PR on RATs access	17 MARCH		PR for Associate Minister of Health, Hon Dr Ayesha Verrall re: population access to RATs access points within 20-minute drive.	T&S Comms
		RATs web page and key messages updates. Work on RAT roll out to schools (with Ministry of Education)	ONGOING		Engaging with DPMC to ensure joined up messaging and guidance, including translation.	T&S Comms
	<b>Care in the Community readiness</b>	Set up contact line for disabled people if their carer/support worker tests positive for COVID-19 or has to isolate as a precaution.	21 MARCH		Underway. Self-reporting scheduled to go live on 21 March.	CinC
 DIGITAL PATHWAYS AND ENABLERS	<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Improvements to the system for reporting and referral to support disability and accommodation needs	22 MARCH		Updated questions regarding disability and accommodation needs are being added within the National Contact Tracing Solution to enable people to identify disability and/or accommodation needs. This ensures that Community Care Providers can be promptly notified.	NITC
	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Develop Eclair RAT Catcher (developed solution of Éclair RAT Reporter) for health providers, to support processing of multiple RATs at once and result reporting via mobile device.	28 MARCH		Development in progress and guidance being updated. Implementation and change plan to be developed.	T&S
		Enhance RATs order and result reporting dashboard	ONGOING		Ongoing enhancements to automated reporting dashboard required to support new/changed functionality being delivered at pace. Continued rapid evolution of digital solutions means solutions are not integrated and data flows do not enable detailed reporting.	T&S
		Further enhance RAT Requestor v2 for ordering RATs (for individuals and households)	TBC		Assessing potential requirements if changes to distribution options are agreed (including the potential to widen eligibility criteria, potential to offer expanded delivery option). Final requirements dependent on outcome of HR20220445 & HR20220418.	T&S
		Develop ESR RAT reporter for third parties	TBC		Assessing requirements around a mechanism for clinical third parties to report RAT results of their workers in bulk. Current scope is for ARCs, DHBs and potentially Corrections (not businesses).	T&S
 HSPB	<b>Reconnecting New Zealanders Steps 3+</b>	Future RNZ Steps	ONGOING		RNZ Steps 1 & 2 have been delivered, with reporting on testing compliance currently being developed. Further RNZ steps, including the expansions to other classes of visa holders will continue to be delivered as approved by cabinet.	B&MI
	<b>Future of MIQ facilities</b>	Support system changes in MIQ relevant to domestic response level	TBC		Recent changes to the definition of fully vaccinated for border arrivals (removing the need to have completed the course 14 days prior to arrival) meant a number of guests could be released from MIQ facilities on 15/03/22. Guidance setting out the legal mechanism by which a Medical Officer of health or health protection officer can transfer a case and/or their household contacts into a MIQ facility under Clause 29 of Self Isolation and Permitted Work Order 2022 has been drafted. This order replaces Section 70 notices. This is to be used where the person doesn't have a suitable place to self-isolate.	B&MI
		Future use of MIQ Facilities	TBC		MoH has prepared advice on the continued use of MIQ for the unvaccinated, with announcements yet to be made by Cabinet. MoH is working closely with DPMC and border agencies to ensure timely delivery of future decisions.	B&MI

### Activities to support work programme

Business Group	Critical activities	Action	Progress
COVID-19 Operations	Ensuring understanding of how Omicron is being managed	<p>A stock take of the existing COVID-19 data collected across the directorate has been captured to help identify key indicators.</p> <p>A memo was provided to the COVID-19 Assessment Committee which outlined the following key indicators</p> <ul style="list-style-type: none"> <li>- Care in the Community</li> <li>-Cases, Severity, Hospitalisation and Deaths</li> <li>-Testing</li> <li>-Border, MIQ and Whole Genome Sequencing</li> <li>-Contact Tracing and Case Management</li> </ul> <p>Following the identification of key indicators, appropriate metrics and data sources we will assess opportunities to streamline reporting and ensure it is fit for purpose to understand the current Omicron outbreak.</p>	<p>A stocktake of the existing COVID-19 data collected across the directorate has been captured. Identification of any overlaps and duplications in COVID-19 reporting in order to streamline data and reduce workforce pressures on District Health Boards and the wider Ministry is underway. A memo titled 'Update on the key COVID-19 Indicators to aid the COVID-19 Protection Framework Assessment process' was presented to the COVID-19 Assessment Committee (CAC) identifying key indicators that will assist the CAC when making decisions on traffic light settings under the COVID-19 Protection Framework and review phases under the Omicron response plan. Further refinements required and underway.</p> <p>The Science, Surveillance and Insights team are currently working to confirm priorities for COVID-19 Surveillance in the context of the Omicron wave and post peak. In addition to the Surveillance Strategy (Dec 2021) there are activities required particularly around WGS, wastewater and prevalence estimation. An overarching Surveillance Plan, incorporating the breadth of activity, will be provided in a briefing to Ministers next week (by 25 March).</p>

## Work programme for implementation of Public Health operational changes to respond to Omicron

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### Overview of recent progress

- Ethnic communities can access RATs via culturally and linguistically diverse communities (CALD), with the support of dedicated hubs for Māori health providers. The Ministry of Ethnic Communities has been informed and liaised with.
- Some health providers from ethnic communities now have access to Éclair database to directly enter RATs result for ethnic communities. This has been achieved in collaboration with ESR and ongoing promotion of this is continuing to reach all ethnic communities in all regions.
- Questions to identify accommodation and disability needs have been added to the contact tracing process. This ensures that these needs can be identified to the Community Hubs to manage locally.
- An animation video to accompany workplace messaging in Phase 3 has been finalised and will be added to the suite of resources online by 1 April 2022.
- The "Omicron Update" to the COVID-19 Care in the Community Framework was published on 22 March. This is a consolidation of key processes, and pathways developed to support the Hubs to prepare for Omicron.
- Engagement workshop was held with the disability sector on further supporting access to RATs.
- Draft Omicron Post Peak Testing Strategy and Plan updated.
- Findings from the Care Coordination Hubs readiness assessment were presented to the regions on 21 March 2022.

### Key upcoming activities

- Omicron Post Peak Testing Strategy and Plan engagement and further updates.
- Further engagement including scenario planning with experts on, and updates to, Omicron Post Peak Testing Strategy and Testing Plan.
- Workshops with service providers (Labs Network) on future testing needs.
- The COVID-19 Assessment Committee will meet on 29 March 2022 to undertake a review of the COVID-19 Protection Framework settings.
- From 11:59pm 12 April 2022, fully vaccinated Australian citizens and permanent residents can enter New Zealand without self-isolation or entering managed isolation and quarantine.
- From 11:59pm 1 May 2022, fully vaccinated visitors from visa waiver countries, and visitors from other countries who already hold a valid visitor visa can enter New Zealand without entering self-isolation or managed isolation and quarantine.

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
	<b>ENABLERS</b>	Improvements are being made to enable the uploading of RAT results for settings where an individual may not be able to record these, e.g., Corrections, Aged Residential Care facilities	25 MARCH		A criteria for bulk uploading RAT results to NCTS is being developed to manage the upload of test results for particular settings.	NITC
		Undertake an NITC retrospective/lessons learnt exercise from the Omicron response to date	13 APRIL		A series of debriefs are taking place to identify lessons learnt from the Delta and Omicron outbreak to date to inform the future model for contact tracing.	NITC
		Work with key stakeholders to establish public health approach for outbreaks in specific settings	ONGOING		A review of priority exposure events is underway. An overview document has been developed and distributed to PHUs to allow all national guidance to be readily accessed.	PHOG
		Develop a strategic approach for Public Health Units (PHUs) as the outbreak progresses, including what comes after the peak	ONGOING		Work has now commenced on a post-peak plan for public health units. Consultation will be undertaken with public health service managers this week.	PHOG
	<b>Care in the Community readiness</b>	Allocation of \$10m care in the community funding for health workforce initiatives and recruitment	10 APRIL		Funds are starting to be allocated to providers – on track to be distributed by 10 April.	
		Review CinC model and pathways to ensure it meets the needs for disabled and groups with complex needs	ONGOING		Pathways have been developed for individuals who require additional health support. An Omicron update has been published as an update for the COVID-19 Care in the Community Framework. This includes contact information for local Care Coordination Hubs and a table showing various assisted channels. More work is underway to develop and communicate assisted pathways.	CinC
		National Alternative Accommodation Service pilot has been stood up to support sourcing of accommodation for the regions.	ONGOING		Further work is being done for the second phase of the pilot. MBIE will be taking over the commissioning of alternative accommodation from 1 April 2022, with close collaboration with local community care hubs.	CinC
	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Regulatory changes to POCT Order for 2022	25 MARCH		Proposal for Rapid Antigen Testing – Regulatory changes for 2022: Further updated memo to DG underway following engagement with policy and legal.	T&S
		Updating the Testing Strategy and Testing Plan post peak in the medium term	25 MARCH		Testing strategy and plan updated and ready for further engagement with key internal and external stakeholders. Key focus of engagement is scenario planning in preparation for various settings. Initial engagement also planned with the Laboratory Network (25 March), The key focus is to provide a high-level outline of testing post Omicron peak (3-6 months).	T&S
		Māori Distribution Channel	ONGOING		Approval of funding to enable distribution services by Māori lead providers underway.	T&S
		Onboarding community providers who support priority populations	ONGOING		The Māori distribution channel now includes 29 lead Māori providers, with a reach of over 800 community partners (Māori providers, marae, kura kaupapa, Kohanga Reo, Pacific providers and disability sector) all over the country. As at 23 March, over 6 million RATs have been pushed out through this channel. Collectively there are currently over 70 community providers who will be sent a contract for supervised RATs. A targeted approach is being taken with EOIs, to attract more Māori, Pacific and disability sector providers.	T&S
		Authorisation of RATs	ONGOING		12 RATs are currently authorised for use. 4 devices are undergoing technical review.	T&S
	Assisted pathways to report RAT results and request RATs	ONGOING		Assisted pathways to report RAT results and request RATs call volumes have started to settle around 5,000 - 6,000 calls per day, with less than one minute wait times for callers. Assisted channels will support additional services such as BWTR, rural service and the disability sector. As at 18 March, as calls are now at a manageable level, callers are no longer being directed to an auto message for negative reporting. Negative calls are now being manually recorded on the day of the call. Update to procurement documents to enable ongoing provision of services in progress.	T&S	
	Provision of supervised RATs by community pharmacies	ONGOING		A recommendation has been made not to progress further negotiations on expanding the eligibility for community pharmacies to test symptomatic people using RATs, given that they are available to most New Zealanders through a range of mechanisms.	T&S	

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Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>ENABLERS CONT.</b>  	<i>Equity</i>	Equity Impact Assessment to inform Omicron Response	ONGOING		Write up still in progress.	EQ
		Research to review equity in the COVID-19 response is under phase I – co-designing interviews and recruiting participants with research partner Te Rau Ora	ONGOING		Phase I equity research expected to be completed on 18 April 2022.	EQ
		Refine Māori and Pacific Weekly Trends & Insights Report	ONGOING		Distribution beyond MoH has been approved, distribution is to a wide range of key stakeholders such as DHBs, PHUs, Te Puni Kokiri, Te Arawhiti and DPMC, but remains a restricted distribution category. Tāngata Whakaha vaccination and boosters (Māori living with disability) now reported weekly and Tāngata whaiora vaccination reported 8 weekly.	EQ
<b>DISTRIBUTION METRICS AND REPORTING</b>  	<i>Implementation of Rapid Antigen Testing (RATs) in New Zealand</i>	Access to RATs for people living in rural areas	28 MARCH		The process for an enhanced rural service is being developed, and implemented, including updating IT and operational guidance.	T&S
		Purchases placed, negotiation of delivery schedule, distribution to community providers, GPs, DHBs	ONGOING		A total of 109.9 million RATs are on order as of 22 March, with 36.2 million confirmed for delivery in March. As at 22 March, there are 31.9 million RATs in central stock.	T&S
		National distribution of additional RATs to support expansion of supervised testing and provision of unsupervised testing	ONGOING		Distribution from warehouse to selected organisations – DHBs, GPs, ARCs, Corrections, Police, community providers, and disability providers. An additional distribution push has been positioned to DHBs this week. Community collection sites and CTCs are well stocked, despite high demand. DHBs are supporting these locally and have expanded distribution channels for product into the network (incl. large volumes via Māori and Pacific providers) and enabling local re-distribution between sites.	T&S
		RATs ordering for distribution at CTCs and collection sites	ONGOING		Updated version of system (RAT Requestor) for ordering RATs (for individuals and households as well as critical workers) is in use nationwide. 17,500 orders (representing 69,000 people) were placed on 22 March (please note that this number does not include people who have accessed RATs via workplaces, and community providers). Overall, order volumes indicate that RATs distribution has reached a steady state under current eligibility.	T&S
<b>GUIDANCE</b>  	<i>Implementation of Rapid Antigen Testing (RATs) in New Zealand</i>	Aged Residential Care facilities testing guidance	ONGOING		ARC testing guidance has been further revised with latest policy settings in conjunction with the sector and with feedback from ARC COVID-19 Steering Group. This was reviewed by the Director-General on 22 March. Community Residential Care facilities guidance update is also in progress for circulation at a later date.	T&S
		Community Provider Guidance	ONGOING		Updated Community Provider Guide was published 20 March. Eclair RAT Reporter guidance for organisations being updated.	T&S
		Public-facing guidance (How to take a RAT, should I get a test)	ONGOING		How to take a RAT guidance page on MoH website now links to the Unite against COVID-19 website translations for easy reference. This infographic will remove the need for further issue of MoH-produced <i>Should I get a test</i> pdf.	T&S
	<i>Case Investigation and Contact Tracing model in light of Omicron</i>	Update of Guidance for healthcare workers who are COVID-19 cases	25 MARCH		In response to the reduction in isolation and quarantine periods, updated guidance is being prepared for healthcare workers returning to work after testing positive. This includes guidance for different critical workforce staffing pressures. PHUs, DHBs, and unions are being engaged in this work.	NITC
		Development of advice leading to the creation of a work programme to support Ministry preparedness in responding to non-COVID-19 infectious disease incursions and outbreaks as the border reopens	8 APRIL		PHOG is leading the development of advice and working across the Ministry to develop a proposal which will create a new work programme. Extensive internal consultation is being undertaken on this, with the next stage being an internal memo to be completed by 1 April. A noting memo will be prepared for Ministers in early April.	PHOG
<i>Care in the Community readiness</i>	Risk Score Tool implementation	ONGOING		The Risk Score Tool went live on 10 March. A rapid assessment of the tool is being developed by looking at the score of those who are hospitalised and determining if the score was correct. Sector-wide training sessions on the Risk Score have been ongoing and we are seeking feedback to understand if the score is working in the intended way, and if there are areas for improvement.	CinC	

## Work programme for implementation of Public Health operational changes to respond to Omicron

KEY: PUBLIC HEALTH OPERATIONS GROUP (PHOG) COVID-19 EQUITY (EQ) CONTACT TRACING & CASE INVESTIGATION (NITC) BORDER/MIQ (B&MI) TESTING (T&S) CARE IN THE COMMUNITY (CinC) COMMUNICATIONS (Comms) POLICY (P)

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>COMMUNICATIONS &amp; ENGAGEMENT</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Draft PR on RATs access	25 MARCH		PR for Associate Minister of Health, Hon Dr Ayesha Verrall re: population access to RATs access points within 20-minute drive.	T&S Comms
		Regular weekly updating of key messages on RATs web page Work on RAT roll out to schools (with Ministry of Education)	ONGOING		RATs web page and key messages updated. Work on RAT roll out to schools (with Ministry of Education). Review DPMC video scripting. Engaging with DPMC to ensure joined up messaging and guidance, including translation.	T&S Comms
	<b>Care in the Community readiness</b>	Set up contact line for disabled people if their carer/support worker tests positive for COVID-19 or has to isolate as a precaution	31 MARCH		A phone contact line is in development for 'all things COVID' that is tailored to disabled people. It is expected this service will 'go live' by end March 2022.	CinC
<b>DIGITAL PATHWAYS AND ENABLERS</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Develop additional functionality around GP reported RATs results	24 MARCH		Development work under way to send text messages with RAT results when GPs report via Healthlink, and to copy self-reported and GP RATs positive results to the enrolled GP. Revised delivery date of 24 March on track.	T&S
		Develop Eclair RAT Catcher (developed solution alternative to Eclair RAT Reporter) for health providers, to support processing of multiple RATs at once and result reporting via mobile device	2 APRIL		Development in progress. Will be available via progressive rollout from early April. Implementation and change plan to be developed regarding onboarding of new users and trached migration of targeted existing users from Eclair.	T&S
		Develop Eclair RAT Reporter to provide information to key contacts at service delivery facilities	ONGOING		Minimal viable product solution in full use. Additional enhancements ongoing – current week focus is to enable Site Leads to view the RAT activity list, and to finalise requirements and scope to copy results to regional clinical data repositories (enabling local DHBs to see results in their systems).	T&S
		Enhance RATs order and result reporting Qlik dashboard	ONGOING		Automated reporting developed at pace to integrate new/changed data feeds. Working to offer DHBs direct access to dashboard so that they have sight of their order information.	T&S
		Further enhance RAT Requestor for ordering RATs (for individuals and households)	ONGOING		Re-order timeframe restriction setting changed from 3 days to 5 days on 16 March. Upcoming changes around rural delivery are outlined in Distribution section of this dashboard.	T&S
		Develop Eclair RAT reporter for third parties	TBC		Assessing requirements around a mechanism for clinical third parties to report RAT results of their workers in bulk, including flags to indicate whether existing MoH systems should be activated (e.g. whether wraparound clinical care is already in place). Current scope for bulk upload is for ARCs, DHBs and potentially Corrections (not businesses).	T&S
<b>HSPB</b>  	<b>Reconnecting New Zealanders Steps 3+</b>	Future RNZ steps	ONGOING		RNZ Steps 1 & 2 have been delivered, with reporting on testing compliance currently being developed. Further RNZ steps, including the expansions to other classes of visa holders will continue to be delivered as approved by Cabinet.	B&MI
	<b>Future of MIQ facilities</b>	Support system changes in MIQ relevant to domestic response	TBC		Following Cabinet's decision on 14 March, unvaccinated New Zealand citizens, fully vaccinated permanent residents and other eligible visa holders are able to enter New Zealand without going into MIQ or self-isolating. Those already in MIQ were released.	B&MI
		Future use of MIQ facilities	TBC		We have been working with MBIE to support DHBs and MIQ with the decommissioning of facilities, and ongoing work around ensuring remaining facilities are able to support community cases/contacts who cannot isolate at home or in another alternative	B&MI

### Activities to support work programme

Business Group	Critical activities	Action	Progress
COVID-19 Operations	Ensuring understanding of how Omicron is being managed	The Science, Surveillance & Insights Group are preparing a Health report for Ministers Hipkins and Verrall on the overarching approach to COVID-19 surveillance as we move through the peak and beyond. This will be provided by 25 March 2022.	The Science, Surveillance and Insights team are progressing priorities for COVID-19 Surveillance in the context of the Omicron wave and post peak. In addition to the Surveillance Strategy (Dec 2021) there are activities required particularly around WGS, wastewater and prevalence estimation. An overarching Surveillance Plan, incorporating the breadth of activity, will be provided in a briefing to Ministers.

## Work programme for implementation of Public Health operational changes to respond to Omicron

KEY:

PUBLIC HEALTH OPERATIONS GROUP (PHOG)

COVID-19 EQUITY (EQ)

CONTACT TRACING & CASE INVESTIGATION (NITC)

BORDER/MIQ (B&MI)

TESTING (T&S)

CARE IN THE COMMUNITY (CinC)

COMMUNICATIONS (Comms)

POLICY (P)

### Overview of recent progress

- Updated guidance for healthcare workers who are cases returning to the workforce has been prepared and published on the MOH website.
- Engagement and co-design workshops were undertaken with the disability sector on further supporting access to RATs. Joint 8-point action plan has been developed, founded on equity and supporting priority populations.
- Targeted rural service is now live, enabling equitable access to RATs for those who live further than a 20-minute drive from a RAT collection site.
- Planning undertaken on changes to testing settings (exemptions) for cases to leave isolation under specific criteria.
- The COVID-19 Assessment Committee met on 29 March 2022 to undertake a review of the COVID-19 Protection Framework settings.
- On 28 March 2022, the Director-General agreed for three new health factors to guide recommendations on colour changes under the CPF. The three factors include:
  - the degree of protection from severe health outcomes gauged by booster and immunity levels, in addition to the availability of treatment
  - the effectiveness of care in the community in supporting isolation in place, particularly for vulnerable populations and multi-generational households, and
  - the capacity of the health and disability system to meet demand for COVID-19

### Key upcoming activities

- Further engagement workshops with the disability sector, and onboarding of additional supervised testing providers.
- Policy work and engagement with stakeholders on funding aspect of supervised testing by community pharmacies.
- Ongoing engagement and subsequent operationalisation of the Omicron Post Peak Testing Strategy and Plan.
- Cabinet will review the COVID-19 Protection Framework (CPF) settings for New Zealand on 4 April 2022.
- My Vaccine Pass requirements will be removed across New Zealand on 4 April 2022. This follows the changes on 25 March 2022 to capacity limits within the CPF.

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
	<b>ENABLERS</b>	Developing a workplan to ensure people with disabilities are better served through contact tracing	ONGOING		New questions about disability are now live on digital tools, meaning we are now able to identify how many cases identify as having a disability. Conversations about how to utilise this data to improve service performance are ongoing.	NITC
		Improvements are being made to enable the uploading of RAT results for settings where an individual may not be able to record these, e.g., Corrections, Aged Residential Care facilities	ONGOING		A working group is meeting regularly to establish a streamlined process for bulk uploading of RAT results in particular settings, and support is available to PHUs for the manual uploading process in the interim.	NITC
		Develop a strategic approach for Public Health Units (PHUs) as the outbreak progresses, including what comes after the peak	6 APRIL		Following feedback from PHU service managers, a draft post-peak plan is being circulated for feedback with PHUs this week. A session will be held on 31 March to receive feedback, and a final plan to be completed by 6 April.	PHOG
		Work with key stakeholders to establish public health approach for outbreaks in specific settings	ONGOING		Guidance under development or review: <ul style="list-style-type: none"> <li>Omicron guidance for disability providers is being developed in partnership with the Disability Directorate.</li> <li>Guidance for marae and tangihanga is being reviewed and updated.</li> <li>Guidance for Mental Health and Drug and Alcohol residential facilities is also underway</li> </ul>	PHOG
	<b>Care in the Community readiness</b>	Regional desktop reviews	6 APRIL		Commencement of desktop reviews of the Care in the Community function in four regions – Northern, Te Manawa Taki, Central and Southern. The purpose is to review our Care in the Community preparedness capability and performance. The reviews will incorporate the intelligence gathered from the survey of preparedness conducted of 44 Hubs across Aotearoa. The reviews commenced on 24 March 2022 and are expected to be completed by 6 April 2022.	CinC
	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Updating the Testing Strategy and Testing Plan post peak in the medium term	1 APRIL		Engagement with key stakeholders on Omicron post peak Testing Strategy and Plan in progress. Revisions underway to determine the medium term (next 3-6 months) with a particular focus on the purpose of testing and subsequent choice of modality as well as testing frequency and development of the 'no testing' option. Paper going to DG 1 April.	T&S
		Proposal to amend COVID-19 Public Health Response (Self-isolation Requirements and Permitted Work) Order 2022 following review (HR20220520)	8 APRIL		Paper proposes changes to the Self Isolation and Permitted Work Order, to provide additional clarification on testing requirements. Aim is for Order to be stood up by 8 April.	T&S
		Pilot of COVID-19 Saliva (Lollipop) test	1 MAY		Small pilot program to assess if the less-invasive lollipop tests would be an appropriate PCR testing alternative for New Zealanders living with disabilities that make it difficult for them to take a regular PCR test.	T&S
		Onboarding community providers who support priority populations	ONGOING		The Māori distribution channel now includes 29 lead Māori providers, with a reach of over 1000 community partners (Māori providers, marae, kura kaupapa, Kohanga Reo, Pacific providers and disability sector) all over the country. By 1 April, 7 million RATs will have been distributed through this channel. Now supporting over 250 MSD community connector providers (these include age concern, disability, heartland providers, ethnic communities) with RATs through the Māori Provider Distribution Channel. Collectively there are currently over 70 community providers who will be sent a contract for supervised RATs. A targeted approach is being taken with EOIs, to attract more Māori, Pacific and disability sector providers to increase the coverage for supervised RATs for priority populations.	T&S
		Further support of access to RATs for people with disabilities	ONGOING		Engagement workshops with providers from the Disability Sector to understand some of the key barriers/issues around testing, and how to further support access to RATs. Joint 8-point action plan developed founded on equity and supporting priority populations. Focus areas include Assisted Channel, Supervised RATs. Access to RATs & PPE, Comms and Advice.	T&S

## Work programme for implementation of Public Health operational changes to respond to Omicron

KEY: PUBLIC HEALTH OPERATIONS GROUP (PHOG) COVID-19 EQUITY (EQ) CONTACT TRACING & CASE INVESTIGATION (NITC) BORDER/MIQ (B&MI) TESTING (T&S) CARE IN THE COMMUNITY (CinC) COMMUNICATIONS (Comms) POLICY (P)

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>ENABLERS CONT.</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Authorisation of RATs	ONGOING		As at 30 March, 12 RATs are currently authorised for use. 5 devices are undergoing technical review. Over 100 further applications are at various stages of the evaluation process (including RATs and other POCT devices) noting that multiple applications can be made for the same device.	T&S
		Assisted pathways to report RAT results and request RATs	ONGOING		Assisted pathways to Report RAT Results and Request RATs: call volumes continue to be lower than previous but remain consistent across the week. The Targeted Rural Service soft launch has commenced and seen some uplift in calls but no material impact on wait times. This will be monitored closely as the service is socialised across DHBs. Update to procurement docs being made to enable ongoing provision of services in progress.	T&S
		Test to Leave (joint paper with MBIE)	TBC		Joint policy work underway with MBIE proposing to amend the CCES and adapt the contact tracing and isolation requirements as part of medium term changes.	T&S
		Regulatory changes to POCT Order for 2022	TBC		Revisions underway following engagement with policy and legal.	T&S
		Suspension of funded supervised rapid antigen testing by community pharmacies	TBC		Further engagement underway with Policy, MoT and stakeholders on future funding.	T&S
	<b>Equity</b>	Refine Māori and Pacific Weekly Trends & Insights Report	ONGOING		Work is now progressing on a public version that can be freely shared to be produced alongside the restricted version to enable access to the information for communities. Equity team is working closely with the Disability Directorate as part of the MoH representation at the IMM hearings. Ongoing attendance to the research and commissioning committee/leadership group will occur to support equitable research projects. Interviews with senior management and leadership still taking place, survey of COVID-19 Directorate closed.	EQ
		Equity Impact Assessment to inform Omicron Response	TBC		Further inputs required. To be further updated	EQ
<b>DISTRIBUTION METRICS AND REPORTING</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Access to RATs for people living in rural areas	30 MARCH		The targeted rural service is now live (28 March). Access to this service is through the Assisted Channel. Communications has been developed to support the formal announcement by Ministers on 30 March.	T&S
		Purchases placed, negotiation of delivery schedule, distribution to community providers, GPs, DHBs	ONGOING		A total of 95.8 million RATs are on order to end June, with 48.4 million confirmed for delivery to end of April. There are 31.5 million RATs in central stock. (Data as at 30 March)	T&S
		National distribution of additional RATs to support expansion of supervised testing and provision of unsupervised testing	ONGOING		Distribution from warehouse to selected organisations – DHBs, GPs, ARCs, Corrections, Police, community providers, and disability providers. Community collection sites and CTCs are well stocked, despite high demand. DHBs are supporting these locally and have expanded distribution channels for product into the network (incl. large volumes via Māori and Pacific providers) and enabling local re-distribution between sites.	T&S
		RATs ordering for distribution at CTCs and collection sites	ONGOING		RAT Requestor system for ordering RATs (for individuals and households as well as critical workers) is in use nationwide. 12,000 orders (representing 48,000 people) were placed on 29 March (please note that this number does not include people who have accessed RATs via workplaces, and community providers). Demand for RATs for critical workers under the CCES is minimal (on average, we receive six requests a day). Overall demand for RATs appears to be dropping, with most channels now resupplying based on the generally steady-state demand.	T&S
<b>GUIDANCE</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Community Residential Care facilities testing guidance	ONGOING		Community Residential Care facilities testing guidance update is also in progress, for incorporation into the wider national Public Health Guidance for Disability Residential Service Providers.	T&S
		Public-facing guidance (How to take a RAT, should I get a test)	ONGOING		'How to take a RAT' guidance undergoing further update to clarify re-test timings.	T&S
	<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Development of advice leading to the creation of a public health work programme to support Ministry preparedness in responding to non-COVID-19 infectious disease incursions and outbreaks as the border reopens	8 APRIL		PHOG is leading the development of advice and working across the Ministry to develop a proposal which will create a new public health work programme. Extensive internal consultation is being undertaken on this, with the next stage being an internal memo to be completed by 1 April. A noting memo will be prepared for Ministers in early April.	PHOG
		Briefing on the Future of Contact Tracing and Lessons Learnt	13 APRIL		Initial scoping of this piece of advice is underway.	NITC
		Update of Guidance for critical workers who are COVID-19 cases	ONGOING		<ul style="list-style-type: none"> <li>Public health advice on this topic has been developed and is being finalised.</li> <li>Guidance for critical services is in the process of being developed.</li> <li>A process for managing exemptions is being developed.</li> </ul>	NITC

## Work programme for implementation of Public Health operational changes to respond to Omicron

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Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>COMMUNICATIONS &amp; ENGAGEMENT</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Draft PR on RATs access	30 MARCH		PR for Associate Minister of Health, Hon Dr Ayesha Verrall on the targeted rural service that has been put in place to support access to RATs within the target of a 20-minute drive.	T&S, Comms
		Regular updating of key messages and RATs web page	ONGOING		RATs web page and key messages updated, with further updates for post-peak in preparation. Engaging with DPMC to ensure joined up messaging and guidance, including translation.	T&S, Comms
	<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Comms and guidance for isolation with children is being added to a number of key places on the website in response to this being identified as a gap in current available content.	8 APRIL		Current content in this space is being reviewed with a view to supplement and highlight this content so that caregivers of children who are in isolation can more easily access it.	NITC
	<b>Care in the Community readiness</b>	Set up contact line for disabled people if their carer/support worker tests positive for COVID-19 or has to isolate as a precaution	4 APRIL		A phone contact line is in development for 'all things COVID' that is tailored to disabled people. It is expected this service will 'go live' by the start of April 2022.	CinC
<b>DIGITAL PATHWAYS AND ENABLERS</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Develop additional functionality in Healthlink on reporting RAT results by GPs	31 MARCH		Development work complete to send text messages with RAT results when GPs report via Healthlink, and to copy self-reported and GP RATs positive results to the enrolled GP, for release evening 30 March	T&S
		Develop Eclair RAT Catcher (developed solution alternative to Eclair RAT Reporter) for health providers, to support processing of multiple RATs at once and result reporting via mobile device	18 APRIL		Planned progressive rollout commences early April. Implementation and change plan has been developed to onboard new users and migrate targeted existing users from Eclair. Technical infrastructure issues also being worked through as they arise.	T&S
		Develop form for providers to report unsupervised test results	30 APRIL		Forms in development for ESR RAT Reporter and GP Form via Healthlink, to allow providers to report unsupervised results 'on behalf of' the health consumer.	T&S
		Eclair RAT Reporter for health providers to report supervised RAT Results	ONGOING		This continues to be in use. Health providers can now generate reports on their activity. Integration improvements have commenced between systems to enable local DHBs to see RAT results in their systems. This work is being undertaken in an iterative way across the DHB regions where possible. Eclair RAT Reporter guidance for Organisations being updated.	T&S
		Develop Eclair RAT reporter for third parties (bulk upload)	TBC		NITC is leading the development of a solution to enable clinical third parties to report RAT results of their workers in bulk, with flags to indicate whether existing MoH systems should be activated (e.g. whether wraparound clinical care is required). Interim solution and full solution being developed in parallel. Scope being worked through as to which types of organisation will be offered bulk upload of results.	T&S
<b>HSPB</b>  	<b>Reconnecting New Zealanders Steps 3+</b>	Future RNZ steps	ONGOING		Work is underway to consider future health settings and any changes that may need to be made to the border, with a paper due to Ministers next week. Nau Mai Rā will be decommissioned on 31 March as the New Zealand Travel Declaration (NZTD) becomes the default system for travelers. MoH has been supporting Customs closely, particularly with the addition of accessible options which are now being developed.	B&MI
		<b>Maritime Border</b>	Update current maritime settings to align more closely with air border	9 APRIL		Urgent policy work was undertaken to review the existing settings at the Maritime Border, with a paper being sent to the Minister for COVID-19 Response, Hon Chris Hipkins proposing the removal of isolation requirements and adjustments to testing practices to bring it into closer alignment with the air border. Once agreed, implementation of these changes will take place in early April.
	Future maritime border		ONGOING		BEB is leading the development of a strategy to reopen the maritime border, with MoH providing support and public health advice. Workshops have been undertaken this week by BEB to shape up proposed future settings, which the Public Health team will consider and provide health advice around.	B&MI
	<b>Future of MIQ facilities</b>		Support system changes in MIQ relevant to domestic response	ONGOING		MoH is providing support to MBIE regarding proposed changes to the legislation that is the mechanism for transferring community cases and household contacts from self-isolation to a MIQ facility. The change to the order will ensure that the MIQ facility has both the capacity and the capability to care for transfers, who may have complex needs, before they are transferred.
		Future use of MIQ facilities	TBC		Work continues to support MBIE with the winding down of MIQ facilities. Currently MoH is working to redeploy clinical equipment from decommissioned facilities.	B&MI

### Activities to support work programme

Business Group	Critical activities	Action	Progress
COVID-19 Operations	Ensuring understanding of how Omicron is being managed	The Science, Surveillance & Insights Group prepared a Health report for Ministers Hipkins and Verrall, copied to Ministers Little, Henare and Sio, on the overarching approach to COVID-19 surveillance as we move through the peak and beyond. This was provided Friday 25 March 2022.	The Science, Surveillance and Insights team are progressing priorities for COVID-19 Surveillance in the context of the Omicron wave and post peak. In addition to the Surveillance Strategy (Dec 2021) there are activities required particularly around WGS, wastewater and prevalence estimation. Updates will be provided on an ongoing basis.

## Work programme for implementation of Public Health operational changes to respond to Omicron

KEY:

PUBLIC HEALTH OPERATIONS GROUP (PHOG)	COVID-19 EQUITY (EQ)	CONTACT TRACING & CASE INVESTIGATION (NITC)	BORDER/MIQ (B&MI)	TESTING (T&S)	CARE IN THE COMMUNITY (CinC)	COMMUNICATIONS (Comms)	POLICY (P)
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### Overview of recent progress

- Cabinet announced on 4 April 2022 that New Zealand will remain at the Red setting of the COVID-19 Protection Framework for a further 10 days.
- Operational changes to NCTS mean people testing positive for a second time within 28 days of the first result will not be considered a new case. Work is ongoing with updating clinical guidance relating to reinfection.
- An interim solution has been created and operationalised for bulk uploading of RATs in settings where this is necessary, e.g., ARC facilities.
- On 25 March, the New Zealand Traveller Declaration (NZTD) System Tranche 1 went 'live'. From 31 March, the NZTD is the only approved and available system for travellers to make a declaration and receive a traveller pass to enter New Zealand.
- Cabinet has agreed to bring forward reopening for Australians to align with Step 3 from 11:59pm 12 April, and visa-waiver travellers and existing holders of valid visitor visas from 11:59pm 1 May.
- The Māori provider distribution channel (MPDC) have distributed 8 million RATs to over 1000 community partners (Māori providers, marae, kura kaupapa, Kohanga Reo, MSD Community Connectors, Pacific providers and disability sector) all over the country.

### Key upcoming activities

- The COVID-19 Assessment Committee will meet on Monday 11 April 2022, to undertake an assessment of the traffic light settings. Simultaneously, Ministry officials will assess isolation periods.
- Following this, Cabinet will review the traffic light settings and isolation periods on 14 April 2022.
- The Ministry and the Border Executive Board (BEB) are progressing work on ensuring the maritime border settings are in alignment with evolving public health settings (across three tranches).
- There continues to be a targeted effort to attract more Māori, Pacific and disability sector providers to increase the coverage for supervised RATs for priority populations.
- Ongoing engagement and subsequent implementation of the Testing Plan (COVID-19 Omicron post peak).

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)	
	<b>ENABLERS</b>	Develop a strategic approach for Public Health Units (PHUs) as the outbreak progresses, including what comes after the peak	8 APRIL		A feedback session was held on 31 March to receive feedback on the draft post-peak plan, and a final plan is to be completed by 8 April. The two main streams of the plan are: <ul style="list-style-type: none"> <li>maintain readiness to respond</li> <li>eliminate inequitable outcomes.</li> </ul>	PHOG	
		<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Developing a workplan to ensure people with disabilities are better served through contact tracing	15 APRIL		A process is being developed to integrate Deaf Relay NZ with call providers by 15 April to support and make accessible contact tracing calls to the deaf community.	NITC
			Improvements are being made to enable the uploading of RAT results for settings where an individual may not be able to record these, e.g., Corrections, Aged Residential Care facilities	ONGOING		The NITC have developed an interim process for bulk uploads of RATs and this has been provided to PHUs. Work continues on establishing a permanent technical solution to streamline this for settings who need to provide RAT results in bulk.	NITC
			Work with key stakeholders to establish public health approach for outbreaks in specific settings	ONGOING		Guidance under development or review: <ul style="list-style-type: none"> <li>work is ongoing on a process to support RSE workers and employers</li> <li>a review of priority exposure events is underway.</li> </ul>	PHOG
	<b>Care in the Community readiness</b>	Regional desktop reviews	30 APRIL		The reviews commenced on 24 March 2022 and are expected to be completed by the end of April 2022. Reviews for Northern and Southern regions have been completed with the remaining two regions on track to be completed in the coming weeks.	CinC	
		<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Update on the Testing Plan (COVID-19 Omicron post peak) (HR20220542 refers)	7 APRIL		The Update on the Testing Plan (COVID-19 Omicron post peak) (HR20220542 refers) paper has been updated following feedback from the DG on 4 April. To be submitted to MO 7 April.	T&S
	Actions to improve PCR follow-up for whole genome sequencing (WGS) and address variation across the laboratory network		8 APRIL		Memo was provided to the DG on 5 April, with information on actions underway to improve PCR follow-up for Whole Genome Sequencing and to address variation across the laboratory network. Following feedback, amendments are required, and a revised version is underway.	T&S	
	Proposal to amend COVID-19 Public Health Response (Self-isolation Requirements and Permitted Work) Order 2022 following review (HR20220520)		8 APRIL		Paper proposes changes to the Self Isolation and Permitted Work Order, to provide additional clarification on testing requirements. Aim is for Order to be in place by 8 April.	T&S	
	Pilot of COVID-19 Saliva (Lollysponge) test		1 MAY		Small pilot program to assess if the less-invasive lollipop tests would be an appropriate PCR testing alternative for New Zealanders living with disabilities that make it difficult for them to take a regular PCR test.	T&S	
	Onboarding community providers who support priority populations		ONGOING		The Māori provider distribution channel (MPDC) have distributed 8 million RATs to over 1000 community partners (Māori providers, marae, kura kaupapa, Kohanga Reo, MSD Community Connectors, Pacific providers and disability sector) all over the country. There continues to be a targeted effort to attract more Māori, Pacific and disability sector providers to increase the coverage for supervised RATs for priority populations.	T&S	
	Further support of access to RATs for people with disabilities		ONGOING		Engagement and co-design workshops with providers from the Disability Sector are being undertaken to understand some of the key barriers/issues around testing, and how to further support access to RATs. An 8-point Disability Action plan has been developed on the back of stakeholder engagement. This is now live and key focus areas include Assisted Channel, Supervised Testing, RATs coverage.	T&S	
	Authorisation of RATs		ONGOING		As at 1 April, 13 RATs are currently authorised for use. 9 devices are undergoing technical review. Total of 94 applications are at various stages of the evaluation process (including RATs and other POCT devices) noting that multiple applications can be made for the same device.	T&S	
	Assisted pathways to report RAT results and request RATs		ONGOING		Assisted pathways to Report RAT Results and Request RATs: call volumes are reducing but not at any significant level. The demand for Targeted Rural service has increased slightly but remains at a manageable level. Some minor issues reported regarding the Interactive Voice Recognition (IVR) which were investigated but no technical fault was found. We will be simplifying the IVR menus over the next couple of days as some of the deflection messages are no longer necessary.	T&S	
Regulatory changes to POCT Order for 2022	APRIL (TBC)			Revisions underway following engagement with policy and legal.	T&S		

## Work programme for implementation of Public Health operational changes to respond to Omicron

KEY:

PUBLIC HEALTH OPERATIONS GROUP (PHOG)

COVID-19 EQUITY (EQ)

CONTACT TRACING & CASE INVESTIGATION (NITC)

BORDER/MIQ (B&MI)

TESTING (T&S)

CARE IN THE COMMUNITY (CinC)

COMMUNICATIONS (Comms)

POLICY (P)

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>ENABLERS CONT.</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Options for funded supervised testing by community pharmacies beyond April 4 (HR20220564)	TBC		Briefing with options and associated funding implications for funded supervised rapid antigen testing by pharmacies following discontinuation of My Vaccine Pass was provided to the Minister on 4 April. Confirmation is being sought re: the Minister's preferred option.	T&S
	<b>Equity</b>	Review of equity response to COVID-19 (commissioned research)	JUNE 2022		Phase I completed. Phase II in project planning stage, interviews with individuals and service providers to commence shortly with completion date end of June 2022.	EQ
		COVID-19 Directorate Equity review project	13 MAY		Interviews with senior management and leadership nearing completion, survey of COVID-19 Directorate closed. Report to be written. Aimed for completion mid-May 2022.	EQ
		Refine Māori and Pacific Weekly Trends & Insights Report	ONGOING		Permission granted for a public version alongside the restricted version of weekly reports from the DG. These will be made available from this week to enable access to Māori and Pacific data for communities.	EQ
		Equity Impact Assessment to inform Omicron Response	TBC		Further inputs required. To be further updated	EQ
<b>DISTRIBUTION METRICS AND REPORTING</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Access to RATs for people living in rural areas	ONGOING		The targeted rural service is now live (28 March), and 122 orders have been received (representing 446 people). Access to this service is through the Assisted Channel.	T&S
		Purchases placed, negotiation of delivery schedule, distribution to community providers, GPs, DHBs	ONGOING		A total of 84.4 million RATs are on order to end of June, with 37 million confirmed for delivery to end of April. There are 40.7 million RATs in central stock (data as at 6 April).	T&S
		RATs ordering for distribution at CTCs and collection sites	ONGOING		RAT Requestor system for ordering RATs (for individuals and households as well as critical workers) is in use nationwide. 4,448 orders (representing 16,516 people) were placed on 5 April (please note that this number does not include people who have accessed RATs via workplaces, and community providers).	T&S
<b>GUIDANCE</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	COVID-19 Testing Guidance for the health sector	13 APRIL		Revision of COVID-19 Testing Guidance for the health sector - positive RAT enables immediate clinical management for symptomatic people.	T&S
		Operational guidance for Targeted Rural Service of Rapid Antigen Tests	21 APRIL		Operational guidance for Targeted Rural Service of Rapid Antigen Tests - RATs delivery service to people who are immunocompromised or significantly impaired, and cannot access RATs any other way, service offered through the assisted channel and delivery through community providers.	T&S
		Community Residential Care facilities testing guidance	ONGOING		Community Residential Care facilities testing and isolation guidance has been updated, for incorporation into the wider national Public Health Guidance for Disability Residential Service Providers.	T&S
	<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Development of advice leading to the creation of a public health work programme to support Ministry preparedness in responding to non-COVID-19 infectious disease incursions and outbreaks as the border reopens	8 APRIL		PHOG is leading the development of advice and working across the Ministry to develop a proposal which will create a new public health work programme. A memo was submitted to the DG on 1 April, and a noting memo will be prepared for Ministers in early April.	PHOG
		Briefing on the Future of Contact Tracing and Lessons Learnt	11 APRIL		Drafting of this advice is in progress, and will be provided to Associate Minister of Health, Hon Dr Ayesha Verrall by 11 April.	NITC
		Briefing on Reporting on Omicron response performance measures	13 APRIL		Drafting of advice is in progress, due to Ministers week beginning 11 April.	NITC
		Update of Guidance for critical workers who are COVID-19 cases	ONGOING		<ul style="list-style-type: none"> <li>Public health advice on this topic has been developed and is being finalised.</li> <li>Guidance for critical services is in the process of being developed.</li> <li>A process for managing exemptions is being developed.</li> </ul>	NITC
<b>COMMUNICATIONS &amp; ENGAGEMENT</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Regular updating of key messages and RATs web page	ONGOING		RATs web page and key messages updated, with further updates for post-peak in preparation. Engaging with DPMC to ensure joined up messaging and guidance, including translation. Updating other MoH pages with new/changed advice. Draft content supplied to MBIE for LAMP PR.	T&S, Comms
	<b>Care in the Community readiness</b>	Set up contact line for disabled people if their carer/support worker tests positive for COVID-19 or has to isolate as a precaution	22 APRIL		The go-live of the service has been delayed due to development progress issues which are being worked through.	CinC

## Work programme for implementation of Public Health operational changes to respond to Omicron

KEY:	PUBLIC HEALTH OPERATIONS GROUP (PHOG)	COVID-19 EQUITY (EQ)	CONTACT TRACING & CASE INVESTIGATION (NITC)	BORDER/MIQ (B&MI)	TESTING (T&S)	CARE IN THE COMMUNITY (CinC)	COMMUNICATIONS (Comms)	POLICY (P)
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Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>DIGITAL PATHWAYS AND ENABLERS</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Develop additional functionality in Healthlink on reporting RAT results by GPs	30 MARCH	Completed	Development work complete to send text messages with RAT results when GPs report via Healthlink, and to copy self-reported and GP RATs positive results to the enrolled GP, for release evening 30 March.	T&S
		Develop Eclair RAT Catcher (developed solution alternative to Eclair RAT Reporter) for health providers, to support processing of multiple RATs at once and result reporting via mobile device	22 APRIL	In Progress	Planned progressive rollout commences early April. Implementation and change plan has been developed to onboard new users and migrate targeted existing users from Eclair. Technical infrastructure issues also being worked through as they arise.	T&S
		Develop form for providers to report unsupervised test results	30 APRIL	Completed	Forms in development for ESR RAT Reporter and GP Form via Healthlink, to allow providers to report unsupervised results 'on behalf of' the health consumer.	T&S
		Eclair RAT Reporter for health providers to report supervised RAT Results	ONGOING	Completed	This work is being undertaken in an iterative way across the DHB regions where possible. Eclair RAT Reporter guidance for Organisations has been updated.	T&S
		Develop Eclair RAT reporter for third parties (bulk upload)	TBC	In Progress	NITC is leading the development of a solution to enable clinical third parties to report RAT results of their workers in bulk, with flags to indicate whether existing MoH systems should be activated (e.g., whether wraparound clinical care is required). Interim solution and full solution being developed in parallel. Business rules and scope being worked through as to which types of organisation will be offered bulk upload of results. Interim solution currently in place.	T&S
<b>HSPP</b>  	<b>Reconnecting New Zealanders Steps 3+</b>	Future RNZ steps	ONGOING	Completed	Work is underway to consider future health settings and strategies. Advice to the Minister for COVID-19 Response, Hon Chris Hipkins on border impacts has been delayed until wider strategic pieces are confirmed, in order to future-proof border decisions.	B&MI
	<b>Maritime Border</b>	Update current maritime settings to align more closely with air border	13 APRIL	Completed	Urgent policy work was undertaken to review the existing settings at the maritime border, with agreed settings now being drafted into updated legislation. Implementation of these changes will take place on 13 April.	B&MI
		Future maritime border	ONGOING	Completed	BEB is leading the development of a strategy to reopen the maritime border, with MoH providing support and public health advice. BEB has considered advice from border agencies and will be progressing advice to the Minister for COVID-19 Response, regarding reopening timeframes.	B&MI
	<b>Future of MIQ facilities</b>	Support system changes in MIQ relevant to domestic response	ONGOING	Completed	MoH is continuing to work with MBIE on drafting instructions to PCO for changes to Clause 29 of the Self-Isolation and Permitted Work Order. This relates to ensuring that MIQ facilities have both the capability and the capacity to support community cases and to clarifying the process for transfer.	B&MI
		Future use of MIQ facilities	ONGOING	Completed	Work continues to support MBIE with the winding down of MIQ facilities. Currently MoH is working to redeploy clinical equipment from decommissioned facilities. The MIQ team is hosting a series of 'lessons learned' workshops with MIQ health leads over the next week. Topics covered include workforce recruitment and training, model of care, resources, IT, clinical equipment, guidance documents and SOPs, clinical oversight, and inter-agency relationships.	B&MI

### Activities to support work programme

Business Group	Critical activities	Action	Progress
<b>COVID-19 Operations</b>	Ensuring understanding of how Omicron is being managed	The Science, Surveillance & Insights Group prepared a Health report for Ministers Hipkins and Verrall, copied to Ministers Little, Henare and Sio, on the overarching approach to COVID-19 surveillance as we move through the peak and beyond. This was provided Friday 25 March 2022.	The Science, Surveillance and Insights team are progressing priorities for COVID-19 Surveillance in the context of the Omicron wave and post peak. In addition to the Surveillance Strategy (Dec 2021) there are activities required particularly around WGS, wastewater and prevalence estimation. Updates will be provided on an ongoing basis.
	Clinical guidance relating to reinfection	NITC, the Office of the Director of Public Health, IMT Response and Clinical teams are working to update clinical guidance relating to reinfection.	<ul style="list-style-type: none"> <li>The public health advice has been confirmed by the Director of Public Health.</li> <li>Work is progressing for a proposed staged all of government approach to exemptions for critical workers.</li> <li>Advice on the operationalisation of this approach to exemptions has been finalised.</li> </ul>
	Equity	Oversight Disability Group	COVID Disability Oversight group meet weekly to capture the work that is happening across the Ministry to address COVID disability priorities. External organisations involved with disability, e.g., ACC, TAS to be invited to the weekly meeting so we get a better understanding of how they work and manage/make impacts with their mahi for the disability community with the COVID related work they do.

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### Overview of recent progress

- Advice has been provided this week to Ministers on Lessons Learnt and the Future of Contact Tracing.
- The testing plan has been updated and positioned in two stages, through to end of June (Stage 1) and from July to Sept (Stage 2), with a gradual transition between the two. Indicative models have been developed for consumption and costs across both stages.
- WGS and capacity requirements update provided to the Director-General on 8 April, and an update on status of border worker compliance provided on 10 April.
- Dashboard outlining key upcoming activities and milestones for the Testing Plan, Surveillance Strategy and Variant Plan provided to Associate Minister of Health, Hon Dr Ayesha Verrall on 13 April.
- On 11 April 2022, the Ministry of Health's COVID-19 Assessment Committee conducted a review of the COVID-19 Protection Framework (CPF) colour settings across New Zealand, to ensure proportionality of public health measures and the restrictions on freedoms, relative to COVID-19 risk. Ministry officials recommended that all parts of New Zealand move from the Red to the Orange setting of the CPF at 11:59pm on Thursday 14 April 2022. The Committee also reviewed isolation periods for cases and household contacts on 11 April 2022 and recommended that the isolation period remains at seven days.
- Following this advice, the Government announced that New Zealand will shift to the Orange traffic light setting as of 11:59pm Wednesday 13 April, and isolation periods will remain at 7 days for household contacts and cases.

### Key upcoming activities

- Testing Plan paper is being updated following meeting and feedback from MO on 12 April.
- Ongoing engagement and subsequent implementation of the Testing Plan.
- Engagement with Pharmacy sector and transport carriers on supervised testing for domestic travel (unvaccinated)
- The MIQ team is continuing a series of 'lessons learned' workshops with MIQ health leads over the next week. Topics covered include workforce recruitment and training, model of care, resources, IT, clinical equipment, guidance documents and SOPs, clinical oversight, and inter-agency relationships. This will be included in MBIE thematic work on future responses.
- The Science, Surveillance and Insights team are progressing with the implementation and operationalisation of new surveillance priorities, including reporting on wastewater testing quantification, establishing an Influenza-like Illness (ILI) dashboard.

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
	<b>ENABLERS</b>	Develop a strategic approach for Public Health Units (PHUs) as the outbreak progresses, including what comes after the peak	15 APRIL		Following further feedback from the sector and across the Ministry, the plan is still being finalised, and will be completed by 15 April. The two main streams of the plan are maintaining readiness to respond and eliminating reducing inequitable outcomes.	PHOG
		Implementation of workplan to ensure people with disabilities are better served through contact tracing	15 APRIL		A process is being developed to integrate Deaf Relay NZ with call providers by 15 April to support and make accessible contact tracing calls to the deaf community.	NITC
		Improvements are being made to enable the uploading of RAT results for settings where an individual may not be able to record these, e.g., Corrections, Aged Residential Care facilities	ONGOING		The NITC have developed an interim process for bulk uploads of RATs and this has been provided to PHUs. Work continues on establishing a permanent technical solution to streamline.	NITC
		Work with key stakeholders to establish public health approach for outbreaks in specific settings	ONGOING		Guidance under development or review: <ul style="list-style-type: none"> <li>work is ongoing on a process to support RSE workers and employers</li> <li>a review of priority exposure events is underway</li> <li>guidance for supporting the disability sector is under development</li> <li>marae and tangihanga guidance is under review.</li> </ul>	PHOG
	<b>Care in the Community readiness</b>	Regional desktop reviews	30 APRIL		Reviews for Northern, Te Manawa Taki, Central and Southern have been completed. Readouts from the reviews are currently being prepared.	CinC
		Winter planning	ONGOING		The Ministry has been working on two key aspects of Winter Planning preparedness – gaining assurance that DHBs and hospitals have robust plans for winter preparedness, in particular with workforce resilience; and developing a system to collect additional data and intelligence from across all DHBs to provide an 'early warning system' and to manage and monitor winter trends so there are no surprises and DHBs can share information, and where appropriate, resources. The Ministry has worked with the Chairs of key DHB groups to introduce a framework for assessing preparedness and opportunities around preparedness for winter. A DHB winter planning checklist has been developed that builds on the planning tool the Ministry put together to support planning pre December 2021 and the COVID-19 scenario planning in February 2022. The questionnaire will be socialised with DHBs in the coming weeks and analysis of the findings will provide the Ministry with an assessment of DHB preparedness, areas of risk, and opportunities to be shared across the sector. An overall report will be completed and ongoing engagement with DHBs will continue over the coming months.	CinC
	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Update on the Testing Plan (COVID-19 Omicron post peak) (HR20220542 refers)	19 APRIL		Paper submitted to MO on 8 April and discussed with Minister on 12 April. To be further updated following Ministerial feedback.	T&S
		Report back on actions to improve PCR follow-up for whole genome sequencing (WGS) and address variation across the laboratory network	29 APRIL		Revised memo provided to DG on 8 April with an undertaking to report back on actions at the end of April.	T&S
		Regulatory changes to POCT Order for 2022	APRIL (TBC)		Review under way through MoH Policy and Legal.	T&S
		Pilot of COVID-19 Saliva (Lollysponge) test	1 MAY		Small pilot to assess if the less-invasive lollipop tests would be an appropriate PCR testing alternative for New Zealanders living with disabilities for whom it is difficult to take a regular PCR test.	T&S
Onboarding community providers who support priority populations		ONGOING		There continues to be a targeted effort to attract more Māori, Pacific and disability sector providers to increase the coverage for supervised RATs for priority populations.	T&S	

## Work programme for implementation of Public Health operational changes to respond to Omicron

KEY: PUBLIC HEALTH OPERATIONS GROUP (PHOG) COVID-19 EQUITY (EQ) CONTACT TRACING & CASE INVESTIGATION (NITC) BORDER/MIQ (B&MI) TESTING (T&S) CARE IN THE COMMUNITY (CinC) COMMUNICATIONS (Comms) POLICY (P)

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>ENABLERS CONT.</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Advancing equitable access to testing for Maori, Pacific, Disability and at-risk Groups	ONGOING		Consultation underway on 8-point plans focused on advancing equitable access for Maori, Pacific, Disability and at-risk Groups within Testing and Supply context. Sign off on plans by 22nd April. Implementation has commenced and activities within Plan to be complete by end of June 2022.	T&S
		Authorisation of RATs	ONGOING		As at 13 April, 13 RATs are currently authorised for use. 17 devices are undergoing technical review. Total of 55 applications are at various stages of the evaluation process (including RATs and other POCT devices) noting that multiple applications can be made for the same device.	T&S
		Assisted pathways to report RAT results and request RATs	ONGOING		Assisted pathways to Report RAT Results and Request RATs: calls increased slightly over the past couple of days, likely due to some media attention on reporting test results. Preparations in progress to move the Reconnect New Zealand (RNZ) calls across this week with final confirmation on timing today.	T&S
		Options for funded supervised testing by community pharmacies beyond April 4 (HR20220564)	29 APRIL		Feedback provided by MO (7 April) on preferred approach to supervised testing for domestic travel (unvaccinated) following MVP changes. Updated HR paper reviewing testing settings for domestic travel to be provided end of April.	T&S
	<b>Equity</b>	COVID-19 Directorate Equity review project	13 MAY		Interviews with senior management and leadership nearing completion, survey of COVID-19 Directorate closed. Report to be written. Aimed for completion mid-May 2022.	EQ
		Review of equity response to COVID-19 (commissioned research)	JUNE 2022		Phase I completed. Phase II in project planning stage, interviews with individuals and service providers to commence shortly with completion date end of June 2022.	EQ
		Refine Māori and Pacific Weekly Trends & Insights Report	ONGOING		Permission granted for a public version alongside the restricted version of weekly reports from the DG. These will be made available from this week to enable access to Māori and Pacific data for communities. It is available here <a href="https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-data-about-maori-and-pacific-peoples">https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-data-about-maori-and-pacific-peoples</a>	EQ
	Equity Impact Assessment to inform Omicron Response	TBC		The next draft for stakeholder review will be completed by 29 April & sign off by 6 May.	EQ	
<b>DISTRIBUTION METRICS AND REPORTING</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Access to RATs for people living in rural areas	ONGOING		The targeted rural service is now live, and 162 orders have been received (representing 586 people). Access to this service is through the Assisted Channel.	T&S
		Purchases placed, negotiation of delivery schedule, distribution to community providers, GPs, DHBs	ONGOING		A total of 76.7 million RATs are on order to end of June, with 26.5 million confirmed for delivery to end of April. There are 46.3 million RATs in central stock (data as at 13 April).	T&S
		RATs ordering for distribution at CTCs and collection sites	ONGOING		RAT Requestor system for ordering RATs (for individuals and households as well as critical workers) is in use nationwide. 43k orders (representing 161k people) were placed over the last week (please note that this number does not include people who have accessed RATs via workplaces, and community providers). Demand for RATs for critical workers under the CCES is minimal (on average, we receive six requests a day). Overall demand for RATs is in a steady state, with most channels now resupplying based on the generally steady-state demand.	T&S
<b>GUIDANCE</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	COVID-19 Testing Guidance for the health sector	13 APRIL		Revision of COVID-19 Testing Guidance for the health sector - positive RAT enables immediate clinical management for symptomatic people.	T&S
		Operational guidance for Targeted Rural Service of Rapid Antigen Tests	21 APRIL		Operational guidance for Targeted Rural Service of Rapid Antigen Tests - RATs delivery service to people who are immunocompromised or significantly impaired, and cannot access RATs any other way, service offered through the assisted channel and delivery through community providers.	T&S
	<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Briefing on Reporting on Omicron response performance measures	28 APRIL		Advice has been drafted and provided to the Director-General and Director of Public Health. It is due to Ministers week beginning 25 April.	NITC
		Development of advice leading to the creation of a public health work programme to support Ministry preparedness in responding to non-COVID-19 infectious disease incursions and outbreaks as the border reopens	29 APRIL		Following discussion with the Director-General on 7 April, an amended memo will be submitted by 14 April, and a noting memo will be prepared for Ministers later this month.	PHOG
		Update of Guidance for critical workers who are COVID-19 cases	ONGOING		<ul style="list-style-type: none"> <li>Public health advice has been developed and agreed to by the Director of Public Health and the Director-General.</li> <li>Guidance for critical services is under development.</li> <li>A process for managing exemptions has been developed and is now live and will continue to be refined and updated as necessary.</li> </ul>	NITC

## Work programme for implementation of Public Health operational changes to respond to Omicron

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Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>COMMUNICATIONS &amp; ENGAGEMENT</b> 	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Regular updating of key messages and RATs web page	ONGOING	Green	Post-peak RATs key messages updated. Engaging with DPMC to ensure cohesive messaging and guidance, including translation. Updating other MoH pages with new/changed advice. Supporting clinical/public advice on re-infection.	T&S, Comms
	<b>Care in the Community readiness</b>	Set up contact line for disabled people if their carer/support worker tests positive for COVID-19 or has to isolate as a precaution	22 APRIL	Orange	The go-live of the service has been delayed due to development progress issues which continue to be worked through.	CinC
<b>DIGITAL PATHWAYS AND ENABLERS</b> 	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Develop Eclair RAT Catcher (developed solution alternative to Eclair RAT Reporter) for health providers, to support processing of multiple RATs at once and result reporting via mobile device	22 APRIL	Orange	Planned progressive rollout commences early April. Implementation and change plan has been developed to onboard new users and migrate targeted existing users from Eclair. Technical infrastructure issues continue to be worked through as they arise.	T&S
		Develop form for providers to report unsupervised test results	30 APRIL	Green	Forms in development for ESR RAT Reporter and GP Form via Healthlink, to allow providers to report unsupervised results 'on behalf of' the health consumer.	T&S
		Develop Eclair RAT reporter for third parties (bulk upload)	TBC	Orange	Interim solution in place. Development of a permanent solution underway. Scope and business rules being worked through (as to target organisations for bulk upload of results). Interim solution in place. Trial to be conducted with two ARC facilities once solution ready for testing.	T&S
	<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Updates to the contact tracing form to enable prioritisation of high-risk cases	14 APRIL	Green	The contact tracing form is being changed to gather more appropriate information about comorbidities and symptoms severity to allow community care providers to prioritise those who are at highest risk and those who are most unwell. It will also allow for prioritisation of the provision of therapeutics for those who meet the criteria. In tandem, the feature for people to upload their COVID tracer app diaries will be removed from the form, however the Bluetooth component remains.	NITC
<b>HSPB</b> 	<b>Reconnecting New Zealanders Steps 3+</b>	Future RNZ steps	ONGOING	Green	Work is underway to consider future health settings and strategies. Meanwhile, further RNZ steps continue to be implemented with 3.1 having come into effect this week.	B&MI
	<b>Maritime Border</b>	Update current maritime settings to align more closely with air border	22 APRIL	Orange	Urgent policy work was undertaken to review the existing settings at the maritime border. Confirmation of legislation has taken longer than anticipated, with operationalisation of changes now anticipated to take place after Easter.	B&MI
		Future maritime border	ONGOING	Green	BEB is leading the development of a strategy to reopen the maritime border, with MoH providing support and public health advice. Reopening advice was presented to Ministers, who have requested further options for implementation dates. These are being developed by BEB with MoH input.	B&MI
	<b>Future of MIQ facilities</b>	Support system changes in MIQ relevant to domestic response	ONGOING	Green	The legal criteria and guidance for Clause 29 of COVID-19 Self-Isolation and Permitted Work Order has been approved by the Minister, ensuring that MIQ facilities have both the capability and capacity to support community cases and clarifying the process for transfer. Operational guidance and assessment criteria have been provided to the sector, including drop-in discussion sessions. A scaled-back IPC audit programme has been launched for the remaining MIQ facilities.	B&MI
Future use of MIQ facilities		ONGOING	Green	Work continues to support MBIE with the winding down of MIQ facilities. Currently MoH is working to redeploy clinical equipment from decommissioned facilities. The MIQ team is continuing a series of 'lessons learned' workshops with MIQ health leads over the next week. Topics covered include workforce recruitment and training, model of care, resources, IT, clinical equipment, guidance documents and SOPs, clinical oversight, and inter-agency relationships. This will be included in MBIE thematic work on future responses.	B&MI	

### Activities to support work programme

Business Group	Critical activities	Action	Progress
COVID-19 Operations	Ensuring understanding of how Omicron is being managed	The Science, Surveillance & Insights Group prepared a Health report and surveillance A3 to support Minister Verrall at the COVID-19 Ministers Strategy session Friday 8 April 2022.  The Group is currently contributing to the Cabinet Report Back in early May, on the Surveillance Strategy and Implementation Plan.	The Science, Surveillance and Insights team are progressing with the implementation and operationalisation of new surveillance priorities, including reporting on wastewater testing quantification, establishing an Influenza-like Illness (ILI) dashboard.
	Equity	AoG Disability COVID-19 Oversight Group and collective action for disabled communities	This group has been set up to manage the COVID-19 response across the MoH and AoG to ensure it aligns and is a cohesive response. An action tracker is updated following a weekly meeting with Minister for Disability Issues, Hon Carmel Sepuloni. These actions are reviewed and updated by the group. \$19.3m was signed off in late March to support the Ministry's Disability Directorates community response to COVID-19.

## Work programme for implementation of Public Health operational changes to respond to Omicron

KEY: PUBLIC HEALTH OPERATIONS GROUP (PHOG) COVID-19 EQUITY (EQ) CONTACT TRACING & CASE INVESTIGATION (NITC) BORDER/MIQ (B&MI) TESTING (T&S) CARE IN THE COMMUNITY (CinC) COMMUNICATIONS (Comms) POLICY (P)

### Overview of recent progress

- Engagement with community pharmacies and domestic carriers to determine the level of supervised testing being undertaken.
- Testing Plan paper has been updated, following a meeting and feedback from the Minister's office on 12 April and the DG on April 15. The next iteration due to the Director-General and the Minister's office on 21 April.
- Minister Verrall approved the health report HR20220545 on the Surveillance Plan and this is informing the Ministry's planning and roll out of surveillance activities.

### Key upcoming activities

- Revise modelling with surveillance plan activities, variant planning and winter peak.
- Input into the Cabinet Report on Updated COVID-19 testing and surveillance plans and the future of contact tracing and case investigation.
- Advancing Equitable Access 8-point Testing & Supply plans to be finalised by 22 April.
- Ongoing engagement and subsequent implementation of the Testing Plan (COVID-19 Omicron post peak).
- Advice on supervised testing for domestic travel (unvaccinated) due to the DG.
- Continuing with scenario planning as part of variant planning

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)	
	<b>ENABLERS</b>	Develop a strategic approach for Public Health Units (PHUs) as the outbreak progresses, including what comes after the peak	22 April		Following further feedback from the sector and across the Ministry, the plan is still being finalised, and will be completed by 22 April. The two main streams of the plan are maintaining readiness to respond and eliminating reducing inequitable outcomes.	PHOG	
		Implementation of workplan to ensure people with disabilities are better served through contact tracing	26 APRIL		A process is being developed to integrate Deaf Relay NZ with call providers by 26 April to support and make accessible contact tracing calls to the deaf community.	NITC	
		Improvements are being made to enable the uploading of RAT results for settings where an individual may not be able to record these, e.g., Corrections, Aged Residential Care facilities	ONGOING		The NITC have developed an interim process for bulk uploads of RATs and this has been provided to PHUs. The permanent technical solution is continuing to be progressed and will soon undergo initial testing.	NITC	
		Work with key stakeholders to establish a public health approach for outbreaks in specific settings	ONGOING		Guidance under development or review: <ul style="list-style-type: none"> <li>work is ongoing on a process to support RSE workers and employers</li> <li>a review of priority exposure events is underway</li> <li>guidance for supporting the disability sector is under development</li> <li>marae and tangihanga guidance is under review.</li> </ul>	PHOG	
	<b>Care in the Community readiness</b>	Regional desktop reviews		30 APRIL		Reviews for Northern, Te Manawa Taki, Central and Southern have been completed. Readouts from the reviews are currently being prepared.	CinC
		Winter planning		ONGOING		The Ministry has been working on two key aspects of Winter Planning preparedness – gaining assurance that DHBs and hospitals have robust plans for winter preparedness, in particular with workforce resilience; and developing a system to collect additional data and intelligence from across all DHBs to provide an 'early warning system' and to manage and monitor winter trends so there are no surprises and DHBs can share information, and where appropriate, resources. The Ministry has worked with the Chairs of key DHB groups to introduce a framework for assessing preparedness and opportunities around preparedness for winter. A DHB winter planning checklist has been developed that builds on the planning tool the Ministry put together to support planning pre-December 2021 and the COVID-19 scenario planning in February 2022. The questionnaire will be socialised with DHBs in the coming weeks and analysis of the findings will provide the Ministry with an assessment of DHB preparedness, areas of risk, and opportunities to be shared across the sector. An overall report will be completed and ongoing engagement with DHBs will continue over the coming months.	CinC
	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Update on the Testing Plan (COVID-19 Omicron post peak) (HR20220542 refers)		20 APRIL		Draft submitted to the Director-General and Minister's office on 8 April. A further discussion was had with the Minister on 12 April, resulting in the paper being further updated and provided to the Director-General on 15 April. The next iteration due to the Director-General and the Minister's office on 21 April.	T&S
		Report back on actions to improve PCR follow-up for whole genome sequencing (WGS) and address variation across the laboratory network		29 APRIL		Work underway on a digital solution to monitor follow-up PCR for positive RATs for returnees. A process to identify border case samples implemented by ESR and laboratories.	T&S
		Regulatory changes to POCT Order for 2022		APRIL (TBC)		Review under way through MoH Policy and Legal.	T&S
		Pilot of COVID-19 Saliva (Lollisponge) test		1 MAY		Providers have been selected to participate in small trial to assess if the lollisponge tests would be an appropriate PCR testing alternative for New Zealanders living with disabilities / complex conditions.	T&S
		Onboarding community providers who support priority populations		ONGOING		The Māori provider distribution channel have distributed over 8 million RATs and more than 3 million masks to over 1000 community partners (Māori providers, Maraes, Kura Kaupapa, Kohanga Reo, MSD Community Connectors, Pacific Providers and the disability sector) across the country. There continues to be a targeted effort to attract more Māori, Pacific and disability sector providers, in aim to increase the coverage for supervised RATs in priority populations. Establishment of a Pacific provider distribution channel is also underway, with start date by 30 April.	T&S

## Work programme for implementation of Public Health operational changes to respond to Omicron

KEY: PUBLIC HEALTH OPERATIONS GROUP (PHOG) COVID-19 EQUITY (EQ) CONTACT TRACING & CASE INVESTIGATION (NITC) BORDER/MIQ (B&MI) TESTING (T&S) CARE IN THE COMMUNITY (CinC) COMMUNICATIONS (Comms) POLICY (P)

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>ENABLERS CONT.</b>  	<i>Implementation of Rapid Antigen Testing (RATs) in New Zealand</i>	Options for funded supervised testing by community pharmacies beyond April 4 (HR20220564)	29 APRIL		HR20220564 requires a review of ongoing funding for supervised testing by community pharmacies by the end of April. That review is taking place now following Air NZ's decision to discontinue its own vaccine pass/negative test regime for domestic travel.	T&S
		Advancing equitable access to testing for Maori, Pacific, Disability and at-risk Groups	ONGOING		Finalising 8-point plans for 22nd April. Plans are focused on advancing equitable access for Māori, Pacific, Disability and at-risk Groups within the Testing and Supply context. Implementation has commenced and activities within plan to be completed and reviewed by end of June 2022.	T&S
		Authorisation of RATs	ONGOING		As at 19 April, 13 RATs are currently authorised for use. 17 devices are undergoing technical review (stage 2), with 4 of these awaiting further information for assessment from applicants.	T&S
		Assisted pathways to report RAT results and request RATs	ONGOING		Calls have increased slightly over the last few days due to media attention on reporting test results (we are looking to substantiate that). The Reconnecting NZ (RNZ) phone line was successfully transitioned to Reach Aotearoa as of 14 April.	T&S
	<i>Equity</i>	COVID-19 Directorate Equity review project	13 MAY		Progressing at pace to write the COVID-19 Directorate Equity review report, with completion aimed for mid-May 2022.	EQ
		Review of equity response to COVID-19 (commissioned research)	JUNE 2022		Phase I completed. Phase II in project planning stage, interviews with individuals and service providers to commence shortly with completion date end of June 2022.	EQ
		Equity Impact Assessment to inform Omicron Response	TBC		The next draft for stakeholder review will be completed by 29 April & signed off by 6 May.	EQ
<b>DISTRIBUTION METRICS AND REPORTING</b>  	<i>Implementation of Rapid Antigen Testing (RATs) in New Zealand</i>	Access to RATs for people living in rural areas	ONGOING		The targeted rural service is now live, and 191 orders have been received (representing 690 people). Access to this service is through the Assisted Channel.	T&S
		Purchases placed, negotiation of delivery schedule, distribution to community providers, GPs, DHBs	ONGOING		A total of 59.5 million RATs are on order to end of June, with 22.5 million confirmed for delivery to end of April. There are 47.7 million RATs in central stock (data as at 20 April).	T&S
		RATs ordering for distribution at CTCs and collection sites	ONGOING		RAT Requestor system for ordering RATs (for individuals and households as well as critical workers) is in use nationwide. 29,000 orders (representing 111,000 people) were placed over the last week (data as at 20 April) (please note that this number does not include people who have accessed RATs via workplaces, and community providers). Demand for RATs for critical workers under the CCES is minimal (on average, we receive six requests a day). Overall demand for RATs is steady, with most channels now resupplying based on the generally steady demand.	T&S
<b>GUIDANCE</b>  	<i>Implementation of Rapid Antigen Testing (RATs) in New Zealand</i>	Operational guidance for Targeted Rural Service of Rapid Antigen Tests	21 APRIL		A RAT delivery service to people who are immunocompromised or significantly impaired and cannot access testing any other way is offered through the assisted channel and delivered through community providers.	T&S
		Briefing on Reporting on Omicron response performance measures	28 APRIL		Advice has been drafted, signed off by the Director of Public Health, and provided to the Director-General. It is due to Ministers in the week beginning 25 April.	NITC
	<i>Case Investigation and Contact Tracing model in light of Omicron</i>	Development of advice leading to the creation of a public health work programme to support Ministry preparedness in responding to non-COVID-19 infectious disease incursions and outbreaks as the border reopens	29 APRIL		Following discussions with the Director-General on 7 April, an amended memo will be submitted by 22 April, and a noting memo will be prepared for Ministers later this month.	PHOG
		Update of Guidance for critical workers who are COVID-19 cases	ONGOING		<ul style="list-style-type: none"> <li>Public health advice has been developed and agreed to by the Director of Public Health and the Director-General.</li> <li>Guidance for critical services is under development.</li> <li>A process for managing exemptions has been developed and is now live and will continue to be refined and updated as necessary.</li> </ul>	NITC
<b>COMMUNICATIONS &amp; ENGAGEMENT</b>  	<i>Implementation of Rapid Antigen Testing (RATs) in New Zealand</i>	Regular updating of key messages and RATs web page	ONGOING		<ul style="list-style-type: none"> <li>Engaging with DPMC to ensure cohesive messaging and guidance, including translation.</li> <li>Updating other MoH pages with new/changed advice.</li> <li>Supporting clinical/public advice on re-infection.</li> <li>Post-peak RATs key messages have been sent out.</li> </ul>	T&S Comms
		<i>Care in the Community readiness</i>	Set up contact line for disabled people if their carer/support worker tests positive for COVID-19 or has to isolate as a precaution	22 APRIL		The go-live of the service has been delayed due to development progress issues which continue to be worked through.

## Work programme for implementation of Public Health operational changes to respond to Omicron

KEY: PUBLIC HEALTH OPERATIONS GROUP (PHOG) COVID-19 EQUITY (EQ) CONTACT TRACING & CASE INVESTIGATION (NITC) BORDER/MIQ (B&MI) TESTING (T&S) CARE IN THE COMMUNITY (CinC) COMMUNICATIONS (Comms) POLICY (P)

Component	Critical activities	Action	Due Date	Status	Progress	Responsible Group(s)
<b>DIGITAL PATHWAYS AND ENABLERS</b>  	<b>Implementation of Rapid Antigen Testing (RATs) in New Zealand</b>	Develop Eclair RAT Catcher (developed solution alternative to Eclair RAT Reporter) for health providers, to support processing of multiple RATs at once and result reporting via mobile device	28 APRIL		Functionality to enable providers to record results of supervised tests (Eclair RAT Catcher - developed solution alternative to Eclair RAT Reporter) for health providers. Planned progressive rollout commences in early April. An implementation and change plan has been developed to onboard new users and migrate targeted existing users from Eclair. Technical infrastructure issues also being worked through as they arise.	T&S
		Develop form for providers to report unsupervised test results	30 APRIL		Forms in development for ESR RAT Reporter and GP Form via Healthlink, to allow providers to report unsupervised results 'on behalf of' the health consumer.	T&S
		Develop Eclair RAT reporter for third parties (bulk upload)	TBC		Solution being developed to enable clinical third parties to report RAT results of their workers in bulk, with flags to indicate whether existing MoH systems need to be activated (e.g., whether wraparound clinical care is required). Interim solution in place. Development of a permanent solution underway. Scope and business rules are being worked through (as to target organisations for bulk upload of results). Trial to be conducted with two ARC facilities once solution ready for testing. Rough timelines for the modified Bulk RATs upload system, and new integration with NCTS to inhibit downstream processes and SMS are: <ul style="list-style-type: none"> <li>Development work complete early week of 18th</li> <li>Integration and functional testing between CTIP, NCTS, and ESR week of 18<sup>th</sup> of April</li> <li>End-to-end testing, penetration testing and NCTS flow testing week of the 25<sup>th</sup> of April</li> <li>Production live dates dependent on Salesforce major release dates, but likely first week of May. (Production dates may be earlier for Bulk RAT upload tool and integration components).</li> </ul>	T&S
	<b>Case Investigation and Contact Tracing model in light of Omicron</b>	Updates to the contact tracing form to enable prioritisation of high-risk cases	21 APRIL		The contact tracing form is being changed to gather more appropriate information about comorbidities and symptom severity to allow community care providers to prioritise those who are at highest risk and those who are most unwell. It will also allow for prioritisation of the provision of therapeutics for those who meet the criteria. In tandem, the feature for people to upload their COVID tracer app diaries will be removed from the form, however the Bluetooth component remains.	NITC
<b>HSPB</b>  	<b>Reconnecting New Zealanders Steps 3+</b>	Future RNZ steps	ONGOING		Work is underway to consider future health settings and strategies. Meanwhile, further RNZ steps continue to be implemented with Step 3.1 in effect as of 12 April 2022.	B&MI
	<b>Maritime Border</b>	Update current maritime settings to align more closely with air border	APRIL		The proposed updates to the MBO will have flow on implications to settings detailed in other legislation, such as the Testing Order. The Minister's Office has requested additional material to support ministerial consultation of these changes, which is being developed this week. There is no currently proposed implementation date for these changes to come into effect.	B&MI
		Future maritime border	ONGOING		BEB is leading the development of a strategy to reopen the maritime border, with MoH providing support and public health advice. Reopening advice was presented to Ministers, who have requested further options for implementation dates. These are being developed by BEB with MoH input.	B&MI
	<b>Future of MIQ facilities</b>	Support system changes in MIQ relevant to domestic response	ONGOING		The new legal criteria for Clause 29 of the COVID-19 Self-Isolation and Permitted Work Order came into effect at 11:59pm on 14 April 2022. The new process appears to have operated smoothly over the Easter holiday. A scaled-back IPC audit programme has been launched for the remaining MIQ facilities and is in operation.	B&MI
		Future use of MIQ facilities	ONGOING		Work continues to support MBIE with the winding down of MIQ facilities. Currently MoH is working to redeploy clinical equipment from decommissioned facilities. The MIQ team has concluded a series of 'lessons learned' workshops with MIQ health leads and is now collating the information captured into a useful resource for future responses.	B&MI

### Activities to support work programme

Business Group	Critical activities	Action	Progress
<b>COVID-19 Operations</b>	Ensuring understanding of how Omicron is being managed	The Science, Surveillance & Insights Group is currently contributing to the Cabinet Report Back in early May, on the Surveillance Strategy and Implementation Plan. In addition, the team is working closely to support the COVID-19 Testing Team on their post-peak plan.	Minister Verrall approved the health report HR20220545 on the Surveillance Plan and this is informing the Ministry's planning and roll out of surveillance activities.  Progress continues with the implementation and operationalisation of new surveillance priorities, including reporting on wastewater testing quantification and establishing an Influenza-like Illness (ILI) dashboard.

3 February 2022

## 5.1 Health system preparedness programme: update

This item provides an update about the Health System Preparedness Programme.

### COVID-19 Care in the Community in light of Omicron

New functionality across key digital platforms supporting the delivery of COVID-19 Care in the Community is under active development.

- The Patient Self-Service Form is now being piloted through Reach Aotearoa. DHBs have been informed of the pilot. This function enables low risk COVID-19 positive individuals isolating in the community to provide contact tracing and household information, as well as high level clinical and welfare needs.
- The Patient Self-Service Portal is going live on 14 February 2022. This full portal will enable individuals with low clinical needs to self-manage, freeing health system resources to focus on isolating individuals, whānau and households with higher clinical needs.
- A range of health services is available to care for people with COVID-19, depending on the need of a person, including telehealth services, Care in the Community, and hospital-level care. A risk stratification framework is being developed to allow the sector to understand their population profiles and manage limited resources, to ensure that people who can independently isolate are enabled to do so, freeing up high touch resources for those who need it most.

### Metrics

As per advice dated 26 January 2022, the COVID-19 Care in the Community weekly dashboard is in development. Although originally agreed for 31 January 2022, a first iteration of a dashboard with 12 out of 15 metrics will be presented on 16 February 2022.

Four key challenges have resulted in this delay: Border Clinical Management System (BCMS) access to data, responding to Omicron, BCMS adoption, and the overall data quality.

Several measures are being reviewed following changes to the Care in the Community model in response to Omicron.

The Ministry is working on BCMS updates to ensure data access and training of the sector in the use of BCMS is ongoing.

### Engagement with Iwi and Pacific communities

Feedback, provided by Iwi and Pacific communities through our Māori Directorate and Pacific Health team regarding their variable experiences with COVID-19 welfare support, has prompted further engagement and identified the need for refinement. The Ministry has initiated a lessons learned and alignment discussion with its welfare partners, including the Ministry of Social Development.

### Next steps

The Ministry is working with the Ministry of Social Development to get assurance that the welfare referral pathway will be able to provide the support required with the expected higher numbers of cases.

<b>Deputy Director-General</b>	Robyn Shearer, Deputy Chief Executive, Sector Support and Infrastructure, s 9(2)(a)
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10 February 2022

## 4.1 Health system preparedness programme: update

This item provides an update about the Health System Preparedness Programme.

### COVID-19 Care in the Community

#### National Alternative Accommodation Service to support COVID-19 Care in the Community

The Ministries of Health, Social Development, Housing and Urban Development, Kāinga Ora, and the Ministry of Business Innovation and Employment (MBIE) are proposing that MBIE lead a National Alternative Accommodation Service. This service will source, procure, and fund alternative accommodation for those with COVID-19 who cannot safely isolate at home.

In light of increasing cases of Omicron, MBIE and the COVID-19 Care in the Community programme have expedited the establishment of the service by using a phased approach. The first phase includes the rapid set up of an accommodation sourcing service using a third-party provider to directly assist care coordination hubs to source and secure accommodation (established on 4 February 2022). The next phase will be to centralise the overall process and agree on the provision of funding (subject to Cabinet decisions in March 2022).

The Ministry will continue to work in partnership with MBIE and housing agencies on the operational requirements to support this service.

More detail on the service will be included in the COVID-19 Care in the Community Cabinet paper you will be presenting to the Social Wellbeing Committee in mid-March 2022.

#### Population-based risk stratification tool

The COVID-19 Care in the Community programme is collaborating with the Data & Digital Directorate and sector stakeholders to develop a risk stratification tool.

A risk stratification tool will allow the health sector to understand its population profiles and manage resources, such as rapid antigen tests (RATs), therapeutics and hospitalisation prioritisation, while also ensuring that those who can manage their COVID-19 isolation period independently are enabled to do so. This will free up primary care and hospital level care resources for those who need it the most.

The first version of the tool is aimed to launch to the Auckland region on 11 February 2022.

#### Digital tools to support self-isolation

Self-service tools and data automation will be significant features of managing high volumes of Omicron cases in the community. The model shifts the burden of responsibility from the health system to the patient for low-risk cases, reducing the burden on scarce health resources, as well as enabling a scalable contact tracing response.

Elements of the self-service model that are currently under development include:

- An online COVID-19 Health hub for broader COVID-19-related health management: Bookings, My Covid Record, Care in the Community plans and actions, testing and contact tracing connections and services (unauthenticated available now, authenticated version due to go live for public use on 17 February 2022).
- Patient online self-service contact tracing (pilot under way, due to be publicly available on 15 February 2022).
- Self-declaration of clinical risk factors (publicly available as of 9 February 2022).
- Enhanced digital daily checks of COVID-19 cases (due to go live 28 February 2022).
- Digital self-reporting of RAT results in My COVID Record (complete but will be made publicly available when we move to phase two of the Omicron strategy).

### DHB Resurgence and Readiness Planning Update

Based on the findings from the desktop reviews of a sample of DHB Resurgence Plans, the Health System Preparedness Programme team created a checklist for DHBs to assess and confirm their preparedness for COVID-19 resurgence over the summer period. All DHBs completed the checklist by 23 December 2021.

An amended checklist focussed on Omicron preparedness was sent to DHBs for completion in the week beginning 24 January 2022. All DHB responses were received by 4 February 2022. The data received will be collated to establish a new baseline for COVID-19 preparedness in light of the increasing prevalence of Omicron in the community. The Ministry will be working closely with DHBs to identify challenges and ways to support DHBs to remediate any issues with COVID-19 preparedness.

### Next steps

The Ministry will liaise with the Minister Little's office on how to best report progress on resolving the issues identified in the assurance checklists and how DHB preparedness can be linked into wider DHB Performance conversations.

<b>Deputy Director-General</b>	Robyn Shearer, Deputy Chief Executive, Sector Support and Infrastructure <sup>s 9(2)(a)</sup> [REDACTED]
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RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

17 February 2022

## 6.1 Health system preparedness programme: update

This item provides an update about the Health System Preparedness Programme.

### COVID-19 Care in the Community

The Ministry held Webinars over the week from 15 February 2022 to inform the sector on COVID-19 Care in the Community in light of Omicron and covered new digital tools (see below) and welfare pathways.

### National Alternative Accommodation Service to support COVID-19 Care in the Community

The Ministries of Health, Social Development, Housing and Urban Development, Kāinga Ora and the Ministry of Business Innovation and Employment (MBIE) are collaborating on the provision of alternative accommodation for COVID-19 cases. MBIE is leading the establishment of the National Alternative Accommodation Service which will source, procure, and fund alternative accommodation for those with COVID-19 who cannot safely isolate at home.

MBIE and the COVID-19 Care in the Community programme have expedited the establishment of the service in response to Omicron by using a phased approach. The first phase was established on 8 February 2022 and included the rapid set up of an accommodation sourcing service using a third-party provider to directly assist regions to source and secure accommodation. Care coordination hubs across the country are using the service to source accommodation for people in their local areas.

The next phase of the alternative accommodation service will be to centralise the overall process and agree on the provision of funding, however, this is subject to Cabinet decisions in March 2022.

The Ministry will continue to work in partnership with MBIE and housing agencies on the operational requirements to support the service. More detail on the service will be included in the COVID-19 Care in the Community Cabinet paper you will be presenting to the Social Wellbeing Committee in mid-March 2022.

### Digital tools to support self-isolation

Self-service tools and data automation will be significant features of managing high volumes of Omicron cases in the community. The model shifts the burden of responsibility from the health system to the patient for low-risk cases. This reduces the burden on scarce health resources, as well as enabling a scalable contact tracing response.

The online COVID-19 health portal for broader COVID-19-related health management, the patient online self-service contact tracing, a self-declaration of clinical risk factors, and the home isolation health check and needs forms went live on 31 January 2022. The self-service ordering of Rapid Antigen Tests and submission of results has been developed.

Key deliverables in coming weeks include enabling text messages for positive test results and a system and risk assessment form for isolating households (15 February 2022), and the enabling of text message isolation release (planned for late February/ early March 2022).

### Metrics

The Ministry has completed an analysis of the changing metrics to better understand data availability and its applicability to the Omicron response model. Following this analysis, some of the metrics will need to be modified, while others will be made redundant, because of changes to the Care in the Community operating model. For example, the letter notification of results will no longer be valid, as the notification of results will move to the online self-management platform or by text message.

### Regional Hubs

Regional hubs are providing coordination to the COVID-19 response of the DHBs in their region. Daily meetings between regions and the programme provide a collaborative forum to share best practise

between the regions, as well as escalation of issues to the Ministry. The Ministry provides support to the regions to resolve issues that require a central approach, including technical, policy and funding issues.

Examples of subjects the regions focussed on in the past week are:

- distribution of new COVID-19 treatments with Pharmac;
- streamlining communication between Public Health Unit (PHU), DHB and regional hubs;
- sourcing workforce from local education providers;
- investigating business continuity planning for Pharmacy workforce in all regions;
- embedding localised care escalation pathways into the COVID-19 online self-service portal.

**DHB Resurgence and Readiness Planning Update**

The Ministry has received all DHB responses to the updated Preparedness checklist. Analysis has been completed, and a draft summary dashboard and draft summary report have been completed.

Work is underway with the Regional Leads to ensure remediation activities (where needed) are in progress.

**Next steps**

We will be developing regular reporting on DHB Readiness planning as well as having ongoing engagement with MSD to ensure alignment with MSD in Community Care hubs.

Hui and fono are being planned with the Ministry of Social Development to engage with Māori and Pasifika providers on Care in the Community and on how to access welfare support.

<p><b>Deputy Director-General</b></p>	<p>Robyn Shearer, Deputy Chief Executive, Sector Support and Infrastructure s 9(2)(a)</p>
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RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

24 February 2022

## 5.1 Health system preparedness programme: update

This item provides an update about the Health System Preparedness Programme.

### General overview

The Health System Preparedness Programme continues to operate at pace to collaborate with the sector and deliver the information, guidance and supporting structures for managing COVID-19 in the community. Regular engagements with the health sector, other government agencies, and Maori and Pacific communities to impart information relating to Omicron and care in the community, releases of key information, and ongoing assurance reviews, are the focus for this week. These will follow into next week, with results becoming available from reviews, and updated technology releases confirmed.

### COVID-19 Care in the Community

#### *Communication and engagement*

Two sector information sessions were held on the COVID-19 Care in the Community programme, setting out the shift to Phase 2 of the Omicron response, which saw good attendance from across the health sector. The presentations, and questions and answers are available on the Ministry website.

The programme continues to feed into a wide range of communications material, including the Department of Prime Minister and Cabinet's Unite Against COVID-19 campaign. The communication focus for the week commencing 21 February 2022 was on how to isolate effectively (including, for how long), what to expect from a positive result through to discharge, and where to seek help, advice, and welfare support.

The programme continues to work with the Ministry of Social Development as to the best way to engage with Māori and Pasifika providers following feedback from communities as to how to access welfare support. Following on from the Omicron webinars, a series of online hui and fono are planned in the week of 28 February 2022.

Several videos and fact sheets to support people who are isolating at home have been developed and are available on the "Advice for people with COVID-19" section of the Ministry website.

We have received feedback from the health sector and disability groups on the Care in the Community model and ensuring it is accessible for people with disabilities. The Ministry has had several meetings with a range of stakeholders and are developing a plan on how we best capture, support and report on people with disabilities receiving COVID-19 care in the community based on the feedback received.

#### *Risk Stratification*

A risk stratification tool has been developed for the Care Coordination Hubs to assist with prioritising contacting people who are not engaging through the digital self-management process. This is separate from the clinical risk assessment that is already in place.

#### *Clinical guidance*

Updated clinical guidance to support Care in the Community is now available on the Health Pathways platform.

#### *Accommodation guidelines*

The Ministry is reviewing the Accommodation Guidance on apartments and temporary accommodation that was issued late last year to ensure it is relevant for Omicron. The update was published on the Ministry of Health website (with links from Unite Against Covid-19) on 22 February 2022.

The Ministry has been holding webinars on the new digital tools. Following feedback from these, we have adjusted the technical training materials.

#### *Metrics*

Care in the Community metrics focus on the journey from test, notification, assessment, care and support, through to release from isolation. Some of the data needed for metrics are already available, and some are subject to development. We will be able to report on a range of new metrics as data becomes available following technology releases across active and self-management pathways over the next fortnight. We aim to provide a set of new metrics by 4 March 2022, subject to technology releases and data availability.

#### *Care Coordination Hubs*

The team is working with the 44 Care Coordination Hubs (the Hubs) this week to develop snapshots of their activity and identify key support needs. The snapshots are modelled on the DHB Preparedness Checklist questions.

#### *Capacity and preparing for Phase 3*

To monitor and manage capacity, close relationships with the 44 Community Care Hubs is critical. The preparedness snapshots, noted above, will provide additional insight into the Hubs, and challenges that may arise as case numbers increase. Combined with the comprehensive capacity planning completed by DHBs in early 2021 (as part of the DHB desktop reviews), lessons learned from Phase 2 of the Omicron strategy can be identified and mitigated, ready to integrate into Phase 3.

#### **Digital tools to support self-isolation**

Last week, with the shift to Phase 2 of the Omicron response, we released the largest number of new digital tools on one day to date. New tools deployed included positive cases receiving a text message; patient on-line self-service portal (COVID-19 Health hub), self-reporting of Rapid Antigen tests; and the risk stratification tool. The functionality to send a text message to inform cases of completion of their isolation period is anticipated to be released early March 2022.

#### **Workforce**

A Workforce Care in the Community plan has been developed to outline initiatives that sit under the five key strategic principles within Health Workforce.

The Student Placement Policy is now finalised and updated on the Ministry website. This policy applies to students from all health professions who are completing training placements or undergoing face-to-face training assessments in any environment (i.e., DHB or non-DHB) under the COVID-19 Public Health Response (Protection Framework) Order 2021. TAS has disseminated the policy to the sector.

The Critical Health Services list, and guidance on what to do if a critical health worker tests positive or is a close contact, has been published on the Ministry website.

#### **Next steps**

Hui and fono are being planned with the Ministry of Social Development to engage with Māori and Pasifika providers on Care in the Community and on how to access welfare support.

A draft Terms of Reference is in development for a desktop review of DHBs (similar to last year) focusing on readiness for Omicron of primary and community care.

<b>Deputy Director-General</b>	Robyn Shearer, Deputy Chief Executive, Sector Support and Infrastructure, s 9(2)(a)
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3 March 2022

## 4.2 Health system preparedness programme: update

This item provides an update about the Health System Preparedness Programme (HSPP).

### **Programme governance group has disbanded**

The programme has been focussed on the implementation of Phase 3, updating processes, communications, rolling out digital tools, supporting and getting assurance on readiness of the Care Coordination Hubs, and primary care and community care.

The programme governance group met on 25 February 2022 and acknowledged the efforts of the programme to support the preparedness of the system to manage COVID-19. The Chair and a number of the members are of the view that now that the sector has faced the first wave of Omicron, there is a reduced need for them to provide assurance. It was recommended by the Chair that the group be disbanded.

The steering group and advisory groups remain in place to ensure ongoing assurance over day-to-day operations.

We will cover more detail with you at our Officials meeting on 7 March 2022.

### **Reports of families being treated as multiple contacts**

There have been reports of families being treated as multiple contacts, rather than as a family, via the digital tool. The issue is one of three connected problems, within multiple systems, resulting from privacy requirements; duplication in the National Contact Tracing Solution (NCTS); and capability issues in the patient management system.

Our technology team is currently working to identify fixes across multiple front-end and back-end systems, which will then be prioritised into the existing work programme for delivery. Due to the complexity in resolving the system issues, this will take some time to resolve. Mitigations will be delivered over coming months.

### **COVID-19 Care in the Community**

#### *Communication and engagement*

Our communications team is working on messaging and assets to support uptake of the digital tools to support people through their isolation period.

They are also working on content to provide more information for those isolating at home with home help/home care support, isolating when pregnant, and isolating at home with children.

There are hui and fono being held to provide more information on the Omicron response, Care in the Community, and digital technology. These are:

- 1 March 2022 - older people
- 3 March 2022 – disabled people
- Week beginning 7 March 2022 - South Island Ethnic Community Groups.

The programme continues to work with the Ministry of Social Development (MSD) to jointly engage with Māori and Pasifika providers. This is in response to communities asking for further clarification regarding accessing welfare support.

The programme participated in a national fono with the Ministry of Pacific peoples on 28 February 2022, which had strong participation from the Pacific community. Feedback from the participants was that it clarified the understanding of both the Omicron Response and Care in the Community.

#### *Disability*

A number of workshops with the disability sector on COVID-19 Care in the Community were held the week beginning 21 February 2022. The outcome sought was to provide relevant and appropriate questions that could support the clinical and welfare self-assessments and identify those individuals that require specific support.

To determine their suitability to support the risk stratification tool, data sets are currently being identified, reviewed and assessed by the Ministry. The risk stratification tool will prioritise those that have not responded to the initial electronic self-assessment.

#### *Governance*

Between 21 to 25 February 2022, three new governance groups for the Care in the Community programme held their inaugural meetings. The Clinical Advisory Group, therapeutics Advisory Committee, and Digital Advisory Group have members from across the sector and the Ministry and will support the Care in the Community programme.

The purpose and focus of these groups are as follows:

##### *Clinical Advisory Group*

- review of the care in the community model of care
- review of the clinical assessment tool
- review of the clinical pathways (self-management and managed pathways).

##### *Therapeutics Advisory Group*

- review implementation, logistics and funding of new therapeutics.

##### *Data and Digital Advisory Group*

- review and prioritisation of scheduled releases of new and iterated functionality (backlog).

#### *Care in the Community Framework*

The Care Coordination Hubs have evolved from a concept to 44 operational Hubs, shaped to meet the needs of their local population. To support the Hubs' work, detailed guidance in the form of an addendum to the COVID-19 Care in the Community Framework version two was released the week beginning 21 February 2022. This guidance, developed in collaboration with the health sector, clarifies roles, responsibilities, and processes for the Hubs.

The update of the COVID-19 Care in the Community framework to version three is underway and expected to be published in mid-March 2022.

#### *Metrics*

Care in the Community metrics focus on the journey from test, notification, assessment, care and support, through to release from isolation. Some of the data needed for metrics is already available, and some are subject to development. To display the metrics appropriately a report is being developed. This report will be updated for a range of new metrics as data becomes available, following technology releases across active and self-management pathways.

You received the inaugural dashboard on 2 March 2022. Additional metrics will come online by 4 March 2022, subject to technology releases and data availability.

#### **Digital tools to support self-isolation**

The digital team continues to develop and refine tools and provide post-release support to enable the self-management pathway. Additional components continue to be developed for the COVID-19 Clinical Care Module (CCCM) and National Contact Tracing System (NCTS) to increase functionality, system integration and user experience. The team has been able to resolve post-release bugs rapidly.

Following initial low numbers (approximately 30 percent) of people filling out the online form after receiving a text message notifying them of their positive result, we have adapted the online form. Utilisation of the form has subsequently increased to 87 percent, and further changes are being targeted at increasing its utilisation. To ensure that the Care Coordination Hubs and Public Health Units can focus their efforts on people with the highest needs, ideally over 95 percent of people would use the digital self-management pathway.

#### *Regional hubs/Coordination*

During the week beginning 21 February 2022, the team carried out structured assessments of the 44 Care Coordination Hubs (the Hubs). These assessments are now being analysed to identify regional and national themes, centres of excellence, and areas of risk that need support. Overall, a picture is emerging of the nationally planned, regionally coordinated, and locally led, model working effectively. Some early findings from the assessments include:

- we typically observed excellent collaboration at the local level
- many of the Hubs are iwi led
- most Hubs have representatives from MSD, some are even co-located in the Hubs
- the Hubs are complimentary about the support they are receiving from the team and on the implementation of the digital tools and support around that
- where high-risk situations have arisen, the Hubs provided support to quickly resolve the problem.

#### **DHB Resurgence and Readiness Planning update**

Based on the analysis of the Care Coordination Hub assessments, we intend to undertake the desktop reviews (virtual panel-led discussions) of selected DHBs the week beginning 7 March 2022. This is to better understand community and primary care provision. The first round of desktop reviews conducted in November 2021 covered readiness planning of the full spectrum of DHB services.

Robyn Carey, the Ministry's Chief Medical Officer, will Chair the desktop reviews, with attendees including senior representatives from the Ministry, DHBs and MSD.

#### **Workforce**

The Ministry is supporting the relaunch of the Hands Up Database, including ensuring information on candidates is current, and providing communications to sector-wide employers.

Health Workforce has approved a \$10 million funding allocation from the Care in the Community Cabinet paper [CAB-21-MIN-0555] from December 2021. We will seek approval at the HSPP Steering Group meeting on 10 March 2022 for how to allocate the funding urgently for use by providers this financial year.

The team is exploring opportunities for a joint MSD/Ministry Recruitment Campaign targeting students to work in the COVID-19 response.

#### **Next steps**

As the response to Omicron has moved into Phase 3, the function of the Incident Management Team and the current reporting is moving to capture how the current wave is impacting on the wider health sector. The HSPP is working to support this transition.

<b>Deputy Director-General</b>	Robyn Shearer, Deputy Chief Executive, Sector Support and Infrastructure <span style="background-color: black; color: white;">s 9(2)(a)</span>
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10 March 2022

## 6.1 Health system preparedness programme: update

This item provides an update about the Health System Preparedness Programme (HSPP).

### COVID-19 Care in the Community

#### *Care Coordination Hubs*

On 25 February 2022, the Ministry completed assessments of 44 Care Coordination Hubs ("the Hubs"). A summary of findings from the assessments follows.

The overall identified strengths of the Hubs were:

- Hubs that have good connections to iwi, intersectoral and primary care relationships and are co-located are well placed to support their communities
- DHBs that have manaaki providers (non-clinical support groups) are looking at new ways of supporting their communities (eg, to deliver medicines rather than click and collect)
- Improved redistribution of the local workforce means the health sector is better positioned to move resources quickly.

Identified pressures included:

- Workforce capacity
- Ensuring the workforce can keep up with the increase in cases, as well as pressures due to staff or their dependents contracting COVID-19 and having to self-isolate or require care
- IT system access, training, and usability - the current approach is inconsistent and requires manual data entry, extraction and using siloed systems.
- Coordinating with primary care and manaaki providers, including new providers being onboarded and brought up to speed on the delivery of support. We expect this to reduce with Hubs changing their operating model to focus only on those who need support rather than all cases
- Some Hubs are waiting for Ministry guidance before making decisions. The Ministry is working to address some of the issues. These will be covered in greater detail along with timeframes for completion in the next weekly report.

#### *Disability*

Following feedback from the disability sector on experiences with self-isolating at home, we have developed a COVID-19 Care in the Community disability approach. This covers how we plan to engage with the disability sector, as well as key deliverables from the COVID-19 Care in the Community Programme, to support the delivery of care for individuals with disabilities who are isolating at home.

Data and reporting are a strong focus of the approach. To better support data and quality, we are including disability identity questions in the online form for COVID-19 cases. This will assist with the identification, targeted support, and reporting of disabled individuals receiving COVID-19 care in the community. The updated online form is expected to be included in the next release, in the week commencing 14 March 2022.

#### *Governance*

The three advisory groups for the COVID-19 Care in the Community Programme are now up and running and meet on a weekly basis. The purpose of the groups is to provide support to the programme to prepare guidance, and operational and technical support. The key focus areas of these groups are:

- Clinical Pathway Advisory Group: reviewing the clinical pathways (including assignment to self-management and managed pathways)
- Therapeutics Implementation Group: preparing guidance for logistics of rollout and delivery of new

therapeutics

- Data and Digital Advisory Group: reviewing and prioritising scheduled releases of new and iterated functionality.

#### *COVID-19 Care in the Community Framework*

With the active implementation of the Omicron Response Plan, greater self-management and automation, and alternative isolation accommodation options, we are updating the COVID-19 Care in the Community Framework which was published in December 2021. The updated Framework will include new content on the self-management pathway, use of digital tools, and alternative accommodation guidance. We will publish the third version of the COVID-19 Care in the Community Framework during the week ending 25 March 2022.

#### *Accommodation guidelines*

The Ministry is working alongside the Ministry for Housing and Urban Development, MSD, and Kāinga Ora to update the guidance document *A Public Health guidance document for temporary accommodation providers*.

This guidance outlines what social service agencies, emergency and transitional housing, public and temporary housing, holiday accommodation, managers and owners may need to consider supporting guests/clients, staff, and contractors in the event they have a case or cases requiring isolation at the property.

The updated guidance will reflect the Omicron Response Plan, and that COVID-19 cases will need to self-identify to accommodation managers that they are a positive case, rather than the Public Health Units (which was the case under the Delta outbreak).

We will publish the updated guidance by 11 March 2022 on the Ministry's website.

#### *Metrics*

A draft dashboard that presents a set of key metrics that provide a weekly summary of case activity across the COVID-19 Care in the Community patient journey was presented to you last week.

The first weekly dashboard was provided this week, on 9 March 2022.

#### *Data and Digital*

Both MSD and GPs have raised concerns with the electronic referral pathway, which is critical to supporting COVID-19 positive patients isolating in the community. The Ministry met with MSD on 4 March 2022, to work through these challenges and resolve these concerns and issues.

Updates and integration of lessons learnt to date continue to be acted on by the Ministry.

#### **Workforce**

The Ministry is exploring opportunities for a joint MSD/Ministry/health sector recruitment campaign. The campaign is aimed at students to work in the COVID-19 response and COVID-19 Care in the Community.

Due to the similarities between the workforce pools in both the MSD and Ministry databases, work is underway to expand the already established 'Hands Up' Database to include MSD contacts. In the meantime, MSD launched its campaign on 2 March 2022, which involves confirming availability of their clients for employment.

#### **Communication and engagement**

The Ministry is working on messaging and assets to support uptake of the digital tools to help people through their isolation period. Content is also being developed to provide more information for those isolating at home with home help/home care support, isolating when pregnant, and isolating at home with children.

The Ministry has held several hui and fono with community groups on the Omicron response, COVID-19 Care in the Community, and digital tools. Key feedback to date has been the need for the Ministry to present to regional and local groups, in addition to the national-level webinars. The Ministry has scheduled some of these and are working with leading agencies to have more scheduled.

**Next steps**

We will keep you updated on the impact of the Omicron outbreak through the daily SitRep.

<b>Deputy Director-General</b>	Robyn Shearer, Deputy Chief Executive, Sector Support and Infrastructure s 9(2)(a)
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RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

17 March 2022

## 4.2 Health System Preparedness Programme: update

This item provides an update about the Health System Preparedness Programme (HSPP).

### COVID-19 Care in the Community

#### *Disability*

In the week commencing 14 March 2022 the disability identity questions were included in the online form for COVID-19 cases. This lets the Ministry report on disabled individuals receiving COVID-19 care in the community. A report on this will be provided in the week commencing 28 March 2022 as part of the wider COVID-19 Care in the Community dashboard.

The Ministry is looking at how we can integrate a Ministry database of individuals with severe disabilities in the COVID-19 Care in the Community digital tools. We are waiting for system changes to National Contact Tracing Solution and COVID-19 Clinical Care Module platforms before we integrate this database. Planning is underway, and we will confirm the go live date in the coming weeks.

#### *Accommodation*

All COVID-19 Care in the Community accommodation guidance published on the Ministry's website has been updated to reflect the Omicron Response Plan. We are seeing an increase in requests from the Care Coordination Hubs for campervans as Omicron case numbers increase. In total, sixteen campervans have been deployed across seven Care Coordination Hubs/DHBs.

For the period of 1 to 8 March 2022, four campervans have been deployed to Auckland DHB, one to Lakes DHB and one to Capital & Coast DHB. Examples of why campervans were deployed include:

- an individual, (non-COVID-19 case) with heart failure being discharged from hospital but their entire family is isolating with COVID-19
- the self-contained transport of COVID-19 positive New Zealand Police from Wellington to Auckland.

Eleven regions are engaging with the national alternative accommodation service provider, Orbit, to source additional accommodation and renegotiate existing contracts. Orbit has identified that some Hubs are being charged higher rates for rooms and is renegotiating contracts as they come up for renewal. There is a lot of available accommodation stock in the market at present should the DHBs/Hubs require it.

#### *Data and Digital releases*

As of 7 March 2022, the following digital tools and fixes were released:

- predicted isolation end date sent to Clinical Care Module (CCCM) from the national contact tracing system
- automated case closure isolation release text message sent
- My COVID-19 Record to show the Self-Serve Assessment URL including the token/code linked to positive case
- CCCM active management/self-management allocation by health provider
- implementation of risk stratification model and clinical risk score
- functionality for care hub to use clinical risk score for allocation
- CCCM users can sort by clinical risk score in the dashboard.

Clinical Care Module concerns

#### *Clinical Care Module and General Practitioners*

The COVID-19 CCCM is a custom-built dashboard and clinical record designed to manage COVID-19 positive

individuals as part of the COVID-19 Care in the Community model of care. The intended primary users are clinical hub, primary and community care providers.

This will create a collaborative COVID-19 clinical record that can be used to share information for all those providing clinical care to COVID-19 positive individuals.

The implementation of CCCM into primary and community settings has created a workflow burden for many providers.

The pandemic, provider stress, increasing case numbers, sense of responsibility for patients, and short timeframes to build trust and confidence in the new Hubs has also had an adverse impact on primary care adoption of CCCM.

The current state has resulted in concerns from several primary care providers, including the Royal New Zealand College of General Practitioners, (RNZCGP) to adopt and use the technology in its current form.

The Ministry met with several health sector stakeholders including representatives from the RNZCGP on 1 March 2022. It was agreed that the adoption and use of CCCM by general practice for the recording of COVID-19 related clinical records is desirable but not compulsory – in effect enabling GPs a choice to opt-in to use CCCM.

While use of CCCM is not compulsory, there are several areas where its use is considered desirable:

- where a person is not enrolled with a general practice and has no other primary care medical record
- when a person is under active medical care and/or when out of hours care is or is likely to be provided by another provider to support continuity of care.

The Ministry continues to improve the CCCM system, making it more user friendly and adding value.

#### *Clinical Care Module and Ministry of Social Development*

In collaboration with the Ministry of Social Development (MSD), the CCCM was designed to include an electronic referral pathway from primary care to social and welfare providers. The referral pathway is intended to support the individual and their household by facilitating urgent prioritisation of specific needs for safe isolation and recovery. Anecdotal evidence from MSD suggests some adoption issues. These include:

- inability to verify that the person has been required to self-isolate
- clients not answering MSD calls after multiple attempts (between 40-47 percent of cases)
- some clients do not need support, despite being identified as requiring it, and some say they did not give consent to be contacted by MSD
- several providers are repeating the same conversation to make sure the person qualifies for welfare.

MSD proposed several changes to the referral pathway. The agreed option is temporarily switching off the electronic referral between the Ministry and MSD systems. This will mean the contact tracing team no longer advise that MSD will make contact within 24 hours, but instead advise where the person has identified a welfare need that they can either call our 0800 number or complete the MSD online form. There will be no change to GPs processes, workflow, and systems.

The Ministry and MSD are continuing discussions to resolve the issues and re-connect the electronic referral pathway.

#### **Workforce**

The Ministry is exploring opportunities for a joint Ministry/MSD/health sector recruitment campaign. The campaign will be aimed at students to work in the COVID-19 response and COVID-19 Care in the Community.

Health Workforce is also looking at utilising an MSD platform for businesses as another option to fill vacancies. Job seekers will be able to register for employers to contact as well as applying for vacancies. Currently MSD do not use this platform but still host it.

The \$10 million health workforce funding stream approved by Cabinet in December 2021 [CAB-21-MIN-0555

refers] has been submitted to the Health System Preparedness Programme Steering Group for approval.

<b>Deputy Director-General</b>	Robyn Shearer, Deputy Chief Executive, Sector Support and Infrastructure, s 9(2)(a)
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24 March 2022

## 6.1 Health system preparedness programme: update

This item provides an update about the Health System Preparedness Programme (HSPP).

### COVID-19 Care in the Community

#### *Changes to the COVID-19 welfare referral process*

The majority of people who need access to welfare support while isolating are calling the COVID-19 Welfare line or are completing the Ministry of Social Development (MSD) form linked to the positive test result text message. This has largely been working well and MSD either helps directly or connects people to a community provider.

Until recently, people could ask for welfare support through the National Contact Tracing System (NCTS) which linked directly into MSD's welfare support system. As case numbers have increased, this system's electronic referral process was not performing consistently, or fast enough for those needing urgent welfare support. It was turned off on 14 March 2022.

Requests for welfare support can now be made through the following channels:

- completion of the MSD welfare form (that is linked through the online contact tracing form sent with a positive test result text message)
- calling the Welfare line
- general practitioners (GPs), other primary health care providers and other associated providers can flag a welfare need through the COVID-19 Clinical Care module platform
- GPs, primary health care providers and contact tracers who do not use, or do not have access to the COVID-19 Clinical Care module can advise people to contact the COVID-19 Welfare line directly, or to complete the MSD welfare form.

#### *Data and Digital*

The Data and Digital team has held review sessions on the COVID-19 Clinical Care module and have been supporting Care Coordination Hubs (Hubs) on how to use the localised reporting and dashboarding tools to optimise technology solutions. In the week of 16 March 2022 sessions were held with South Rangitikei, West Coast, Wellington and Wairarapa Hubs. Further sessions will be held over the next two weeks for South Canterbury, Hutt Valley and Capital and Coast (2DHB) Care Hubs, Te Manawa Taki (collective group session), Taranaki, Hawke's Bay, and Northland Hubs.

#### *Implementation of Risk Stratification Model and Risk Score*

The risk score for the call prioritisation tool, (the tool) for the COVID-19 clinical care module and National Contact Tracing System was deployed on 10 March 2022. We are developing a rapid assessment of the tool by looking at the score of those who are hospitalised and determining whether the score was correct. Sector-wide training sessions on the tool are on-going. We are asking for feedback from users to check it is working in the way we intended and are identifying areas for improvement.

#### *Advanced care planning resources for COVID-19 patients and whānau*

It's important that those who are at a higher risk of becoming seriously unwell with COVID-19 are prepared and think about what they may want if their health declines. Existing health quality safety commission advanced care planning resources developed by the Health Quality and Safety Commission (HQSC) have been adapted to suit the COVID-19 context and are designed to help health professionals have conversations about what matters most to patients and their whānau. The Shared Goals of Care documents, and the Serious Illness Conversation Guide, are available to support clinicians for use across the health sector. The resource *COVID-19: Being prepared – what is most important to you if you become unwell with COVID-19* has also been developed for patients.

*Communication*

The Ministry is working with DHBs, MSD, and the Department of Prime Minister and Cabinet (DPMC) to produce information to support people isolating at home. This includes an updated video, social media communications, and a series of webinars for welfare and primary care providers.

*Workforce*

On 10 March 2022 the Ministry launched the COVID-19 Surging the Health Workforce campaign. This campaign has been developed in response to the urgent need for workers on the ground to help care for whānau who are isolating at home.

The Ministry is distributing campaign material across the sector and community through newsletters, emails, and social media platforms. A range of options are available to support Care in the Community providers to advertise job listings, and for workers to put themselves forward to support the Omicron response in a range of different services across the sector.

<b>Deputy Director-General</b>	Jess Smaling, Acting Deputy Director-General DHB Performance & Support s 9(2)(a)
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RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

31 March 2022

## 5.1 Health system preparedness programme: update

This item provides an update about the Health System Preparedness Programme (HSPP).

### COVID-19 Care in the Community

#### *Regional Desktop Reviews:*

We are starting desktop reviews of the care in the community function in our four regions – Northern, Te Manawa Taki, Central and Southern. The purpose is to review our care in the community preparedness capability and performance. The reviews will incorporate intelligence gathered from the survey of preparedness conducted of 44 Community Coordination Hubs (Hubs) across Aotearoa New Zealand. The reviews commenced on 24 March 2022 and are expected to be completed by 6 April 2022.

#### *Care in the Community Funding Allocation Update*

In December 2021, Cabinet approved \$50 million for DHB funding to provide regional and clinical coordination services, including establishment of Hubs (CAB-21-MIN-0555 refers). DHBs have agreed to use \$1 million of this funding to directly support rural primary care, leaving \$49 million currently unspent.

On 28 February 2022, DHBs were asked to submit their preferred funding arrangements and high-level plans for use of the \$49 million by 4 March 2022. DHBs submitted 41 proposals to access funding, amounting to \$55.6 million. Our initial review of the proposals shows that:

- most of the proposals are for recruitment purposes
- some proposals have capital expenditure components (approximately \$4.84 million) that do not meet the operational criteria outlined in the Cabinet paper
- some proposals appear to be over or under costed
- some proposals seek to carry over more than \$1 million into the next financial year
- none of the proposals have split proposed costs by financial year, meaning we have a lack of visibility of planned spending between now and 30 June 2022.

The funding distribution process is as follows:

- DHBs draw down the funding by invoicing the Ministry as and when actual costs are incurred
- expenses will be captured by DHBs in the relevant workstream in the COVID-19 Finance Tracker
- due to the current labour market situation and limited time available until 30 June 2022, a maximum of \$1 million per DHB may be carried over until 31 December 2022
- DHBs and Health New Zealand are responsible for oversight and commissioning of funding.

*Table 1: Summary of proposed DHB spending on regions*

(Note: This is a summary of operational funding approved for each region. Any capital funding in DHB proposals has been excluded – \$4.84 million).

Region	Number of Proposals	Approved Spending
Northern	10	\$13,416,529
Te Manawa Taki	15	\$17,219,000
Central	8	\$12,429,750
Southern	6	\$6,654,204
TAS	1	\$173,050
National	1	\$833,333

<b>Total</b>	<b>41</b>	<b>\$50,725,867</b>
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#### *Alternative Accommodation and Disability Update*

Changes to the National Contact Tracing System (NCTS) and the COVID-19 Contact Tracing Self-Service form went live on 22 March 2022. The online form linked to the text message sent to people acknowledging a positive COVID-19 test in My Covid Record now includes disability and accommodation questions. People who report a positive test result over the phone (by calling 0800 222 478 and selecting option 3) will be asked the same disability and accommodation questions.

These changes are part of our ongoing efforts to ensure people affected by COVID-19 receive the best possible care and support, with a particular focus on equity and the most vulnerable in our communities. It will be easier for people to self-notify accommodation and disability needs, and for Hubs to have greater visibility over who may need alternative accommodation or additional support because of disabilities in their areas. Previously, people had to register requests for alternative accommodation by calling Healthline or the Ministry of Social Development, which then notified the Hubs for Self-Isolation and Quarantine coordinators (Coordinators) to action.

The new accommodation questions are:

- Can you safely self-isolate in your current accommodation?
- Why is your current accommodation not suitable for you to self-isolate in?
  - I live in overcrowded housing and I have someone with serious health conditions in my house
  - I have nowhere to safely isolate
  - I don't have access to basic facilities (power, toilet, water)
  - Other (with free text).

Additional fields relating to accommodation will appear in the NCTS on the person's case record in the needs and compliance section. If accommodation needs are flagged, Coordinators pick these up and action according to local processes, which remain the same as previously.

The new disability question is: are you a disabled person, tāngata whaikaha Māori, or a person with disabilities?

If the person answers yes, additional fields relating to disability will display in the NCTS on the case record in the underlying conditions section. These flow through to the COVID-19 Clinical Care Module and displays when the 'Underlying Conditions in NCTS' button is selected from the initial assessment.

The Ministry conducted virtual drop-in training sessions on 22 March 2022 with Coordinators to support this change and provide comprehensive training material.

#### **Next Steps**

We will continue to keep you updated on progress of the programme and the impact of Omicron through the daily Situation Report.

<b>Acting Deputy Director-General</b>	Jess Smaling, Acting Deputy Chief Executive, Sector Support and Infrastructure, s 9(2)(a)
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7 April 2022

## 4.1 Health system preparedness programme: update

This item provides an update about the Health System Preparedness Programme (HSPP).

### COVID-19 Care in the Community

#### *Alternative Accommodation and Managed Isolation and Quarantine*

The Ministry met with the Department of Corrections and Ministry of Business, Innovation and Employment (MBIE) to discuss alternative accommodation arrangements for prisoners, that are COVID-19 positive, being released. It is agreed that self-isolation and quarantine coordinators must be notified well in advance of a prisoner release so they can arrange appropriate alternative accommodation which allows released prisoners to safely isolate. A process document is being developed between the Ministry and the Department of Corrections that will be shared with stakeholders, MBIE and quarantine coordinators.

On 30 March 2022, a hui was held with MBIE and relevant hoteliers, to discuss the future functions of Managed Isolation and Quarantine (MIQ), and options for redeployment of the MIQ workforce to support the COVID-19 Care in the Community workforce. MBIE is currently assessing potential options.

#### *Continuous Quality Improvement Framework*

A Continuous Quality Improvement Framework is being developed by the Ministry for the COVID-19 Care in the Community Programme. The framework measures delivery of the programme to ensure that it is delivering quality outcomes in an equitable way. We will keep you updated as work on the framework develops.

#### *Long COVID*

Long COVID is one of the names given to the symptoms experienced by people after a COVID-19 infection. The Ministry is working to determine the approach for managing Long COVID in the primary care setting and the wider New Zealand Health and Disability System, including scope for funding arrangements. We will keep you updated on this approach as work progresses.

#### *Therapeutics Rollout*

An end-to-end process map and detailed plan has been developed for the rollout of Paxlovid™ (nirmatrelvir with ritonavir) and molnupiravir, the first oral antiviral medicines that will be available for community use to eligible patients across Aotearoa New Zealand. Guidance for prescribers, dispensers, and patients is being developed, as well as the data and digital systems that will support the monitoring and distribution of supplies. The therapeutics rollout started this week.

#### *Communications*

The following COVID-19 guidance was launched on the Ministry website in the last week:

- information on how to manage symptoms and what people need to do if they take medication
- information and tools available to support mental health and wellbeing and where to get help if needed
- A video resource linked on the *COVID-19: Pregnant people and those who have recently given birth* guidance page. This provides information on what patients need to know if they are isolating and pregnant, and maternity care for people during pregnancy and following the birth of their child.

### Next Steps

The Ministry continues to engage with associated government agencies on these initiatives. We will keep you updated on the Programme through the Daily Situation Reports.

<b>Deputy Director-General</b>	Robyn Shearer, Deputy Chief Executive, Sector
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14 April 2022

## 5.1 Health system preparedness programme: update

This item provides an update about the Health System Preparedness Programme (HSPP).

### COVID-19 Care in the Community

#### *Therapeutics rollout*

The therapeutics rollout of the first oral antiviral medicines began the week of 4 April 2022. Clinical guidance for prescribers, dispensers, and patients was published ahead of the rollout through the Health Pathways sites, and prescribers also received live links to all support resources.

A total of 9,600 courses of Paxlovid™ arrived in the first shipment and 20,900 in the second shipment. This makes up the balance of our orders until 1 July 2022. Stock has been distributed to ProPharma's regional distribution centres, and pharmacies began ordering Paxlovid™ on 4 April 2022. There are 1,600 courses being retained at each of ProPharma's regional and central distribution centres as reserves.

Hospital clinicians and pharmacy managers have raised concerns about adequate stock. This was discussed at the New Therapeutic Implementation Group meeting on 7 April 2022. Hospitals, except for rural hospitals, are not holding stock of Paxlovid™ because hospitals have access to alternative IV therapies, such as remdesivir, that are not widely available in the community.

On 7 April 2022 the Ministry launched a daily digital monitoring report for Paxlovid™. This report will be used by the Ministry, Pharmac, and DHBs to enable effective stock management and to track utilisation trends and grow understanding of who is accessing the medicine. This will help ensure access is equitable and reaches our vulnerable populations.

#### *Winter Planning*

The Ministry has been working on two key aspects of winter planning preparedness:

- gaining assurance that DHBs and hospitals have robust plans for winter preparedness, in particular workforce resilience
- developing a system to collect additional data and intelligence from across all DHBs to provide an 'early warning system', and to manage and monitor winter trends and ensure DHBs can share information, and where appropriate, resources.

In the past week, the Ministry has developed a DHB winter planning checklist that builds on the planning tool that was developed to support the pre-festive season planning over December 2021, and the Omicron scenario planning in February 2022.

The checklist's purpose is to:

- provide DHBs and regions with a range of questions that may prompt new responses
- provide the Ministry with assurance that DHBs have robust plans in place for the next six months and have built on the opportunities created through regional collaboration and community care coordination hubs.

The checklist will be sent to DHBs by the end of April 2022. Analysis of the findings will provide the Ministry with an assessment of DHB preparedness, areas of risk, and opportunities that can be shared across the sector. An overall report will be completed by the Ministry and ongoing engagement with DHBs continues.

#### *Data and Digital*

The following data and digital tools and updates were released the week beginning 4 April 2022:

- A system change has been implemented to record if a person who is an active record in the National Contact Tracing System and COVID-19 Clinical Care Module dies. This will make sure anyone due to act on a case is aware that the person is now deceased.
- Usability and functionality improvements to the General Practitioner (GP) Rapid Antigen Testing reporting form.
- COVID-19 Health Hub language translations for Te Reo Māori, Korean, Simplified Chinese, Hindi, Traditional Chinese, Somali, Samoan, Swahili, Ukrainian, Tongan, Fijian, Tokelauan, Niuean, Cook Island Māori, Gujarati, Punjabi, Tuvaluan, Vietnamese are being released incrementally.
- Version one of the Therapeutics Dashboard for monitoring stock and utilisation trends of Paxlovid™.
- Additional case health check questions on symptoms and co-morbidities from the National Contact Tracing System to the COVID-19 Clinical Care Module.
- GP COVID-19 Dashboard – visibility of GPs' COVID-19 patients from the COVID-19 Clinical Care Module via the Practice Management System.
- Ability to create cases in the COVID-19 Clinical Care Module via the GP Dashboard.

#### *Regional Desktop Reviews*

The Ministry is carrying out desktop reviews of resurgence preparedness at the regional level, focusing on care in the community preparedness and implementation of the care coordination hubs. The reviews are being chaired by the Ministry's Chief Medical Officer, Dr Robyn Carey, and a panel of representatives from the Ministry and MSD. Reviews of Northern, Te Manawa Taki, and Southern regions have been completed, with the final review of Central region scheduled to be completed in the next two weeks.

#### *Long COVID update*

The Ministry is continuing work on the approach for managing long COVID in the primary care setting and the wider New Zealand Health and Disability System. The four parts to the approach are:

- monitoring DHBs that have/are establishing specific services for long COVID to help develop a change package for others wanting to do the same
- maintaining emerging evidence to inform clinical pathways for the identification and management of long COVID
- establish an expert advisory group including people with lived experience to guide and give input into the long COVID approach
- identifying research gaps that are particular to New Zealand and how these might be addressed.

The investigation and treatment of long COVID in primary care will be funded in the same way as other medical conditions and emergencies. Once the acute phase of the COVID-19 infection is past, any longer-term symptoms which present beyond six-weeks will be managed in the same way as other long-term conditions. Normal co-payments for general practice appointments will apply, as well as part charges for emergency ambulance callouts, and community pharmacy dispensing fees. Specialist level treatment will be funded by DHBs, or self-funded if accessed privately.

Deputy Director-General	Robyn Shearer, Deputy Chief Executive, Sector Support, and Infrastructure, s 9(2)(a)
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21 April 2022

## 4.1 Health system preparedness programme: update

This item provides an update on the Health System Preparedness Programme (HSPP).

### COVID-19 Care in the Community

#### *Disability*

The Ministry hosted the first People's Group meeting on 11 April 2022. This was an open session designed for disabled people, their whānau and carers to receive the latest information and guidance on alternative pathways for preparing for, and responding to COVID-19. Sign language interpreters attended, and a recording of the session is available for sharing with disabled people's networks.

Over 30 people attended the first session, feedback from attendees was positive, and they advised that information the Ministry supplied was informative. We expect there will be more people attending the next meeting scheduled for 5 May 2022.

#### *COVID-19 Information for Disabled People*

The disability sector has told us that COVID-19 information for disabled people can be difficult to find. The Ministry, alongside the Department of Prime Minister and Cabinet (DPMC) and other cross-government agencies, has consolidated support details and resources for disabled people on one page in the Unite Against COVID-19 website. This work included a stocktake of available information, identification of information gaps, and redevelopment of a broad range of up-to-date information. The web page provides practical details on testing, recording test results, what to do if your carer gets COVID-19, how to access welfare support, as well as key information on preparing and keeping safe. This information is monitored and updated as appropriate when changes occur.

#### *Data and Digital*

On 12 April 2022, we released the self-isolation calculator. This calculator populates a self-isolation end date based on the date that a person developed symptoms or tested positive for COVID-19.

The calculator addresses ongoing confusion by people on what date they can leave self-isolation.

#### *Clinical – Therapeutics update*

New Zealand's supply of Paxlovid™ is currently exceeding requirements. There are 1,032 courses readily available for pharmacies to order, with 24,030 courses in reserve. Pharmac is working on a distribution arrangement with Onelink to act as the wholesaler for hospitals now that more stock is available. The Ministry will soon move to a more business-as-usual approach to ordering for pharmacies once more usage data is gathered by the Ministry. Pharmacies will then be able to order on an 'as required' basis direct from ProPharma.

The Ministry has begun work on reviewing the access criteria for Paxlovid™. The Ministry met with Pharmac on 12 April 2022 to determine access criteria changes, including widening the access scope in response to low demand. There have been no access issues identified to date. Discussion between the Ministry and Pharmac are ongoing.

We are developing communication material to raise awareness and improve timely access to COVID-19 therapeutics. This includes distribution of information to disabled people, disability and older people's organisations, kaupapa Māori providers, immunocompromised individuals, and primary care providers.

*Future Modelling of Care in the Community*

The Ministry is hosting a workshop with health and social sector officials on 22 April 2022 to discuss the future model for Care in the Community and develop a proposed framework which will be shared with our partners for their input and feedback.

<b>Deputy Chief Executive</b>	Robyn Shearer, Deputy Chief Executive, Sector Support, and Infrastructure, s 9(2)(a)
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28 April 2022

## 5.1 Health system preparedness programme: update

This item updates you about the Health System Preparedness Programme (HSPP).

### COVID-19 Care in the Community

#### *Disability*

The Ministry hosted the first hui of the Disability Sector Leadership Group – COVID-19 Preparedness and Response on 14 April 2022. This is a fortnightly forum, to support information sharing and advice on the COVID-19 response to the disability sector. The Group comprises approximately 40 members from across the community and sector and provides an advisory function in developing key recommendations for the Disability Deputy Director-General and associated Ministry advisory groups. Issues raised at the first meeting included:

- the need for accessible communications for disabled people – eg, videos with captions, images with audio descriptions
- a real-time feedback loop from the community to provide continuous opportunities to improve
- information on support services available in communities
- data and information to measure and monitor outcomes
- direct resourcing for communications with the sector, including providing hardcopies.

#### *Therapeutics access criteria review update*

Work on reviewing the access criteria to oral therapeutics medicine continues. Engagement between the Ministry and Pharmac has been ongoing throughout the review process. The proposed criteria changes are expected to be submitted to the Pharmac COVID-19 Treatments Advisory Group for consideration and approval in the week of 25 April 2022.

#### *Rollout of Molnupiravir*

The oral antiviral medicine, Molnupiravir, was granted provisional consent by Medsafe on 14 April 2022. A total of 30,000 courses is expected to arrive in New Zealand in the week commencing 25 April 2022. Stock will be distributed to wholesalers for initial distribution to hospitals and participating pharmacies ahead of the public rollout planned for 5 May 2022.

Communications and guidance for prescribers, pharmacists, and patients is being developed, as well as integrating Molnupiravir into the data and digital systems that support the monitoring and distribution of Paxlovid™. Two further shipments of Molnupiravir are expected at 60-day intervals (20,000 and 10,000 courses, respectively) which will make up the total stock for the year of 60,000 courses.

#### *Data and Digital*

On 19 April 2022, we released a new link in Healthlink Forms allowing GPs and other care providers access to report unsupervised rapid antigen tests (RATs) on behalf of patients. This feature is currently only available to report unsupervised RATs undertaken and reported on the same day. The ability to submit retrospective reporting is scheduled to be deployed next week.

Deputy Chief Executive	Robyn Shearer, Deputy Chief Executive, Sector Support, and Infrastructure, s 9(2)(a)
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# Care in the Community Weekly Dashboard

16 March 2022

Performance for week ending 13 March 2022

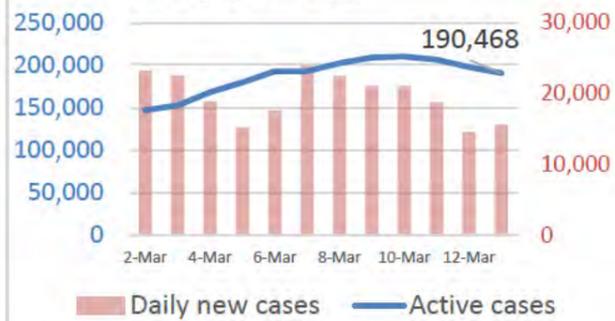
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## CASE OVERVIEW

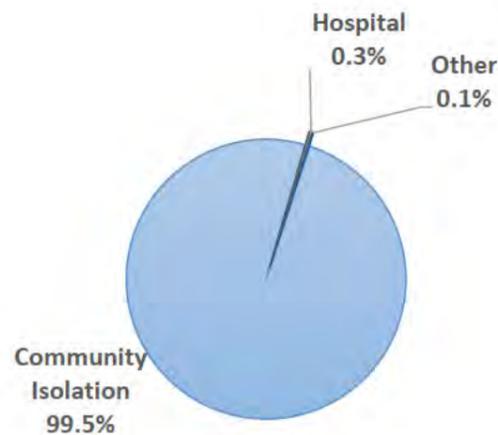
**TOTAL ACTIVE CASES IN THE COMMUNITY**  
(13/03/22)

**190,468** ↓ -1% WoW

Active cases have reduced due to shortening of the isolation period Friday 11<sup>th</sup> March.



**TOTAL ACTIVE CASES IN THE COMMUNITY by ISOLATION TYPE** (13/03/22)



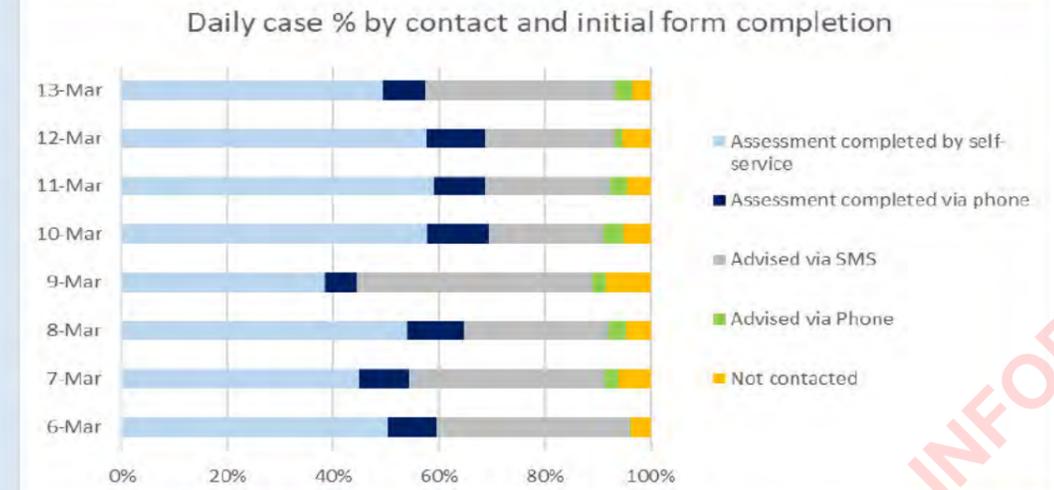
**HOSPITALISATIONS** (13/03/22)

**881** | ICU -> 19 = 2.2%  
Non ICU -> 862 = 97.8%

## CASE PATHWAY

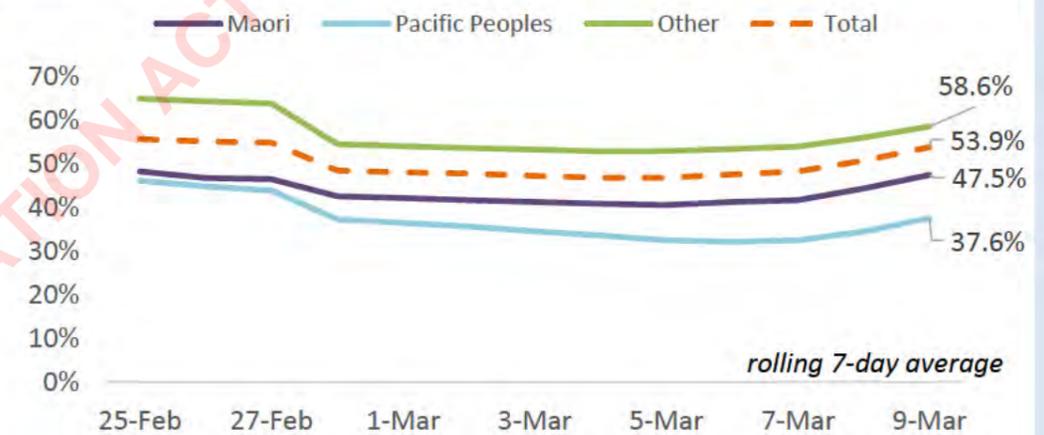
### 1. CONTACT and INITIAL ASSESSMENT

#### 1.1 Case % by progress status by day



- Notable improvement in self-serve form completion since 10 March.
- Steady completion rate of assessment by phone
- Rate of non-contacts has reduced over the last week.

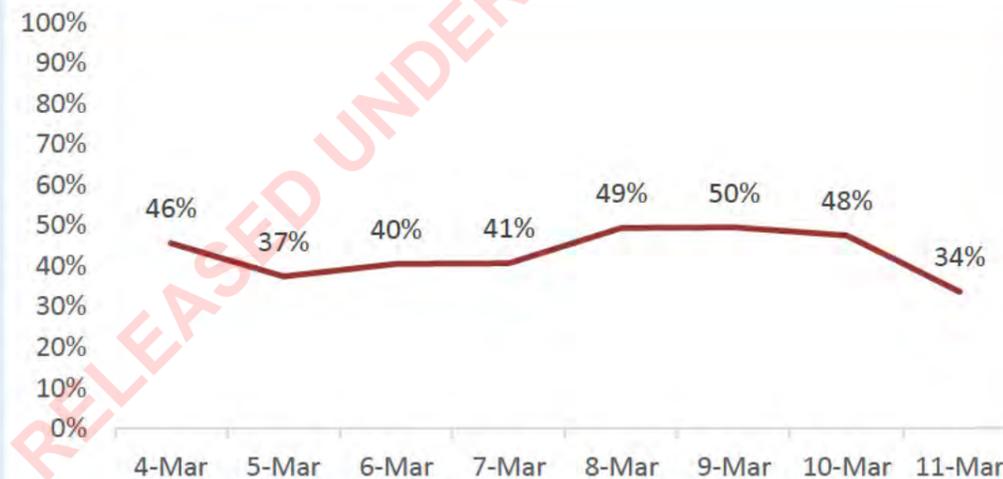
#### 1.2 Completion rate of self-assessment form by ethnicity (rolling 7-day period – self serve only)



- The assessment form has been simplified and text reminders have commenced for incomplete forms at 24, 28, 72 hours.
- CIPR data shows percent of forms completed via phone notably higher for Pacific (20%) and Maori (16%) compared to Total (10%) - Avg 9-13 March.

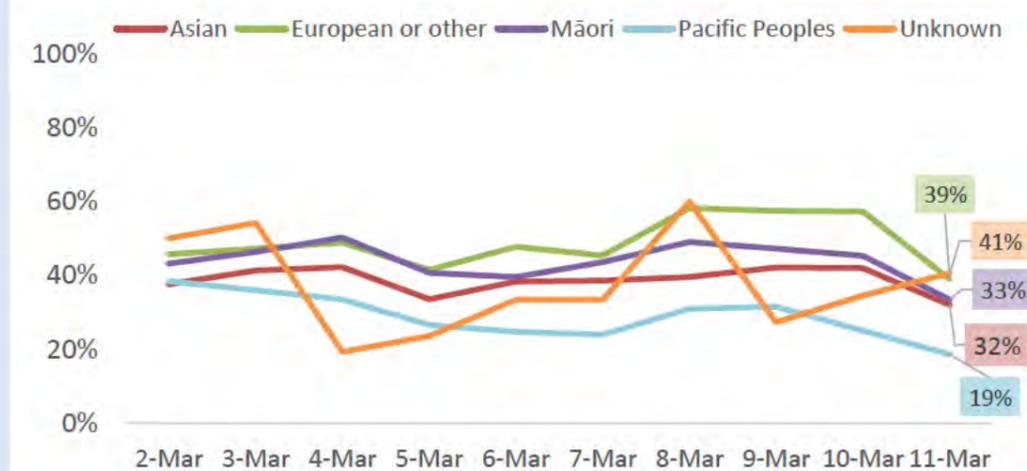
### 2. CLINICAL ASSESSMENT

#### 2.1 Percent of initial clinical assessments that were completed within 24 hours of positive case notification



- The underlying calculation for this metric has been revised from last week, it now provides a fuller view and will now be more stable going forward.
- Reflects all clinical calls that were made within 24 hours of notification.
- Average of 45.6% clinical assessment during the 7 days to 11 March.
- GP usage expected to increase once CCCM availability lag reduced.

#### 2.2 Percent of initial clinical assessment that were completed within 24 hours of positive case BY ETHNICITY



- Using the same data source, with ethnicity breakdown.
- Percent of clinical contact made within 24 hours for Pacific has decreased over the week.
- Data retrieved from COVID-19 clinical care system (CCCM) available (for 2.1 and 2.2 up until 11 March).

## OBSERVATIONS

Charts and views will evolve in the coming days and weeks as data become available.

## CASE PATHWAY

### 3. ASSESS NEEDS

#### 3.1 Cases with MSD Welfare referrals via Ministry of Health

Await data

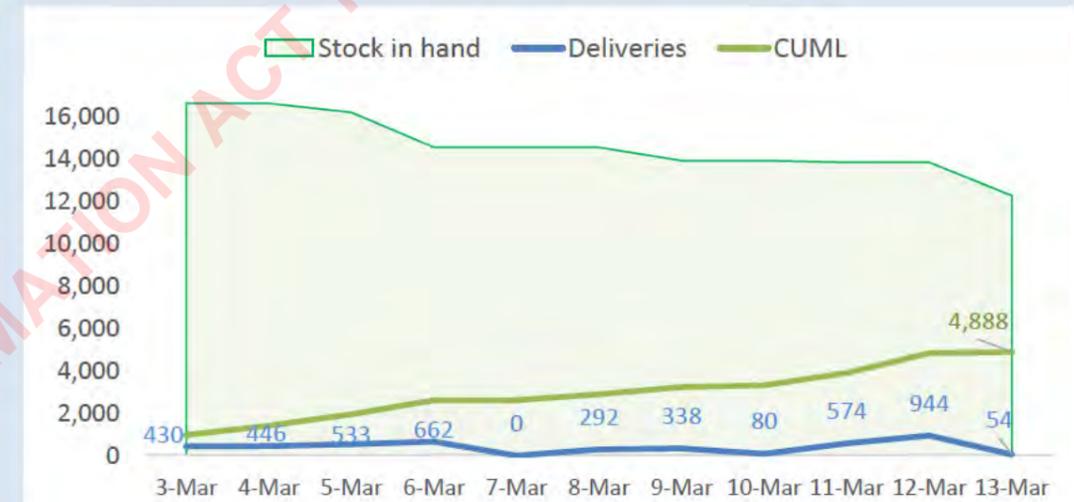
#### 3.2 Cases with Funded Alternative accommodation via Ministry of Health

Await data

- Changes to MSD welfare referrals were implemented 14 March – exploring options to source referral data from new process.
- Funded alternative accommodation flag being implemented

### 4. CARE AND SUPPORT

#### 4.1 Pulse Oximeters delivery and availability



- Pulse oximeters, stock on hand in excess of 12,273.
- Extra 13,500 pulse oximeters and 20,000 finger style Oximeter A310 are on order and scheduled for delivery between 13<sup>th</sup> March and 24<sup>th</sup> April 2022.

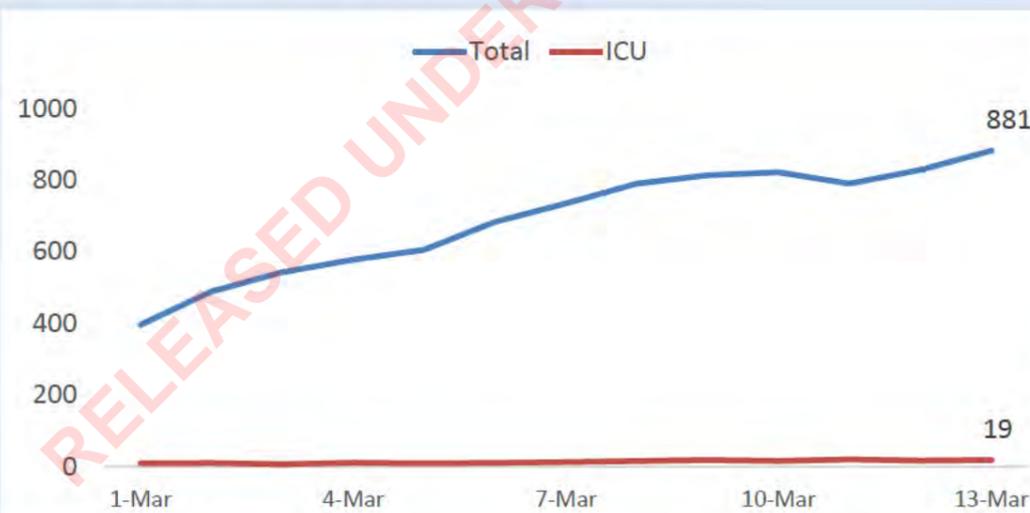
## TECHNICAL SYSTEM PERFORMANCE

### Key system functionality releases this week:

- Probable Case Creation Process / tech Solution
- Enhanced digital daily checks of COVID-19 cases
- Isolation reminder text
- Re-calculation of Risk Score from Self Serve Assessment Form
- Visibility of GPs COVID-19 Patients in CCCM when launching from own PMS - GP COVID-19 Dashboard

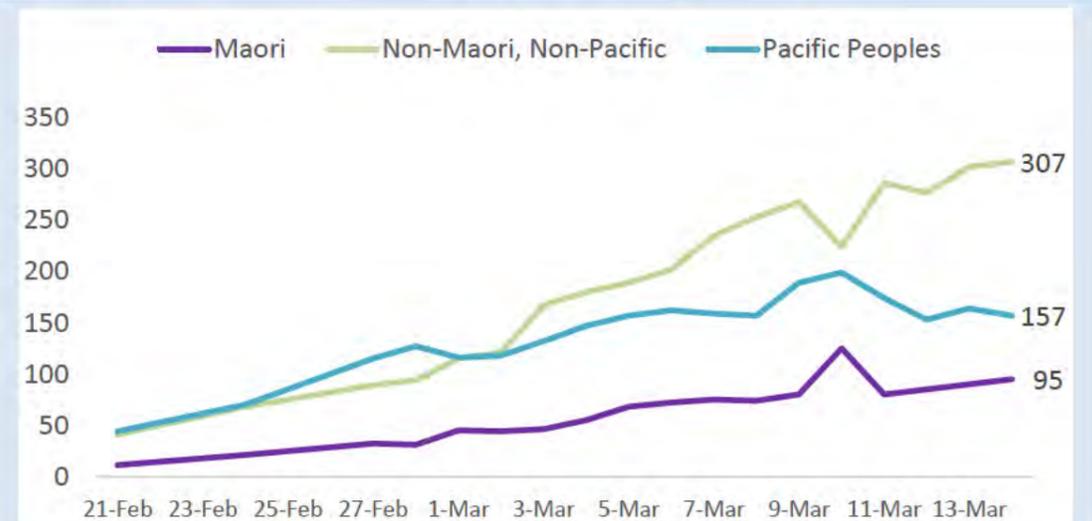
## 4. CARE AND SUPPORT

#### 4.2 Hospitalisations and ICU numbers by date



- COVID-19 ICU cases represent ~2.2% of all COVID-19 related hospitalisations.

#### 4.3 Hospitalisations by ethnicity – (Northern region only)



- Growth in Pacific volumes has reduced week on week
- Non-Maori, Non-Pacific has seen the highest increase in volumes and ratio in the last week

## OBSERVATIONS

Charts and views will evolve in the coming days and weeks as data become available.

## TECHNICAL SYSTEM PERFORMANCE

### Key system functionality releases last week:

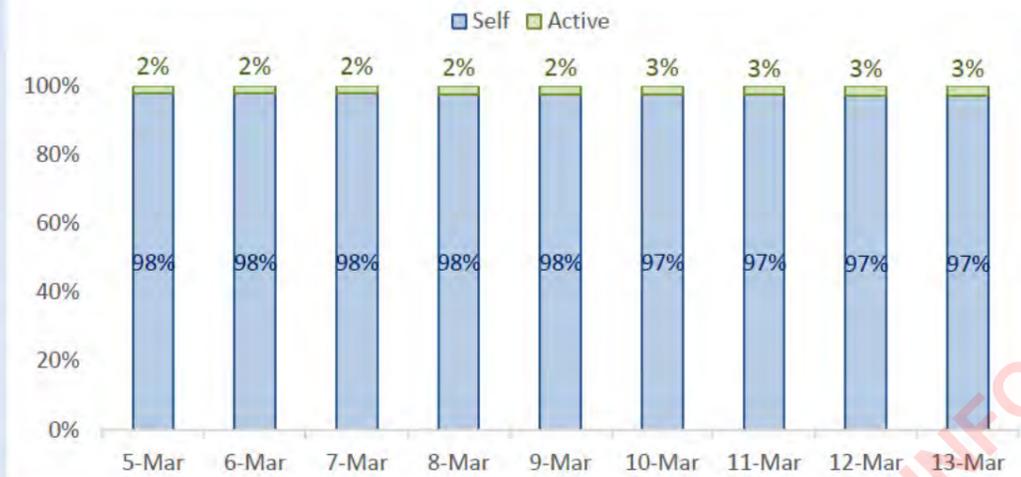
- 9 March – Case self-service reminder messages
- 10 March - On-behalf RAT reporting through MCR
- 10 March – Risk stratification
- 11 March – Isolation duration changes

The average time from reporting a RAT result in My COVID Record through to text message is 2h03m.

## CASE PATHWAY

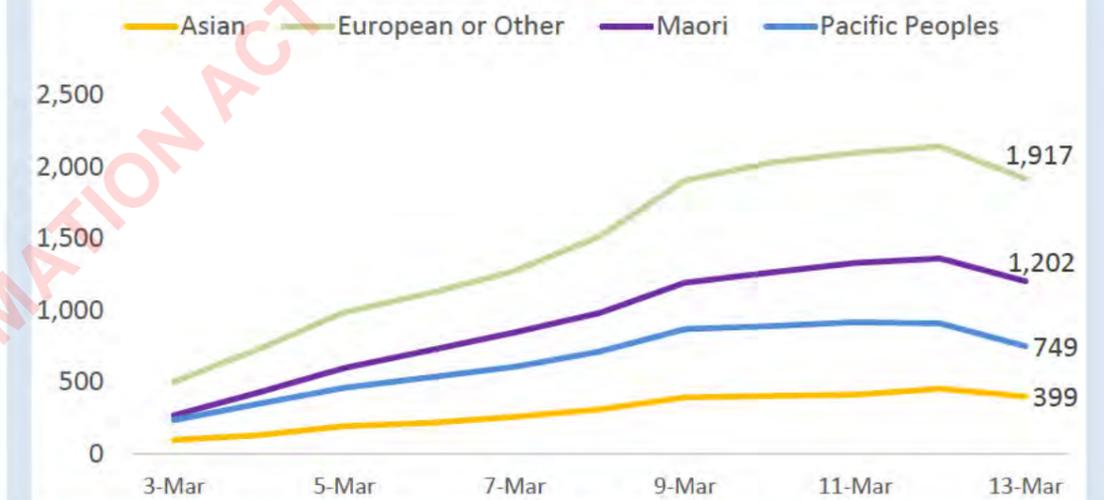
### 4. CARE AND SUPPORT

#### 4.4 Active and self management care distribution (manage care type)



- Proportion of active management cases is consistently between 2% and 3% of the total cases in isolation
- Quality of the data for managed care type relies on clinical assessment to be completed and case flagged as “active management” by GP’s or clinical specialist.

#### 4.5 Count of active management cases by ethnicity



- Total number of cases on active management as at 13 March is approximately 4,267.

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## Observation period

The data in this output covers the period from 7 March until 13 March 2022.

The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- New data expected 23 March 2022
  - Self-assessment form completion (by DHB)
- Including the MoH disability dataset (Socrates) across all these metrics.
- Effort underway to source reporting from CCCM that provides an overview of clinical engagement/recording – i.e. what clinical advisors (by type) are conducting the updates.
- Work underway to introduce risk score filter across manage care type and clinical assessment timeframe metrics
- Data quality is constantly improved and refreshed in Snowflake. Which means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

## SECTION 1 - CASE OVERVIEW

### A) Total active cases in the community

Active cases: positive cases that have not recovered in the last 10 days.

Data source: Sitrep

### B) Total active cases in the community by location

Case location, community care is the primary location with smaller volumes in hospital or undefined at time of data snapshot. The composition of cases isolation is under review and therefore these numbers and types are subject to change.

Data source: DHBs / SitRep / Qlik

### C) Hospitalisations

Hospitalised positive cases

Data Source: Sitrep

## SECTION 2 - CASE PATHWAY

### 1. CONTACT and INITIAL ASSESSMENT

This stage includes case contact results by channel, as well as the completion of assessment which includes contact tracing, and initial assessment of clinical and welfare support.

#### 1.1) Case % by progress status by day

% of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

Data source: CIPR

#### 1.2) Completion rate of self-assessment form by ethnicity

- The lag of the calendar days in the chart is to allow 72 hours for cases to complete the self-service case investigation survey.
- The above figures are based on cases reported in NCTS. The report date is the date the record was created.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- More detailed form completion metrics under development (DHB, equity and demographics)

Data source: QLIK

NB: For both measures, online form access closes at 72 hours, hence the self-completion results will not increase after 72 hours.

## 2. CLINICAL ASSESSMENT

### 2.1 and 2.2) Percent of initial clinical assessment within 24 hours of positive case (and by ethnicity)

- Start event: Notification of confirmed case date/time in Episurv (by NHI number)
- End event: Initial clinical assessment date/time in CCCM (by NHI number) and if this contact is recorded within 24 hours of the start event.
- Cases that haven't had their CCCM initial clinical health assessments completed are not included in this metric.

Data source: CCCM/QLIK

## 3. ASSESS NEEDS

### 3.1 Cases with MSD Welfare referrals via Ministry of Health

- Number of welfare requests created via GPs and self assessment forms
- New welfare process is currently impacting the data availability. Work is ongoing to develop metric.

## 4. CARE AND SUPPORT

### 4.1) Pulse Oximeters delivery and availability

Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

### 4.2 and 4.3) Hospitalisations and ICU numbers by date

Count of hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

Data source: Sitrep

### 4.4) Active and self management care distribution

% of cases assigned in CCCM as active vs Self management.

Data source: Qlik

### 4.5) Count of active management cases by ethnicity

Count of cases assigned in CCCM as active in CCCM.

Data source: Qlik

## METRICS UNDER DEVELOPMENT/AWAITING DATA\*

- 1.3 – Non-contactable – by location, risk and ethnicity
- 2.1, 2.2 – Risk score distribution (active cases/ethnicity)
- 2.1, 2.2 – Acuity score distribution / risk score by ethnicity
- 3.1 – Cases with MSD Welfare referrals via Ministry of Health\* via NCTS and GP referral through CCCM
- 3.2 – Cases with request for funded alt. Accommodation\*

# Memorandum

## Care in the Community – Weekly Dashboard

**Date due to MO:** 23 March 2022      **Action required by:** 23 March 2022

**Security level:** IN CONFIDENCE      **Health Report number:** 20220536

**To:** Hon Andrew Little, Minister of Health

### Contact for telephone discussion

Name	Position	Telephone
Geoff Gwynn	Director – Health System Preparedness Programme	s 9(2)(a)

### Action for Private Secretaries

N/A

**Date dispatched to MO:**

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# Care in the Community – Weekly Dashboard

## Purpose

1. This memo provides you with an overview summary of key changes to the Care in the Community Weekly Dashboard, and provides you with context surrounding significant changes.

## Summary Observations – week-ending 20 March 2022

2. Active COVID-19 cases reduced slightly from last week following reduction in isolation period from 10 to 7 days on Friday 11 March and reducing daily case rates.
3. Volumes, and the percentage of contact and the self-serve (and phone assisted) forms completed, are stable at around 72% after 72 hours. Text message reminders at 24, 48 and 72 hours have assisted with this.
4. The self-serve form completion is notably lower for Pacific communities. Data continues to show higher rates of form completion via phone for Pacific and Māori.
5. Completion of clinical calls conducted within 24 hours of notification are currently sitting at approximately 46% for last week.
  - a. A clinical assessment is not required in all COVID-19 cases, as this focus is for higher risk cases only.
  - b. Clinical providers screen all new cases and prioritise those who are at higher risk of poor outcomes.
  - c. The digital team are continuing to work on reducing the time it takes to generate a record in COVID-19 Clinical Care Module. Once this is in place, participating clinicians will be able to add assessments contemporaneously; at present this is often retrospective, resulting in delayed recording of contact.
  - d. As the above target of 24 hours was created in December 2021 when COVID-19 cases were significantly lower, it is considered this may no longer be a relevant measure. With the current number of cases and assessments required, we will extend the reporting views to 48 and 72 hours. To further support this, risk-based views of time frames for handling of vulnerable cases are in development.
  - e. The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed.
6. Pulse oximeter stocks currently sit at 9,000 units plus. An additional approximately 13,000 pulse oximeters and 20,000 finger style Oximeters are scheduled for delivery in April 2022.
7. ICU ratio has increased from approximately 3% to 4% week-on-week. Pacific and Māori hospitalisations in Northern Region have been stable over the past week.

8. A note on Ministry of Social Development (MSD) referral metrics:
  - a. On Monday 14 March at 5pm, the electronic referral process to MSD was turned off in the National Contact Tracing System (NCTS).
  - b. However, positive cases can still access MSD services via Ministry touchpoints.
    - i. GPs, primary health care providers and others with access to the COVID Clinical Care Module, can still flag a welfare need through this system.
    - ii. There are direct links across a range of Ministry of Health channels and content to the MSD welfare form and the MSD COVID Welfare line
    - iii. Where data is available, development of reporting to measure this engagement via Ministry of Health channels is underway.
9. Cases under active management constitute between 3-4% of all cases. Pacific and Māori represent over 50% of the population on active management.

### Next steps

10. We are currently developing the following metrics:
  - a. 1.3 – Non-contactable population – by location, risk and ethnicity.
  - b. 2.3 – Risk score distribution (active cases/ethnicity).
  - c. 2.4 – CCCM usage by type.
  - d. 3.1 – Cases with MSD Welfare referrals via Ministry of Health, via online assessment form and GP referrals.
  - e. 3.2 – Cases with request for funded alternative accommodation.
11. These outputs will become available in subsequent iterations of the dashboard in the next two weeks, subject to data availability.

ENDS.



# Care in the Community Weekly Dashboard

23 March 2022

Performance for week ending 20 March 2022

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## Observation period

The data in this output covers the period from 14 March until 20 March 2022.

The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- New data expected 23 March 2022 delayed until 30 March.
  - Self-assessment form completion (by DHB)
- Including the MoH disability dataset (Socrates) across all these metrics – internal MoH sign-off provided, development can now start.
- Effort underway to source reporting from CCCM that provides an overview of clinical engagement/recording – i.e. what clinical advisors (by type) are conducting the updates.
- Work underway to introduce risk score filter across manage care type and clinical assessment timeframe metrics
- Data quality is constantly improved and refreshed in Snowflake. Which means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

## SECTION 1 - CASE OVERVIEW

### **A) Total active cases in the community**

Active cases: positive cases that have not recovered in the last 10 days.

Data source: Sitrep

### **B) Total active cases in the community by location**

Case location, community care is the primary location with smaller volumes in hospital or undefined at time of data snapshot. The composition of cases isolation is under review and therefore these numbers and types are subject to change.

Data source: DHBs / SitRep / Qlik

### **C) Hospitalisations**

Hospitalised positive cases

Data Source: Sitrep

## SECTION 2 - CASE PATHWAY

### **1. CONTACT and INITIAL ASSESSMENT**

This stage includes case contact results by channel, as well as the completion of assessment which includes and initial assessment of clinical and welfare support.

#### **1.1) Case % by progress status by day**

Percent of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

Data source: CIPR

#### **1.2) Completion rate of self-assessment form by channel and ethnicity**

- Figures completion rates by channel and by ethnicity.
- Overall includes Māori and Pacific.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- More detailed form completion metrics under development (DHB, equity and demographics)

Data source: CIPR

## 2. CLINICAL ASSESSMENT

### **2.1 and 2.2) Percent of initial clinical assessment within 24 hours of positive case (and by ethnicity)**

- Start event: Notification of confirmed case date/time in Episurv (by NHI number)
- End event: Initial clinical assessment date/time in CCCM (by NHI number) and if this contact is recorded within 24 hours of the start event.
- Cases that have not had their CCCM initial clinical health assessments completed are not included in this metric.

Data source: CCCM/QLIK

## 3. ASSESS NEEDS

### **3.1 Cases with MSD Welfare referrals via Ministry of Health**

- Number of welfare requests created via GPs and self assessment forms
- New welfare process is currently impacting the data availability. Work is ongoing to develop metric.

## 4. CARE AND SUPPORT

### **4.1) Pulse Oximeters delivery and availability**

Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

### **4.2 and 4.3) Hospitalisations and ICU numbers by date**

Count of active, hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

Data source: Sitrep

### **4.4) Active and self management care distribution**

% of cases assigned in CCCM as active vs Self management.

Data source: Qlik

### **4.5) Count of active management cases by ethnicity**

Count of cases assigned in CCCM as active in CCCM.

Data source: Qlik

## METRICS UNDER DEVELOPMENT/AWAITING DATA\*

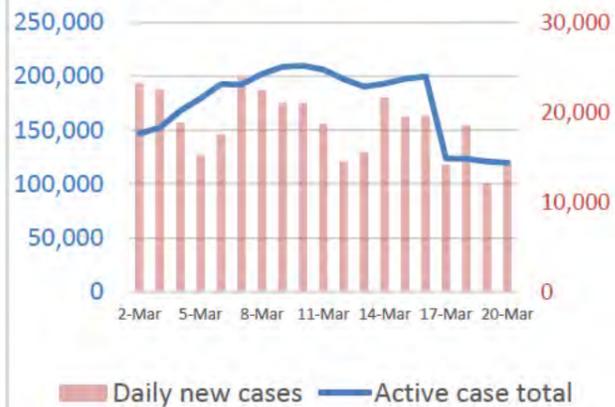
- 1.3 – Non-contactable – by location, risk and ethnicity
- 2.1, 2.2 – Risk score distribution (active cases/ethnicity)
- 2.1, 2.2 – Acuity score distribution / risk score by ethnicity
- 3.1– Cases with MSD Welfare referrals via Ministry of Health\* via NCTS and GP referral through CCCM
- 3.2 – Cases with request for funded alt. Accommodation\*

## CASE OVERVIEW

**TOTAL ACTIVE CASES IN THE COMMUNITY**  
(20/03/22)

**120,063** ↓ -38% week-on-week\*

\*Number of active cases reported has reduced significantly due to shortening of the isolation period from 10 to 7 days.



**TOTAL CONTACTS by ETHNICITY** (20/03/22)

\* avg daily contact population – marked increase on contact rate week on week across all.

	13-Mar	20-Mar	% contact increase mvmnt
Overall	95.5%	97.3%	↑ 1.8%
Māori	91.6%	95.0%	↑ 3.7%
Pacific	94.5%	96.2%	↑ 1.8%

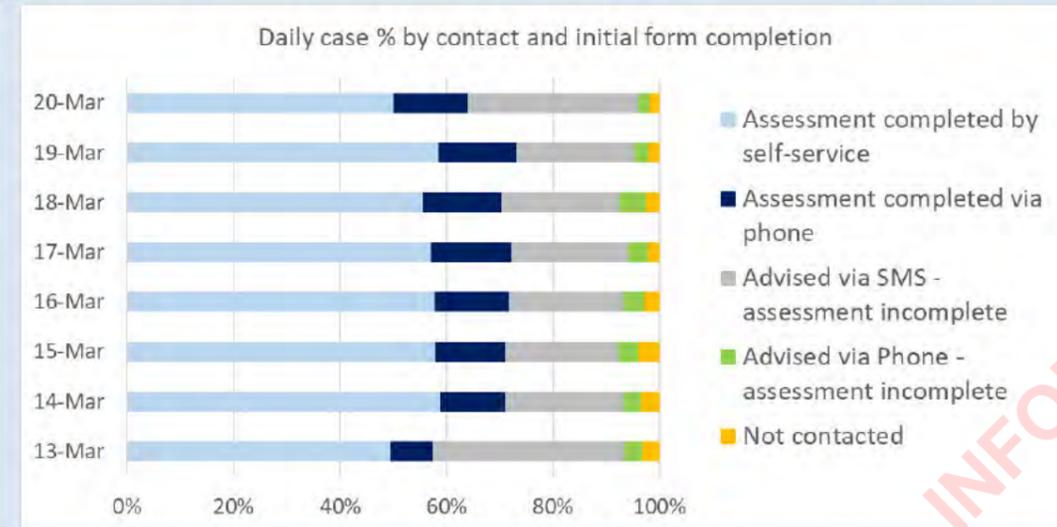
**HOSPITALISATIONS** (20/03/22)

**887** | ICU -> 33 = 3.7%  
Non ICU -> 854 = 96.3%

## CASE PATHWAY

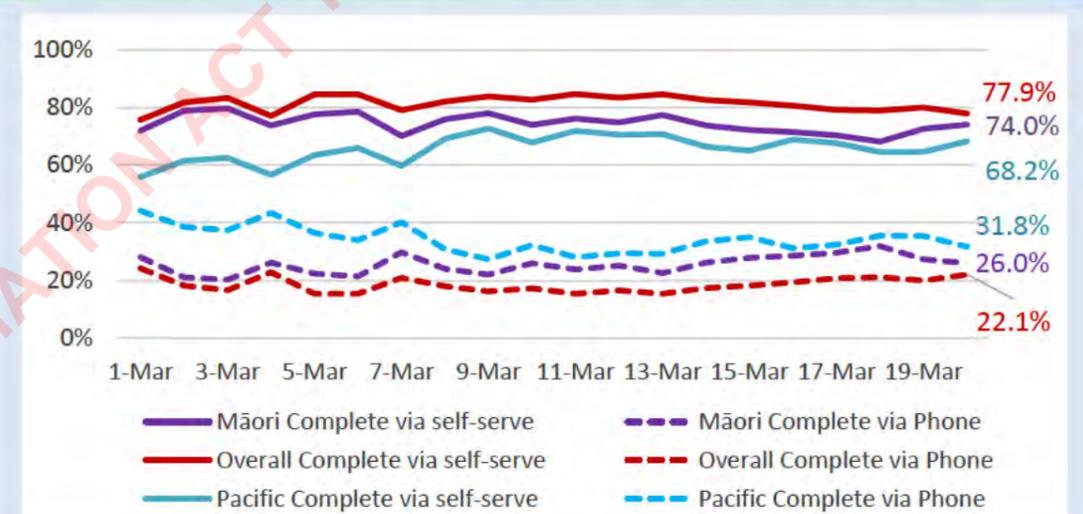
### 1. CONTACT and INITIAL ASSESSMENT

#### 1.1 Percent of new active case by contact progress status by day



- Notable improvement in self-serve form completion since 13 March.
- Form completion over last seven days averages has increased from 68% to 72% week-on-week.
- Reduced percentage of non-contactable population observed last week.

#### 1.2 Completion rate of initial assessment form by channel and ethnicity



- The 3 week trend shows increased self completion, particularly for Pacific
- Self-serve completion tends to reduce on Sundays.
- Percent of forms completed via phone notably higher for Pacific (31.8%) and Māori (26%) compared to Overall (22.1%).

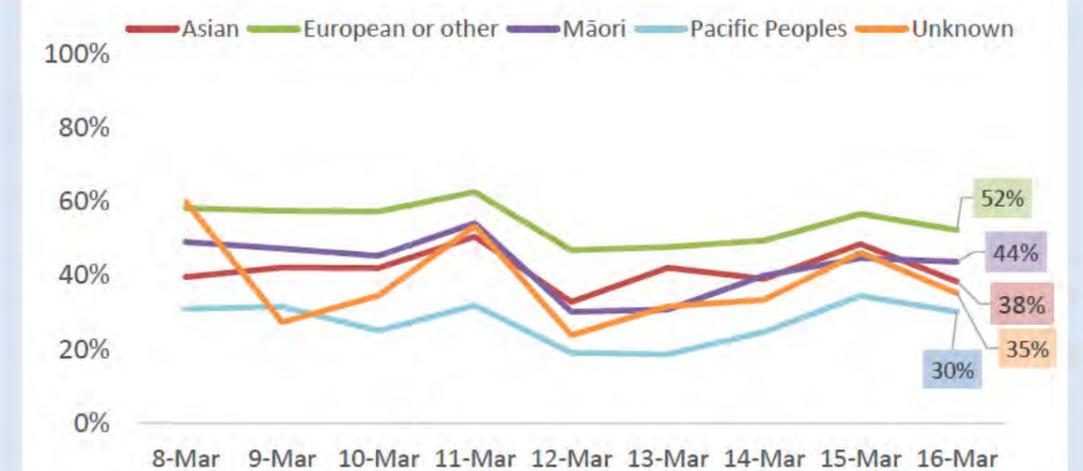
### 2. CLINICAL ASSESSMENT

#### 2.1 Percent of initial clinical assessments completed within 24 hours of positive case notification



- Reflects clinical calls that were made within 24 hours of notification.
- Slightly decrease from 45.6% to 44.3% over last seven days averages of clinical assessment.
- GP usage expected to increase once CCCM case load timeframe is reduced.
- Data is only available up until the 16 March due to a data feed issue last week

#### 2.2 Percent of initial clinical assessment completed within 24 hours of positive case by ethnicity



- Same data source as 2.1, with ethnicity breakdown.
- Percent of clinical contact made within 24 hours for Pacific and Māori has increased over the week.
- The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed

## OBSERVATIONS

- New welfare processes implemented on the 14 March.
- MSD integration with MoH was removed. Cases can contact MSD directly via links and 0800 numbers on MoH.

## CASE PATHWAY

### 3. ASSESS NEEDS

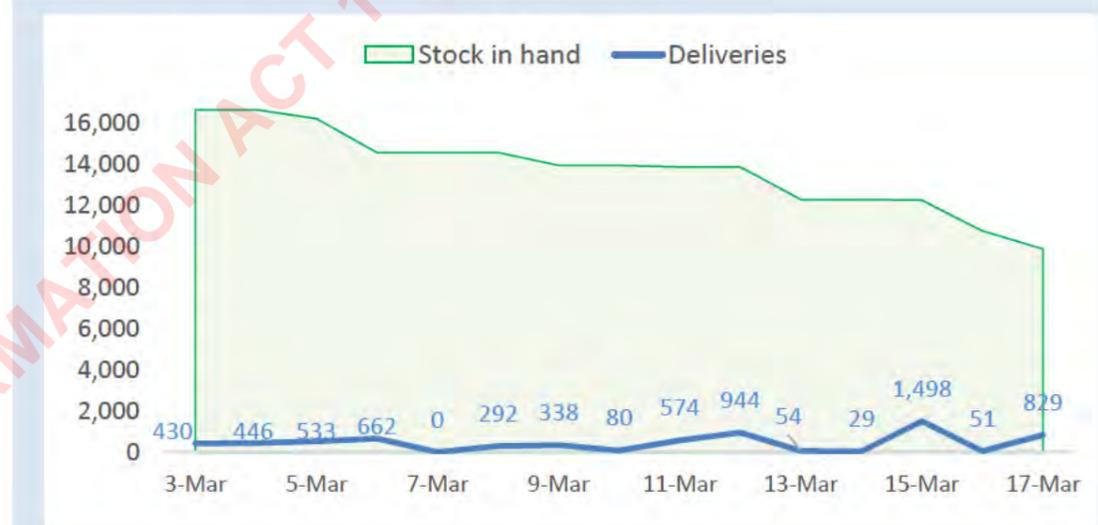
#### 3.1 Number of cases with MSD Welfare referrals via Ministry of Health



- Data is not available from 17 March due to system outage - to be resolved this week.
- Changes to MSD welfare referrals were implemented 14 March – we are exploring options to source referral data from the new process.

### 4. CARE AND SUPPORT

#### 4.1 Pulse Oximeters delivery and availability



- Pulse oximeters, stock on hand in excess of 9,866.
- Extra 13,500 pulse oximeters and 20,000 finger style Oximeter A310 are on order and scheduled for delivery between 13 March and 24 April 2022.

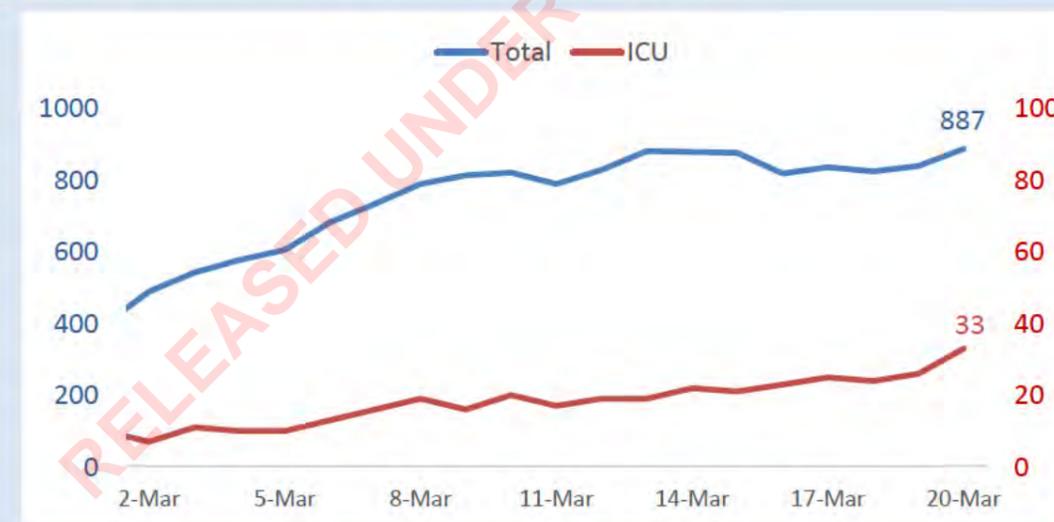
## TECHNICAL SYSTEM PERFORMANCE

### Key system functionality releases this week:

- New Disability and Accommodation questions on self-assessment form
- Additional fields relating to disability added in NCTS
- New fields added to NCTS to capture alternative accommodation data

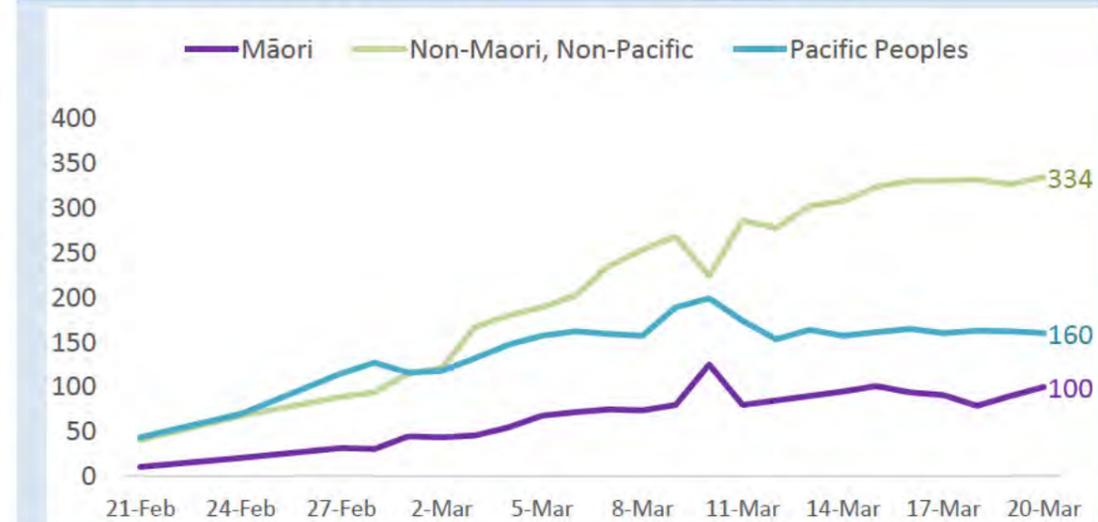
## 4. CARE AND SUPPORT

#### 4.2 Hospitalisations and ICU active cases by date



- ICU cases have increased 73% (19->33) compared to last week.
- COVID-19 ICU cases represent ~3.7% of all COVID-19 related hospitalisations.

#### 4.3 Hospitalisations by ethnicity – (Northern region only)



- Pacific volumes have flattened over the last week.
- By comparison, Non-Māori, Non-Pacific hospitalised population has been increasing for the past 2 weeks – reflecting Omicron's spread.

## OBSERVATIONS

- The active management case definition changed on 18<sup>th</sup> of March.
- Further breakdown of populations by age, risk score, ethnicity and disability in development.

## CASE PATHWAY

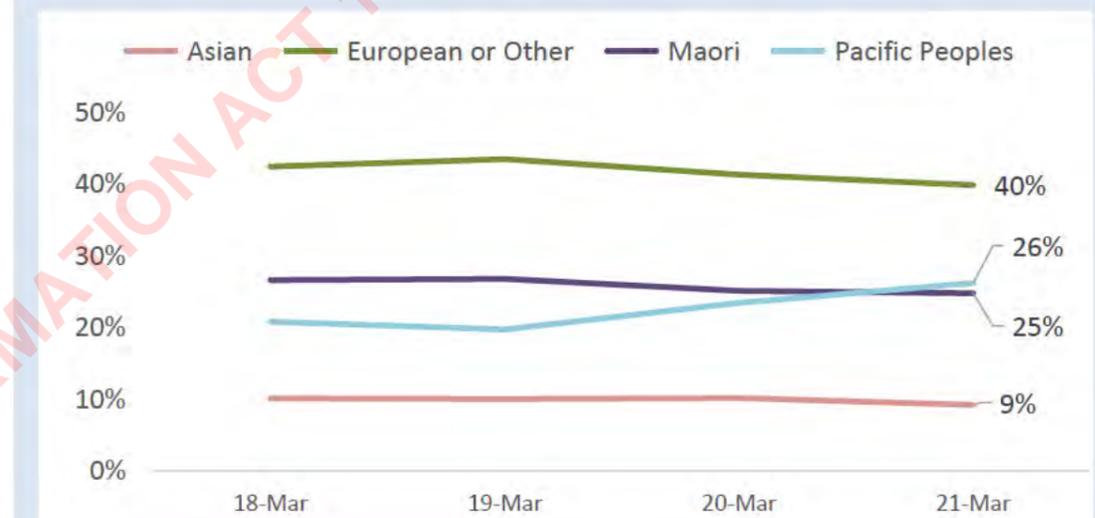
### 4. CARE AND SUPPORT

#### 4.4 Active and self management care distribution (manage care type)



- Proportion of active management cases keeps consistently between 2% and 4% of the total cases in isolation.
- Quality of the data for managed care type relies on clinical assessment to be completed and case flagged as "active management" by GP's or clinical specialist.
- Note: Data around active cases and management care still shows some instability due to new active case definition and logic implemented in the Qlik reporting tool. This may slightly affect the figures reported week on week until system and data stability is achieved*

#### 4.5 Percent of active management cases by ethnicity



- Percent of Pacific and Māori represent over 50% of the population on active management.
- Note: Data around active cases and management care still shows some instability due to new active case definition and logic implemented on Qlik. This may slightly affect the figures reported week on week until system and data stability is achieved*

## TECHNICAL SYSTEM PERFORMANCE

### Key system functionality releases last week:

- Probable Case Creation Process / tech Solution
- Enhanced digital daily checks of COVID-19 cases
- Isolation reminder text, 24, 48, 72 hours
- Re-calculation of Risk Score from Self Serve Assessment Form
- Visibility of GPs COVID-19 Patients in CCCM when launching from own PMS - GP COVID-19 Dashboard

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# Memorandum

## Care in the Community – Weekly Dashboard

**Date due to MO:** 30 March 2022      **Action required by:** 30 March 2022

**Security level:** IN CONFIDENCE      **Health Report number:** 20220575

**To:** Hon Andrew Little, Minister of Health

### Contact for telephone discussion

Name	Position	Telephone
Robyn Shearer	Deputy Chief Executive, Sector Support and Infrastructure	s 9(2)(a)
Geoff Gwynn	Director – Health System Preparedness Programme	s 9(2)(a)

### Action for Private Secretaries

N/A

**Date dispatched to MO:**

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Care in the Community – Weekly Dashboard

## Purpose

1. This memo provides you with an overview summary of key changes to the Care in the Community Weekly Dashboard, and provides you with context surrounding significant changes.

## Summary Observations – week-ending 27 March 2022

2. Volumes, and the percentage of contact and the self-serve (and phone assisted) forms are stable at around 74% after 72 hours.
3. Contact rates (from the initial outbound SMS) continue to increase and are now at 98.6% for the past week compared to 97.5% the week prior.
4. Initial form completion via self-service is notably lower for Māori and Pacific communities, however, data continues to show higher rates of form completion via the assisted phone channel for Māori and Pacific.
5. Completion of clinical call assessments conducted within 48 hours of notification is currently sitting at approximately 65.8% for last week. Some observations relating to this percentage are:
  - a. A clinical assessment is not required in all COVID-19 cases, as this focus is for higher risk cases only.
  - b. Clinical providers screen all new cases and prioritise those who are at higher risk of poor outcomes. The data indicate that the higher risk/higher acuity case population (acuity score 4-6) are prioritised for clinical assessment calls in a shorter timeframe when compared with those in the lower acuity population (acuity score 0-34).
  - c. The digital team is continuing to work on reducing the time it takes to generate a record in COVID-19 Clinical Care Module (CCCM). Once this is in place, participating clinicians will be able to add assessments contemporaneously; over recent weeks this has resulted in delayed recording of contact.
  - d. The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed.
6. Pulse oximeter stocks (as at 24 March) sit at 9,866 thousand units.
7. The ICU rate (as a proportion of overall active COVID-19 related hospitalisations) has decreased to 2.9% last week to 27 March compared to 3.7% the week to 20 March 2022.

8. A note on MSD referral metrics:
  - a. The system experienced an outage on 17 and 18 March. This is reflected in the low numbers reported.
9. Cases under active management for the week ending 27 March constitute 4.1% of the active case population, compared to 3.0% week ending 20 March. Percent of Pacific and Māori in active management is 44%, which is higher than the 27.9% that these two groups represent in overall case volumes.

Next steps

10. We are currently developing the following metrics:
  - a. 1.3 – Non-contactable population – by location, risk and ethnicity.
  - b. 2.3 – Risk score distribution (active cases/ethnicity).
  - c. 2.4 – CCCM usage by type.
  - d. 3.1 – Cases with MSD Welfare referrals via Ministry of Health, via online assessment form and GP referrals.
  - e. 3.2 – Cases with request for funded alternative accommodation.
11. These outputs will become available in subsequent iterations of the dashboard in the coming weeks, subject to data availability.

ENDS.



# Care in the Community Weekly Dashboard

28 March 2022

Performance for week ending 27 March 2022

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## Observation period

The data in this output covers the period from 21 March until 27 March 2022.

The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- New data expected 23 March 2022 delayed until 30 March
  - Self-assessment form completion (by DHB)
- Including the MoH disability dataset (Socrates) across all these metrics – internal MoH sign-off provided, development can now start.
- Effort underway to source reporting from CCCM that provides an overview of clinical engagement/recording – i.e. what clinical advisors (by type) are conducting the updates.
- Data quality is constantly improved and refreshed in Snowflake. Which means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

## SECTION 1 - CASE OVERVIEW

### **A) Total active cases in the community**

Active cases: positive cases that have not recovered in the last 10 days.

Data source: Sitrep

### **B) Total active cases in the community by location**

Case location, community care is the primary location with smaller volumes in hospital or undefined at time of data snapshot. The composition of cases isolation is under review and therefore these numbers and types are subject to change.

Data source: DHBs / SitRep / Qlik

### **C) Hospitalisations**

Hospitalised positive cases

Data Source: Sitrep

## SECTION 2 - CASE PATHWAY

### **1. CONTACT and INITIAL ASSESSMENT**

This stage includes case contact results by channel, as well as the completion of assessment which includes and initial assessment of clinical and welfare support.

#### **1.1) Case % by progress status by day**

Percent of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

Data source: CIPR

#### **1.2) Completion rate of self-assessment form by channel and ethnicity**

- Figures completion rates by channel and by ethnicity.
- Overall includes Māori and Pacific.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- More detailed form completion metrics under development (DHB, equity and demographics)

Data source: CIPR

### **2. CLINICAL ASSESSMENT**

**2.1 and 2.2) Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification**

- Start event: Notification of confirmed case date/time in Episurv (by NHI number)

- End event: Initial clinical assessment date/time in CCCM (by NHI number) and if this contact is recorded within 24 hours of the start event.

- Cases that have not had their CCCM initial clinical health assessments completed are not included in this metric.

Data source: CCCM/QLIK

## 3. ASSESS NEEDS

### **3.1 Cases with MSD Welfare referrals via Ministry of Health**

- Number of welfare requests created via GPs and Providers via CCCM
- New welfare process is currently impacting the data availability. Work is ongoing to develop metric.

### **3.2 Number of funded alternative accommodation requests by primary reason by date**

- Number of alternative accommodations requested via self assessment form by reason.

## 4. CARE AND SUPPORT

### **4.1) Pulse Oximeters delivery and availability**

Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

### **4.2 and 4.3) Hospitalisations and ICU numbers by date**

Count of active, hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

Data source: Sitrep

### **4.4) Active and self management care distribution**

% of cases assigned in CCCM as active vs Self management.

Data source: Qlik

### **4.5) Count of active management cases by ethnicity**

Count of cases assigned in CCCM as active in CCCM.

Data source: Qlik

## METRICS UNDER DEVELOPMENT/AWAITING DATA\*

1.3 – Non-contactable – by location, risk and ethnicity

2.1, 2.2 – Risk score distribution (active cases/ethnicity)

2.1, 2.2 – Acuity score distribution / risk score by ethnicity

3.1– Cases with MSD Welfare referrals via Ministry of Health\* via NCTS and GP referral through CCCM

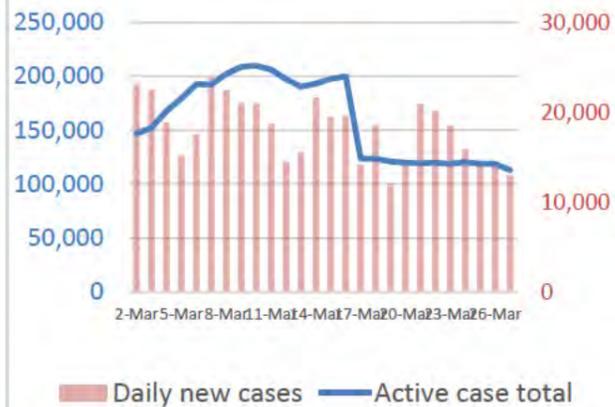
3.2 – Cases with request for funded alt. accommodation\*

## CASE OVERVIEW

**TOTAL ACTIVE CASES IN THE COMMUNITY**  
(27/03/22)

**112,978** ↓ -5% week-on-week\*

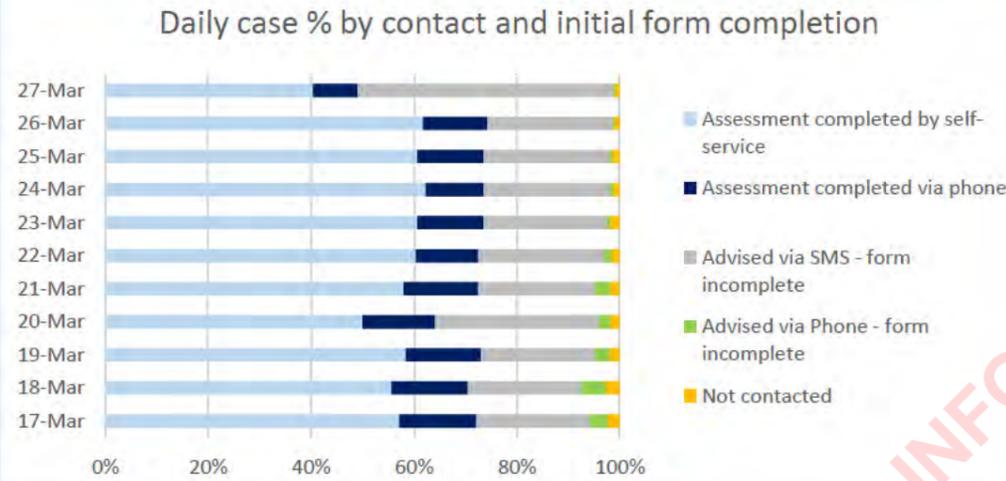
\*Number of active cases reported has reduced in comparison with last week



## CASE PATHWAY

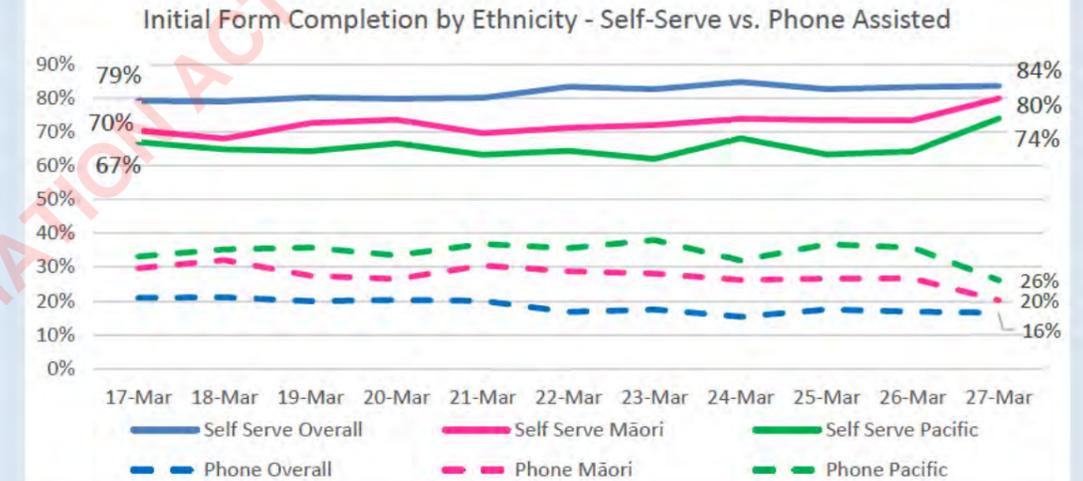
### 1. CONTACT and INITIAL ASSESSMENT

#### 1.1 Percent of new active case by contact progress status by day



- Steady improvement in form completion ratio over the last ten days.
- Completed forms have averaged 74% compared to 72% the week prior.
- The non-contacted population has decreased to 1.4% compared to 2.5% week prior.

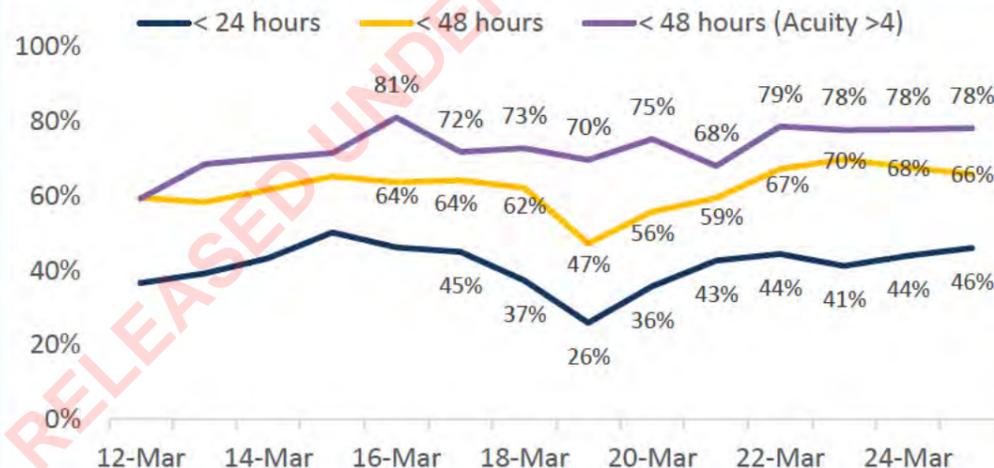
#### 1.2 Completion rate of initial assessment form by channel and ethnicity



- The ten-day trend shows increased self completion, particularly for Māori and Pacific.
- For Sunday 27 March, the percent of forms completed via phone remain higher for Pacific (26%) and Māori (20%) compared to Overall (16%).

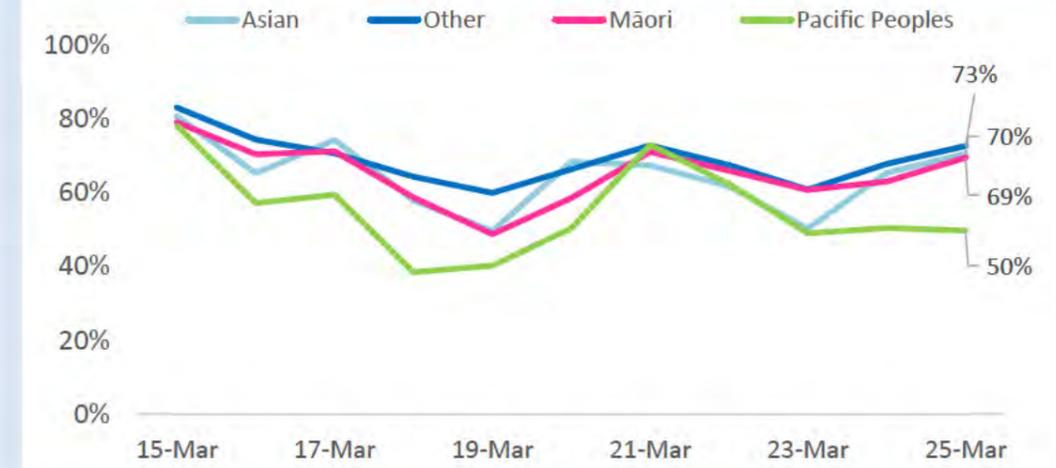
### 2. CLINICAL ASSESSMENT

#### 2.1 Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification



- Between 20 March and 26 March 48,602 clinical assessments have been completed.
- Number of assessments from cases with high acuity score (equal 4 or over) represent approx. 12% of total assessments completed.
- Further work is underway to view this result by risk profile/priority.

#### 2.2 Percent of initial clinical assessment completed within 48 hours of positive case by ethnicity



- Percent of clinical contact made within 48 hours for Pacific and Māori has increased over the week.
- The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed.

## HOSPITALISATIONS (27/03/22)

**727** | ICU -> 21 = 3% ↓  
Non ICU -> 706 = 97% ↓

## TOTAL CONTACT by ETHNICITY (27/03/22)

\* avg weekly contact population – continued increase in contact rate week on week over the last three weeks.

	13-Mar	20-Mar	27-Mar
Overall	95.5%	97.5%	98.6%
Māori	91.6%	95.3%	97.5%
Pacific	94.5%	96.6%	97.9%

## OBSERVATIONS

- New welfare processes implemented on 14 March.
- MSD integration with MoH was removed. Cases can contact MSD directly via links and 0800 numbers on MoH.

## CASE PATHWAY

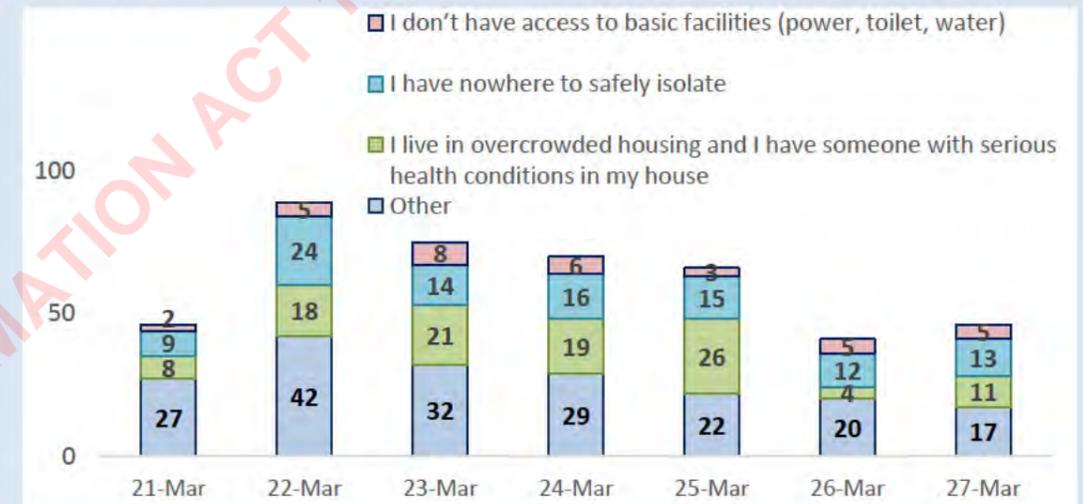
### 3. ASSESS NEEDS

#### 3.1 Number of cases with MSD Welfare referrals via CCCM



- Changes to MSD welfare referrals were implemented on 14 March – exploring options to source referral data and share metric with MSD.
- The system experienced an outage on 17 and 18 March. This is reflected on the low numbers reported.

#### 3.2 Number of funded alternative accommodation requests by primary reason by date



- Total of 438 alternative accommodation requests were created since release of this functionality on self assessment form.
- Other is the main reason selected on the self assessment form. Program work underway to clarify selection criteria ongoing.

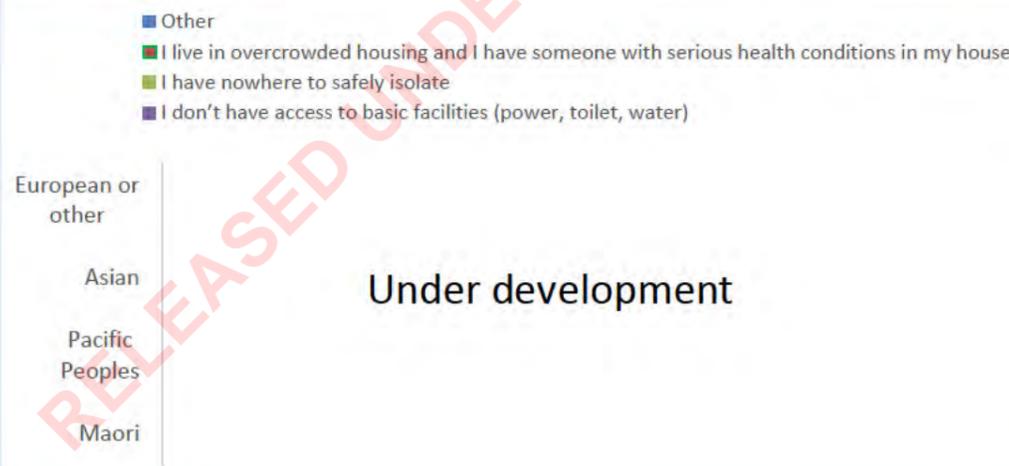
## TECHNICAL SYSTEM PERFORMANCE

### Key system functionality releases this week:

- New Disability and Accommodation questions on self-assessment form
- Additional fields relating to disability added in NCTS
- New fields added to NCTS to capture alternative accommodation data

## 4. ASSESS NEEDS

#### 3.3 Funded alternative accommodation requests by ethnicity



- Work underway to classify ethnicity data extracted from NCTS

## 4. CARE AND SUPPORT

#### 4.1 Pulse Oximeters delivery and availability



- Pulse oximeters, stock on hand in excess of 9,866.
- Extra 13,500 pulse oximeters and 20,000 finger style Oximeter A310 are on order and scheduled for delivery between 13 March and 24 April 2022.

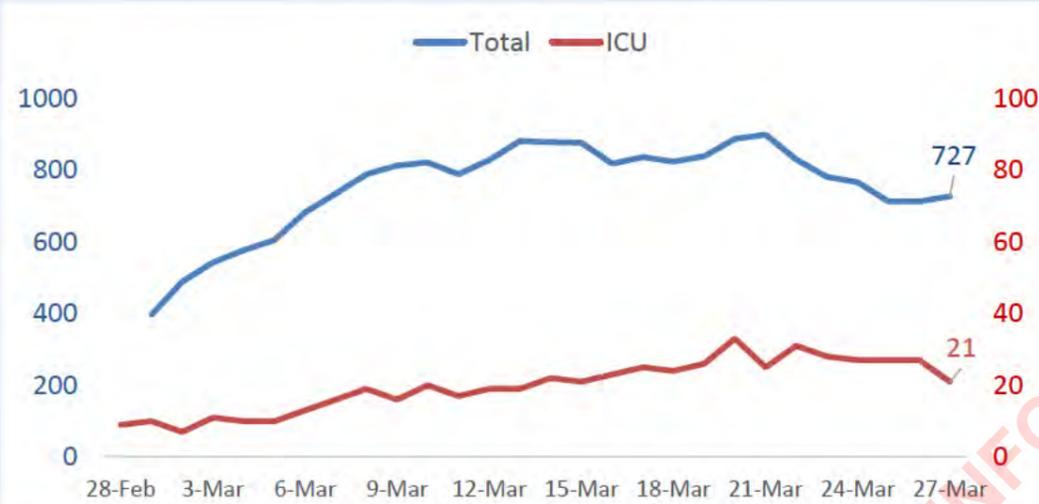
## OBSERVATIONS

- The active management case definition changed on 18<sup>th</sup> of March.
- Further breakdown of populations by age, risk score, ethnicity and disability in development.

## CASE PATHWAY

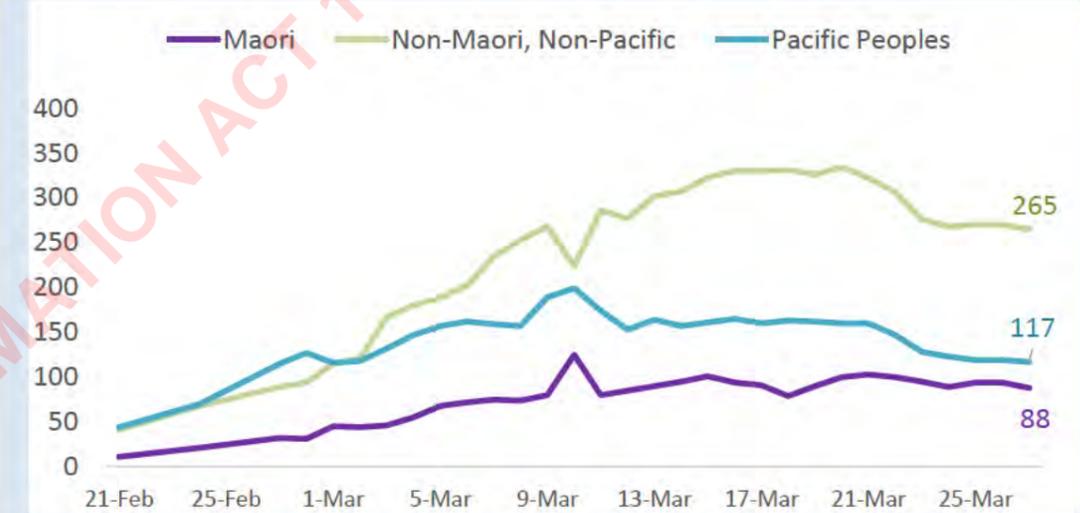
### 4. CARE AND SUPPORT

#### 4.2 Hospitalisations and ICU active cases by date



- ICU cases have decreased from 33 on Sunday 20 March to 21 on Sunday 27 March.
- COVID-19 ICU cases represent ~3% of all COVID-19 related hospitalisations.

#### 4.3 Hospitalisations by ethnicity – (Northern region only)



- Hospitalisation volumes (across ethnicity) have followed the same national pattern showing decrease over the last week.
- Pacific volumes have decreased over the last week.

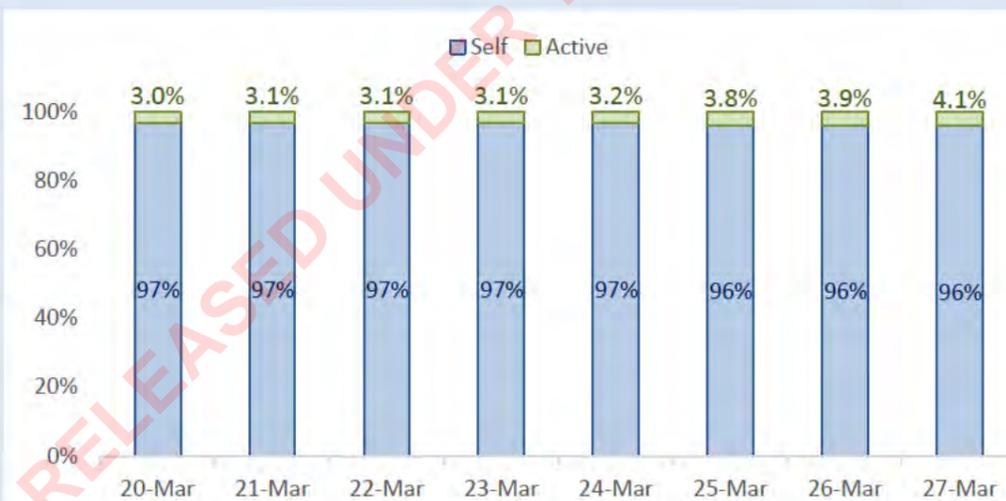
## TECHNICAL SYSTEM PERFORMANCE

### Key system functionality releases last week:

- Probable Case Creation Process / tech Solution
- Enhanced digital daily checks of COVID-19 cases
- Isolation reminder text, 24, 48, 72 hours
- Re-calculation of Risk Score from Self Serve Assessment Form
- Visibility of GPs COVID-19 Patients in CCCM when launching from own PMS - GP COVID-19 Dashboard

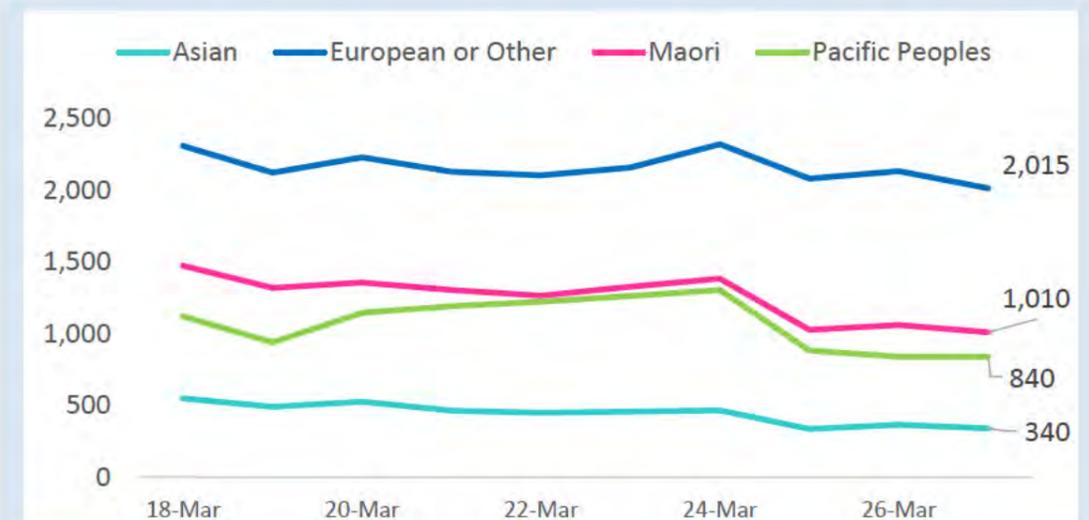
### 4. CARE AND SUPPORT

#### 4.4 Active and self management care distribution (manage care type)



- Proportion of active management cases keeps consistently between 3% and 4% of the total cases in isolation.
- Quality of the data for managed care type relies on clinical assessment to be completed and case flagged as "active management" by GPs or clinical specialist.

#### 4.5 Count of active management cases by ethnicity



- Percent of Pacific and Māori represent approx. 44% of the population on active management.

# Memorandum

## Care in the Community – Weekly Dashboard

**Date due to MO:** 6 April 2022                      **Action required by:** N/A

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**Security level:** IN CONFIDENCE                      **Health Report number:** 20220635

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**To:** Hon Andrew Little, Minister of Health

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### Contact for telephone discussion

Name	Position	Telephone
Robyn Shearer	Deputy Chief Executive, Sector Support and Infrastructure	§ 9(2)(a)
Geoff Gwynn	Director, Health System Preparedness Programme	§ 9(2)(a)

### Action for Private Secretaries

N/A

**Date dispatched to MO:**

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# Care in the Community – Weekly Dashboard

## Purpose

1. This memo provides you with an overview summary of key changes to the Care in the Community Weekly Dashboard and provides you with context surrounding significant changes.

## Summary Observations – week-ending 03 April 2022

2. The volume of completed assessment forms (via self-service and phone assist) remains around 74%.
3. Contact rates (from the initial outbound SMS) continue to increase and are now at 98.7% for the past week, compared to 97.5% the week prior.
4. The number of forms completed by self-service assessment continues to increase. It is noted that the rate of completed self-service assessments is lower for Māori and Pacific communities, however, data continues to show higher rates of completed forms via the assisted phone channel for Māori and Pacific.
5. As at 1 April 2022, the percentage of clinical calls made within 48 hours of notification is 75%. Some observations relating to this percentage are:
  - a. A clinical assessment is not required in all COVID-19 cases, as this focus is for higher risk cases only.
  - b. Clinical providers screen all new cases and prioritise those who are at higher risk of poor outcomes. The pattern in the data indicates that 82% of the higher risk/higher acuity case population (acuity score 4-6) are prioritised for contact within the same 48 hour timeframe of the initial clinical assessment.
  - c. The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed.
6. Pulse oximeter stocks (as at 3 April 2022) sit at 36,515 thousand units. This includes a delivery from EBOS Healthcare of 20,000 Inhealth pulse oximeters received on 30 March 2022.
7. The ICU rate (as a proportion of overall active COVID-19 related hospitalisations) averaged 4.53% last week to 3 April 2022 compared to an average of 3.44% for the week ending 27 March 2022.
8. A note on MSD referral metrics:
  - a. The system experienced an outage on the 17 and 18 March 2022. This is reflected on the low numbers reported.

- b. Ministry of Health referral data is not available from MSD for the week ending 3 April 2022.
9. Cases under active management week ending 3 April 2022 constitute 3.9% of the active case population, compared to 4.1% week ending 27 March 2022. Percent of Pacific and Māori in active management is 41%, compared to total combined population proportion of 24.6% across the motu.
10. Next steps:  
We are currently developing the following metrics:
  - a. 1.3 – Non-contactable population – by location, risk and ethnicity.
  - b. 2.4 – CCCM usage by type.
  - c. 3.2 – Cases with request for funded alternative accommodation.
  - d. Disability flag is being introduced for reporting purposes (using Ministry of Health – Socrates data set).
11. These outputs will become available in subsequent iterations of the dashboard in the coming weeks, subject to data availability.

ENDS.

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# Care in the Community Weekly Dashboard

06 April 2022

Performance for week ending 03 April 2022

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## Observation period

The data in this output covers the period from 28 March until 03 April 2022.

The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- New metrics will be created in partnership with NICT team and will replace metrics 1.1 and 1.2.
- Including the MoH disability dataset (Socrates) across all these metrics – internal MoH sign-off provided, development can now start.
- Effort underway to source reporting from CCCM that provides an overview of clinical engagement/recording – i.e. what clinical advisors (by type) are conducting the updates.
- Data quality is constantly improved and refreshed in Snowflake. Which means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

## SECTION 1 - CASE OVERVIEW

### **A) Total active cases in the community**

Active cases: positive cases that have not recovered in the last 10 days.

Data source: Sitrep

### **B) Total active cases in the community by location**

Case location, community care is the primary location with smaller volumes in hospital or undefined at time of data snapshot. The composition of cases isolation is under review and therefore these numbers and types are subject to change.

Data source: DHBs / SitRep / Qlik

### **C) Hospitalisations**

Hospitalised positive cases

Data Source: Sitrep

## SECTION 2 - CASE PATHWAY

### **1. CONTACT and INITIAL ASSESSMENT**

This stage includes case contact results by channel, as well as the completion of assessment which includes and initial assessment of clinical and welfare support.

#### **1.1) Case % by progress status by day**

Percent of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

Data source: CIPR

#### **1.2) Completion rate of self-assessment form by channel and ethnicity**

- Figures completion rates by channel and by ethnicity.
- Overall includes Māori and Pacific.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- More detailed form completion metrics under development (DHB, equity and demographics).

Data source: CIPR

### **2. CLINICAL ASSESSMENT**

**2.1 and 2.2) Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification**

- Start event: Notification of confirmed case date/time in Episurv (by NHI number).

- End event: Initial clinical assessment date/time in CCCM (by NHI number) and if this contact is recorded within 24 hours of the start event.

- Cases that have not had their CCCM initial clinical health assessments completed are not included in this metric.

Data source: CCCM/QLIK

## **3. ASSESS NEEDS**

### **3.1 Cases with MSD Welfare referrals via Ministry of Health**

- Number of welfare requests created via GPs and providers via CCCM.
- New welfare process is currently impacting the data availability. Work is ongoing to develop metric.

Data source: CCCM

### **3.2 Number of funded alternative accommodation requests by primary reason by date**

Number of alternative accommodations requested via self assessment form by reason.

Data source: NCTS

## **4. CARE AND SUPPORT**

### **4.1) Pulse Oximeters delivery and availability**

Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

### **4.2 and 4.3) Hospitalisations and ICU numbers by date**

Count of active, hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

Data source: Sitrep

### **4.4) Active and self management care distribution**

% of cases assigned in CCCM as active vs Self management.

Data source: Qlik

### **4.5) Count of active management cases by ethnicity**

Count of cases assigned in CCCM as active in CCCM.

Data source: Qlik

## **METRICS UNDER DEVELOPMENT/AWAITING DATA\***

1.3 – Non-contactable – by location, risk and ethnicity

2.1, 2.2 – Risk score distribution (active cases/ethnicity)

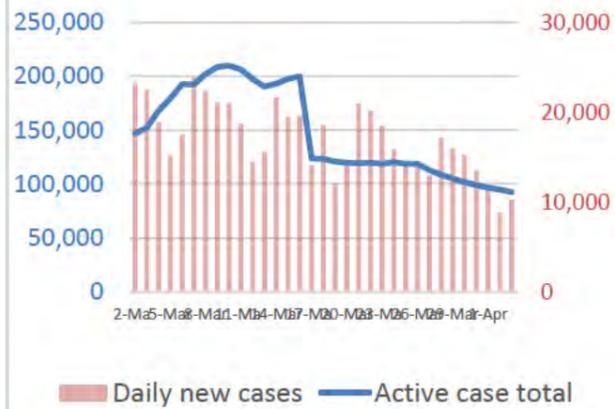
3.1– Cases with MSD Welfare referrals via Ministry of Health\* via NCTS and GP referral through CCCM

## CASE OVERVIEW

**TOTAL ACTIVE CASES IN THE COMMUNITY**  
(03/04/22)

**92,795** ↓ -15% week-on-week\*

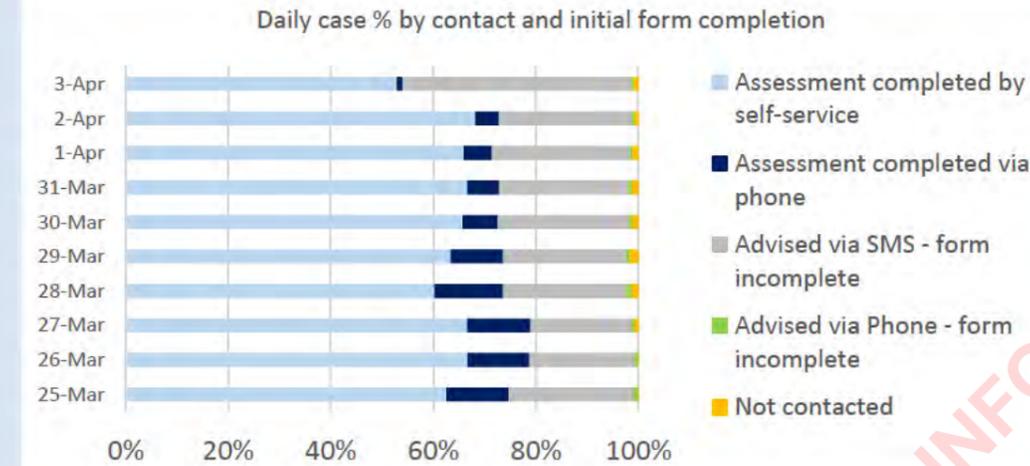
\*Number of active cases reported has reduced in comparison with last week



## CASE PATHWAY

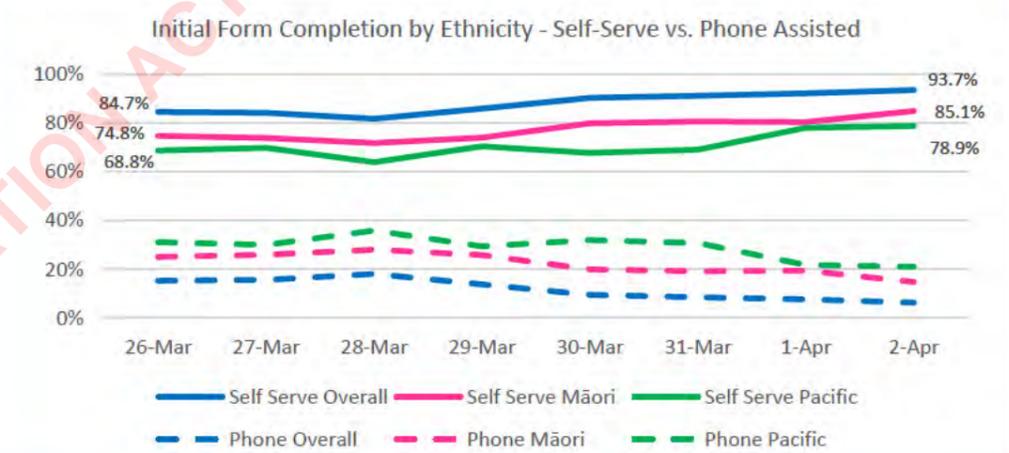
### 1. CONTACT and INITIAL ASSESSMENT

#### 1.1 Percent of new active case by SMS/phone contact status by day



- Completed forms have averaged 72.7% compared to 74% the week prior.
- The non-contacted population has decreased to 1.3% compared to 2.5% week prior.

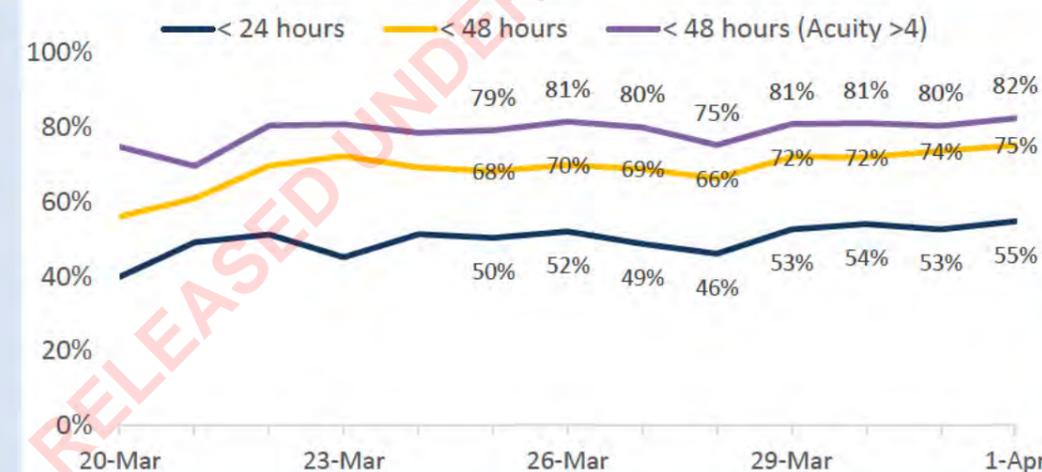
#### 1.2 Completion rate of initial assessment form by channel and ethnicity



- The 8-day trend shows increased self completion across groups.
- Data up to Saturday 2 April shows Pacific and Māori completed a higher proportion of initial assessment forms using the phone channel.

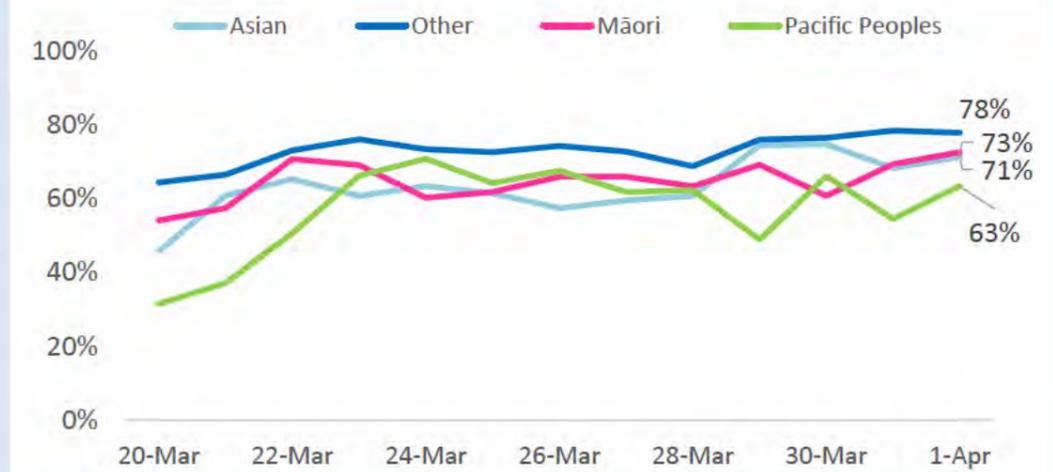
### 2. CLINICAL ASSESSMENT

#### 2.1 Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification



- Between 26 March and 01 April 42,264 clinical assessments have been completed.
- Number of assessments from cases with high acuity score (equal 4 or over) represent approximately 11% of total assessments completed.

#### 2.2 Percent of initial clinical assessment completed within 48 hours of positive case by ethnicity



- The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed.

#### TOTAL CONTACT by ETHNICITY (03/04/22)

- Week-end snapshot of avg contact population – continued overall increase in contact rate week on week over the last three weeks.
- Māori contact rates from the initial communication have reduced slightly

	20-Mar	27-Mar	3-Apr
Overall	95.30%	97.50%	98.74%
Māori	97.50%	98.60%	98.02%
Pacific	96.60%	97.90%	98.21%

#### HOSPITALISATIONS (03/04/22)

**564** | ICU -> 25 = 4%  
Non ICU -> 539 = 96%

## TECHNICAL SYSTEM PERFORMANCE

### Key system functionality releases this week:

- Health Hub translations (18 languages to deploy incrementally)
- Therapeutics - data access from EPS for supply and distribution information going forward
- Therapeutics dashboard v1.0
- Additional case health check questions from NCTS to CCCM (symptoms and co-morbidities)
- GP COVID dashboard (visibility of GPs' COVID patients from CCCM via PMS)
- Ability to create case in CCCM via GP dashboard

## CASE PATHWAY

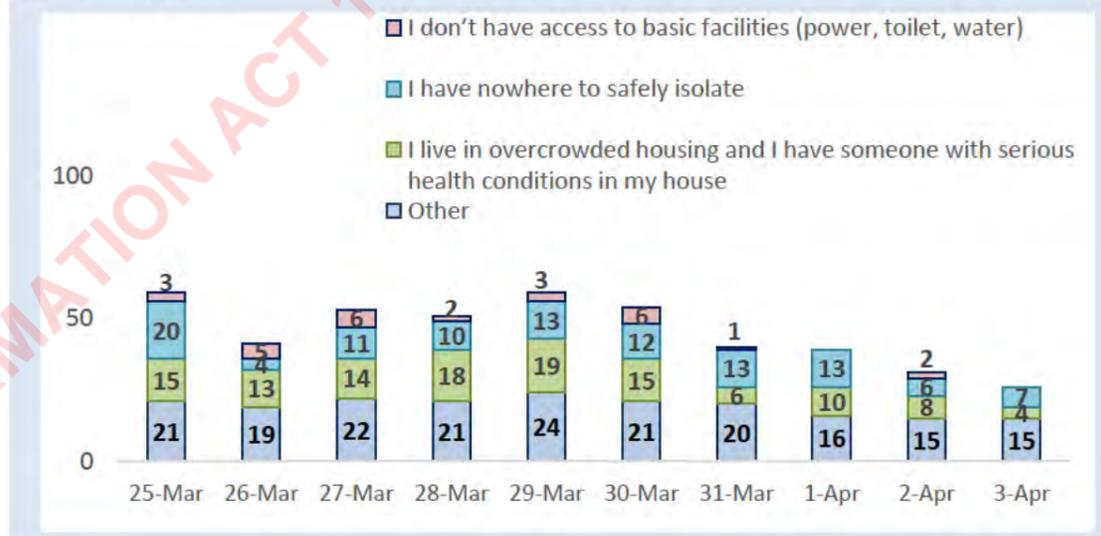
### 3. ASSESS NEEDS

#### 3.1 Number of cases with MSD welfare referrals via CCCM



- Data delay from MSD on MoH referrals for welfare support.
- Changes to MSD welfare referrals were implemented on 14 March.

#### 3.2 Number of funded alternative accommodation requests by primary reason by date



- Total of 729 alternative accommodation requests were created since release of the functionality in NCTS.
- High proportion of 'other' cases - the alternative accommodation questions on the form are under review.

### 4. ASSESS NEEDS

#### 3.3 Funded alternative accommodation requests by ethnicity (to 3 April)



- Distribution of reason type is consistent across ethnicity.
- 41% of Māori requests relate to overcrowding and serious health condition versus an average of 19% for this reason in other groups.

### 4. CARE AND SUPPORT

#### 4.1 Pulse Oximeters delivery and availability



- Pulse oximeters, stock on hand in excess of 36,515 – this includes a delivery of 20,000 Inhealth pulse oximeters received on 30 March. Note scale of supply and demand – stock available.

## TECHNICAL SYSTEM PERFORMANCE

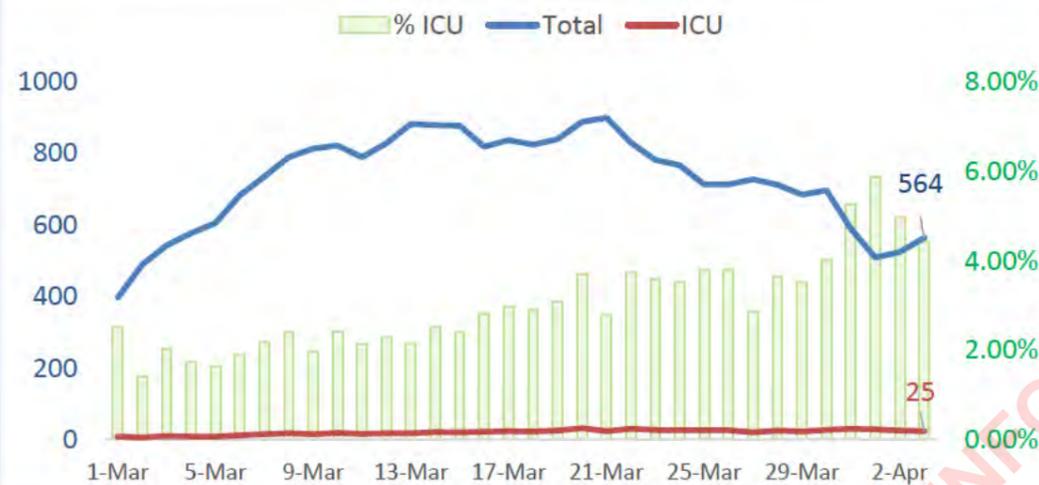
### Key system functionality releases last week:

- Testing – RAT requestor delivery to remote addresses
- Isolation & Quarantine – Future of border design and Architecture
- Care in the Community – Health Hub multi-lingual support

## CASE PATHWAY

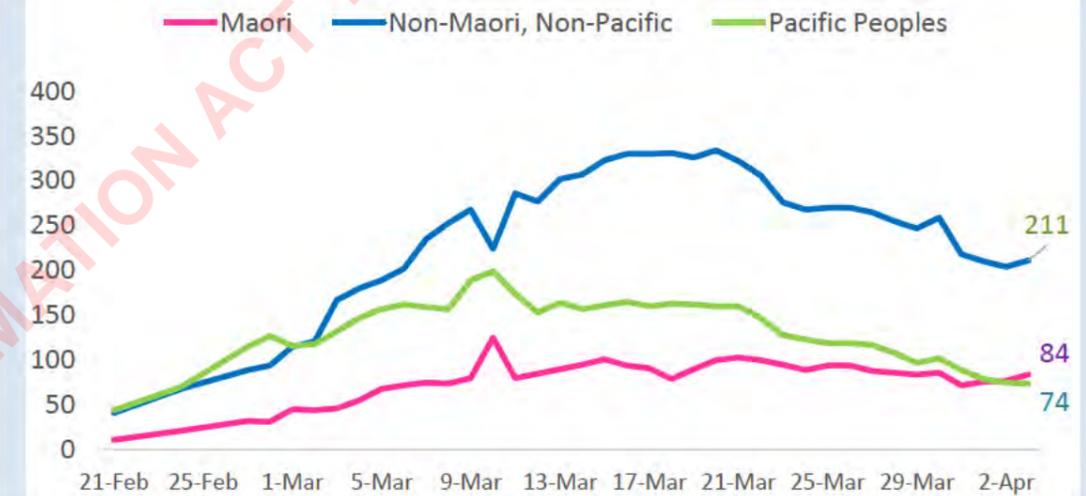
### 4. CARE AND SUPPORT

#### 4.2 Hospitalisations and ICU active cases by date



- ICU cases slightly increased from 21 on Sunday 27 March to 25 on Sunday 03 April.
- COVID-19 ICU cases represent approx. 4% of all COVID-19 related hospitalisations.

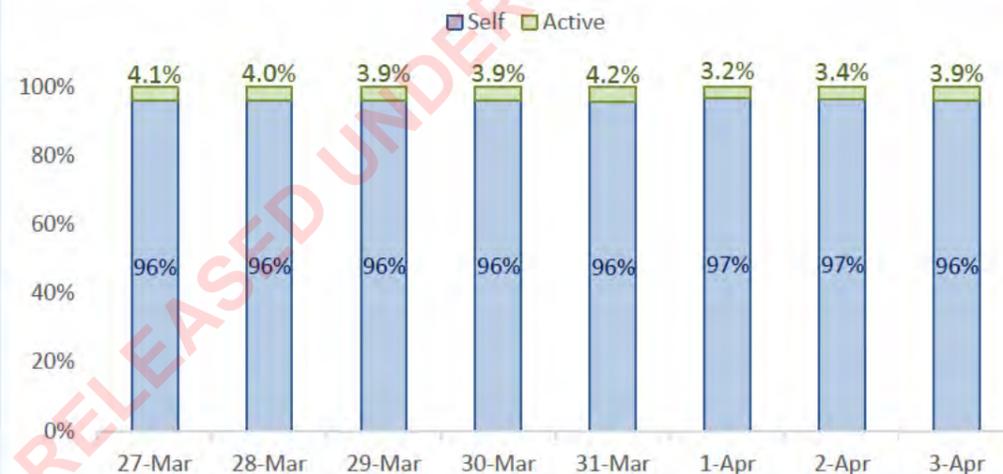
#### 4.3 Hospitalisations by ethnicity – (Northern region only)



- Hospitalisation volumes (across ethnicity) have followed the same national pattern showing a decrease over the last week.
- Pacific volumes have decreased over the last week and represent 20% of the hospitalisations in the Northern region.

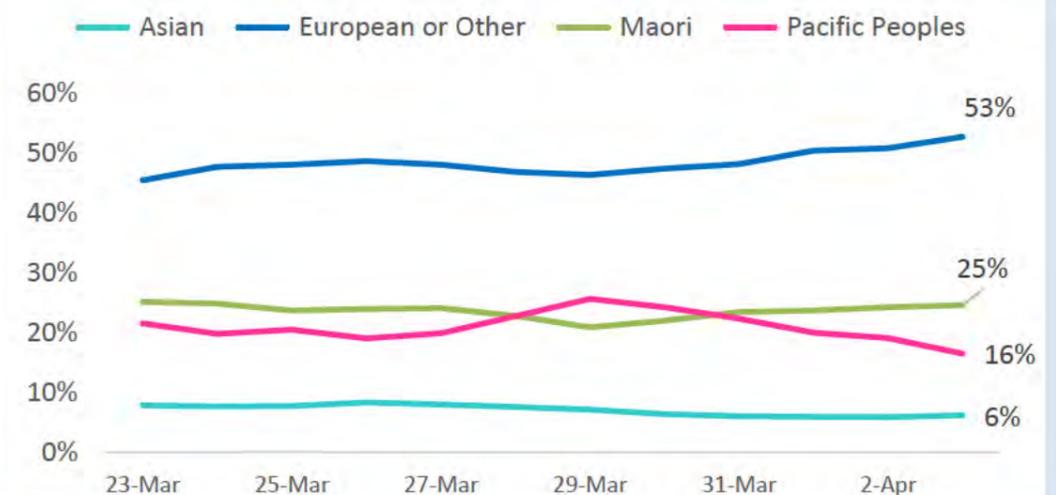
### 4. CARE AND SUPPORT

#### 4.4 Active and self management care distribution (manage care type)



- Proportion of active management cases keeps consistently between 3% and 4% of the total cases in isolation.
- Quality of the data for managed care type relies on clinical assessment to be completed and case flagged as “active management” by GPs or clinical specialist.

#### 4.5 Count of active cases in active management by ethnicity



- Percent of Pacific and Māori represent approx. 41% of the population under active management against a total combined population proportion of 24.6% for New Zealand as a whole.

# Memorandum

## Care in the Community – Weekly Dashboard

**Date due to MO:** 13 April 2022      **Action required by:** N/A

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**Security level:** IN CONFIDENCE      **Health Report number:** 20220691

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**To:** Hon Andrew Little, Minister of Health

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### Contact for telephone discussion

Name	Position	Telephone
Robyn Shearer	Deputy Chief Executive, Sector Support and Infrastructure	s 9(2)(a)
Geoff Gwynn	Director – Health System Preparedness Programme	s 9(2)(a)

### Action for Private Secretaries

N/A

Date dispatched to MO:

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# Care in the Community – Weekly Dashboard

## Purpose

1. This memo provides you with an overview summary of key changes to the Care in the Community Weekly Dashboard, and context surrounding significant changes.

## Summary Observations – week-ending 10 April 2022

2. Contact rates (from the initial outbound SMS or by case investigator) have slightly increased and are now at 98.6 percent for the past week, compared to 98.3 percent the week prior.
3. The number of forms completed by self-service assessment continues to increase. It is noted that the rate of completed self-service assessments is lower for Māori and Pacific communities, however, data continues to show higher rates of completed forms via the assisted phone channel for Māori and Pacific.
4. As at 5 April 2022, the percentage of clinical assessments made within 48 hours of notification is 79.9 percent. Some observations relating to this percentage are:
  - a. A clinical assessment is not required in all COVID-19 cases, as this focus is for higher risk cases only.
  - b. Clinical providers screen all new cases and prioritise those who are at higher risk of poor outcomes. The pattern in the data indicates that the higher risk/higher Acuity case population (Acuity score 4-6) are prioritised for contact within the same 48 hour timeframe at a higher percentage of 82.3 percent.
  - c. The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed.
  - d. There is a significant increase of assessments completed within 48 hours across the Pacific population.
5. Pulse oximeter stocks (as at 10 April 2022) is 32,940 units. This includes a delivery of 20,000 Inhealth pulse oximeters received on 30 March 2022.
6. The ICU rate, (as a proportion of overall active COVID-19 related hospitalisations) averaged 4.79 percent for the period 4 April 2022 to 10 April 2022 compared to an average of 4.53 percent for the week ending 3 April 2022.
7. A note on Ministry of Social Development referral metrics:
  - a. For metric 3.1, the welfare requests are now reported by the number of people that have requested welfare support via the COVID-19 Clinical Care Module. The metrics are displayed by day that the case was reported and not the number of individual requests.

8. Cases under active management for the week ending 10 April 2022 constitute 4.6 percent of the active case population, compared to 3.9 percent for the week ending 3 April 2022. The percent of Pacific and Māori in active management is 55 percent which compares to total combined population proportion of 24.6 percent across the motu.
9. Next steps:  
We are currently developing the following metrics:
  - a. 1.3 – Non-contactable population – by location, risk, and ethnicity.
  - b. 2.4 – COVID-19 Clinical Care Module usage by type.
  - c. Disability data from Socrates database has been added to the data warehouse. Work is underway to analyse the Care in the Community metrics across the disability database.
10. These outputs will become available in subsequent iterations of the dashboard in the coming weeks, subject to data availability.

ENDS.

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# Care in the Community Weekly Dashboard

12 April 2022

Performance for week ending 10 April 2022

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## Observation period

The data in this output covers the period from 4 April until 10 April 2022.

The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- Disability data from Socrates database has been added to the data warehouse. Work is underway to analyse the Care in the Community (CitC) metrics across the disability database
- Data quality is constantly improved and refreshed in Snowflake. Which means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

## SECTION 1 - CASE OVERVIEW

### A) Total active cases in the community

Active cases: positive cases that have not recovered in the last 10 days.

Data source: Sitrep

### B) Total active cases in the community by location

Case location, community care is the primary location with smaller volumes in hospital or undefined at time of data snapshot. The composition of cases isolation is under review and therefore these numbers and types are subject to change.

Data source: DHBs / SitRep / Qlik

### C) Hospitalisations

Hospitalised positive cases

Data Source: Sitrep

## SECTION 2 - CASE PATHWAY

### 1. CONTACT and INITIAL ASSESSMENT

This stage includes case contact results by channel, as well as the completion of assessment which includes and initial assessment of clinical and welfare support.

#### 1.1) Case % by progress status by day

Percent of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

- The above figures are based on cases reported in the NICTS. The report date is the date the case record was created
- These figures may be subject to change due to ongoing case investigation or additional information being received

Data source: NICT

#### 1.2) Completion rate of self-assessment form by channel and ethnicity

- Figures completion rates by channel and by ethnicity.
- Overall includes Māori and Pacific.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- More detailed form completion metrics under development (DHB, equity and demographics)

Data source: NICT

### 2. CLINICAL ASSESSMENT

2.1 and 2.2) Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification

- Start event: Notification of confirmed case date/time in Episurv (by NHI number)

- End event: Initial clinical assessment date/time in CCCM (by NHI number) and if this contact is recorded within 24 hours of the start event.

- Cases that have not had their CCCM initial clinical health assessments completed are not included in this metric.

Data source: CCCM/QLIK

## 3. ASSESS NEEDS

### 3.1 Cases with MSD Welfare referrals via Ministry of Health

- Number of welfare requests created via GPs and Providers via CCCM
- New welfare process is currently impacting the data availability. Work is ongoing to develop metric.

Data source: CCCM

### 3.2 Number of funded alternative accommodation requests by primary reason by date

Number of alternative accommodations requested via self assessment form by reason.

Data source: NCTS

## 4. CARE AND SUPPORT

### 4.1) Pulse Oximeters delivery and availability

Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

### 4.2 and 4.3) Hospitalisations and ICU numbers by date

Count of active, hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

Data source: Sitrep

### 4.4) Active and self management care distribution

% of cases assigned in CCCM as active vs Self management.

Data source: Qlik

### 4.5) Count of active management cases by ethnicity

Count of cases assigned in CCCM as active in CCCM.

Data source: Qlik

## METRICS UNDER DEVELOPMENT/AWAITING DATA\*

1.3 – Non-contactable – by location, risk and ethnicity

2.1, 2.2 – Risk score distribution (active cases/ethnicity)

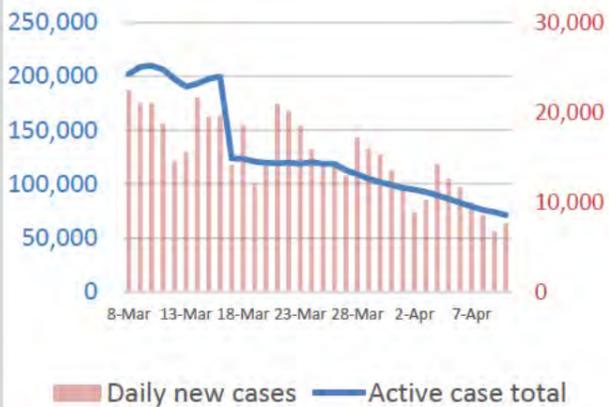
3.1– Cases with MSD Welfare referrals via Ministry of Health\* via NCTS and GP referral through CCCM

## CASE OVERVIEW

**TOTAL ACTIVE CASES IN THE COMMUNITY**  
(10/04/22)

**71,473** ↓ -23% week-on-week\*

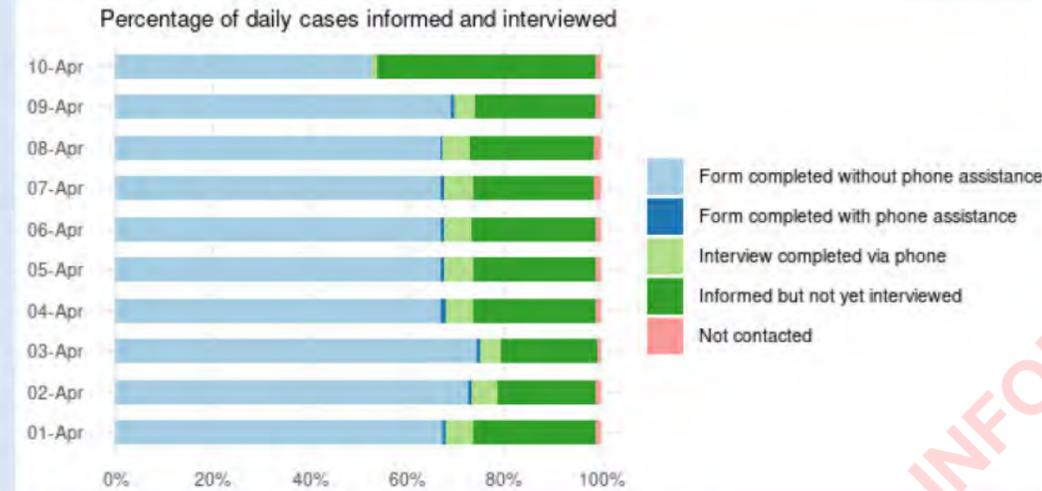
\*Number of active cases reported has reduced in comparison with last week



## CASE PATHWAY

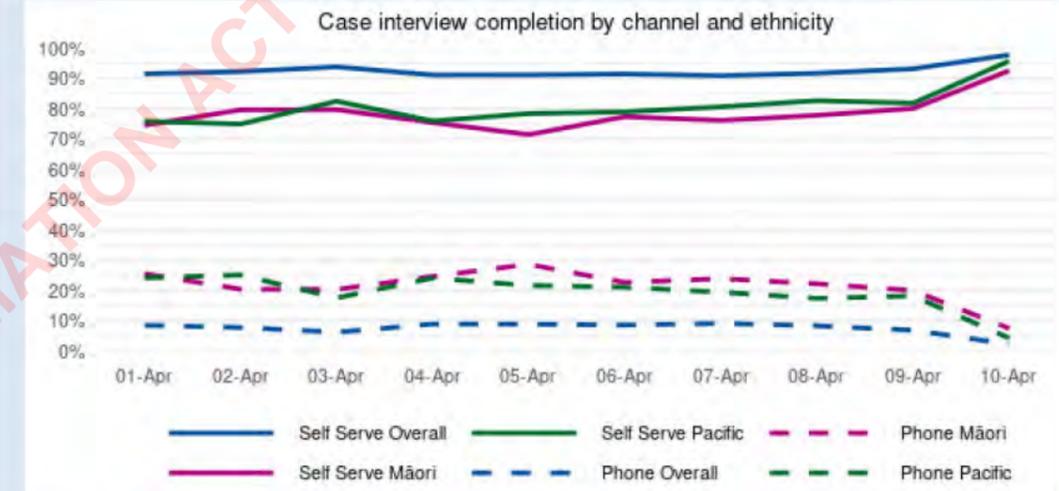
### 1. CONTACT and INITIAL ASSESSMENT

#### 1.1 Percent of new active case by SMS/Phone contact status by day



- The non-contacted population has decreased to 1.36%, compared to 1.68% the week prior.
- The figure above encompasses the 102,187 cases created in the NCTS during the 10 days to yesterday (10 April 2022).

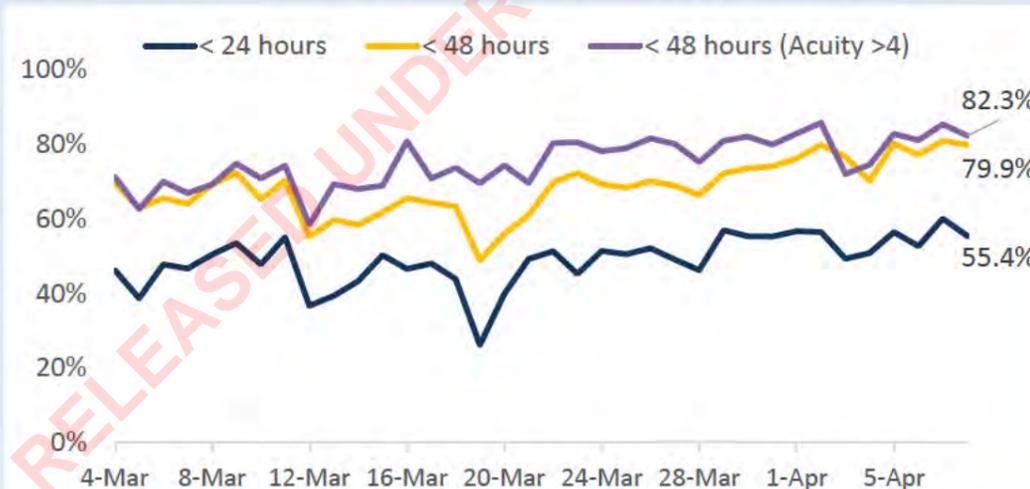
#### 1.2 Completion rate of initial assessment form by channel and ethnicity



- The 8-day trend shows increased self completion across groups.
- The figure above encompasses the 74,573 cases created in the NCTS during the 10 days to yesterday (10 April 2022) that have either completed the online contact tracing form or have been interviewed by a case investigator (including cases who completed the online form with assistance via phone).

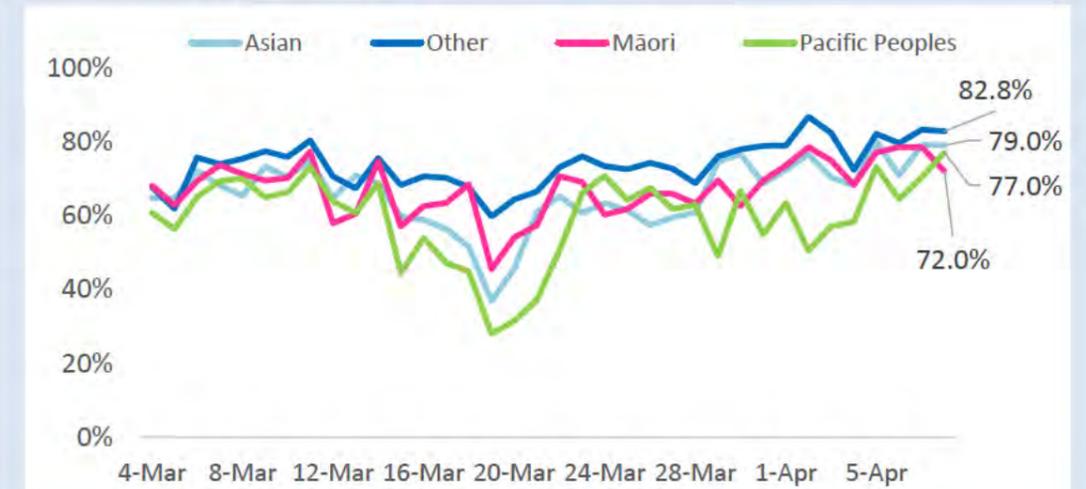
### 2. CLINICAL ASSESSMENT

#### 2.1 Percent of initial clinical assessments completed in CCCM within 24 and 48 hours (overall and acuity >=4) of positive case notification



- Between 02 April 2022 and 08 April 2022, 31,384 clinical assessments have been completed.
- Number of assessments from cases with high acuity score (equal 4 or over) represent approximately 12% of total assessments completed.

#### 2.2 Percent of initial clinical assessment completed within 48 hours of positive case by ethnicity



- The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed.
- Significant increase of assessment completed within 48 hours across the Pacific population.

## TOTAL CONTACT by ETHNICITY (10/04/22)

- The table below shows the percentage of cases that have either received the automated case inform text or have been reached by a case investigator via phone, for the last three weeks.

	27-Mar	03-Apr	10-Apr
Overall	98.36%	98.32%	98.64%
Māori	96.13%	96.83%	96.78%
Pacific	96.87%	92.75%	98.26%

## HOSPITALISATIONS (10/04/22)

**483** ICU -> 23 = 4%  
Non ICU -> 460 = 95%

## TECHNICAL SYSTEM PERFORMANCE

### Key system functionality releases last week:

- Health Hub translations (18 languages to deploy incrementally)
- Therapeutics - data access from EPS for supply and distribution information going forward
- Therapeutics dashboard v1.0
- Additional case health check questions from NCTS to CCCM (symptoms and co-morbidities)
- GP COVID-19 dashboard (visibility of GPs COVID-19 patients from CCCM via PMS)
- Ability to create case in CCCM via GP dashboard

## CASE PATHWAY

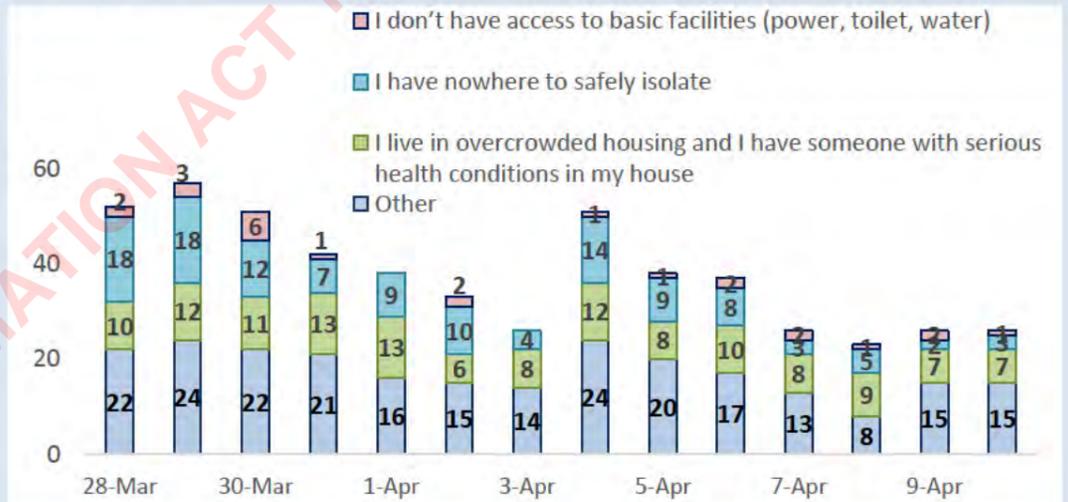
### 3. ASSESS NEEDS

3.1 Number of cases with Ministry of Social Development Welfare referrals via CCCM



- Number of people that have received welfare request by day that case was reported.

3.2 Number of funded alternative accommodation requests by primary reason by date



- Total of 970 alternative accommodation requests were created since release of the functionality in NCTS on 15<sup>th</sup> March.
- High proportion of 'other' cases - the alternative accommodation questions on the form are under review.

### 4. ASSESS NEEDS

3.3 Funded alternative accommodation requests by ethnicity (to 10 April)



- 40% of Māori request relate to not having a place to safely isolate.

### 4. CARE AND SUPPORT

4.1 Pulse Oximeters delivery and availability

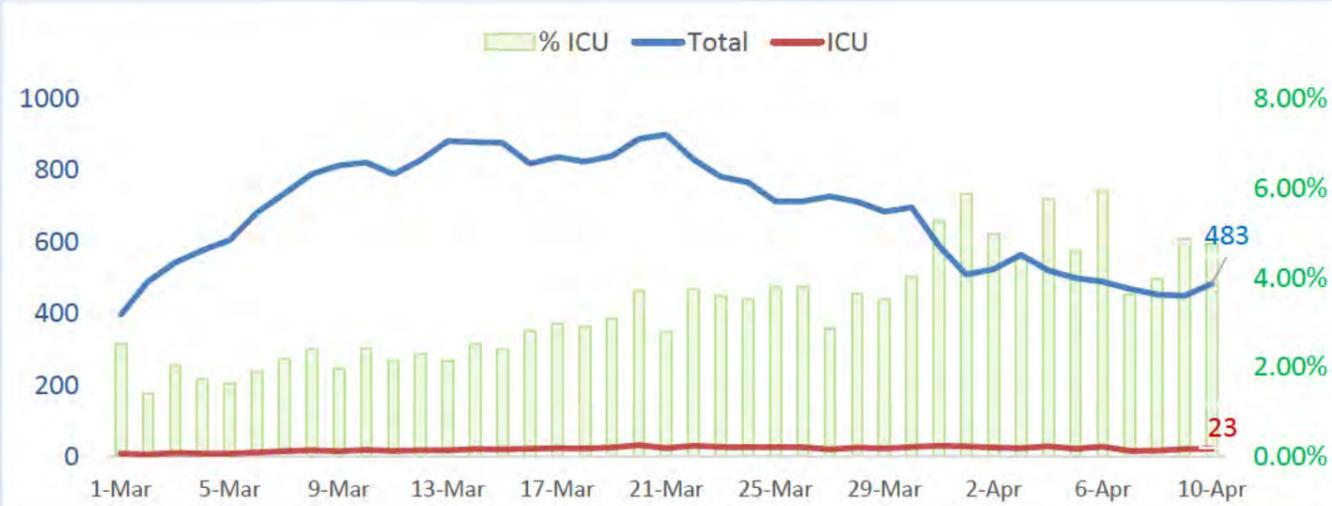


- Pulse oximeters, stock on hand in excess of 32,524 – this includes a delivery of 20,000 EBOS Inhealth pulse oximeters received on 30<sup>th</sup> of March 2022. Note scale of supply and demand – stock available.

## CASE PATHWAY

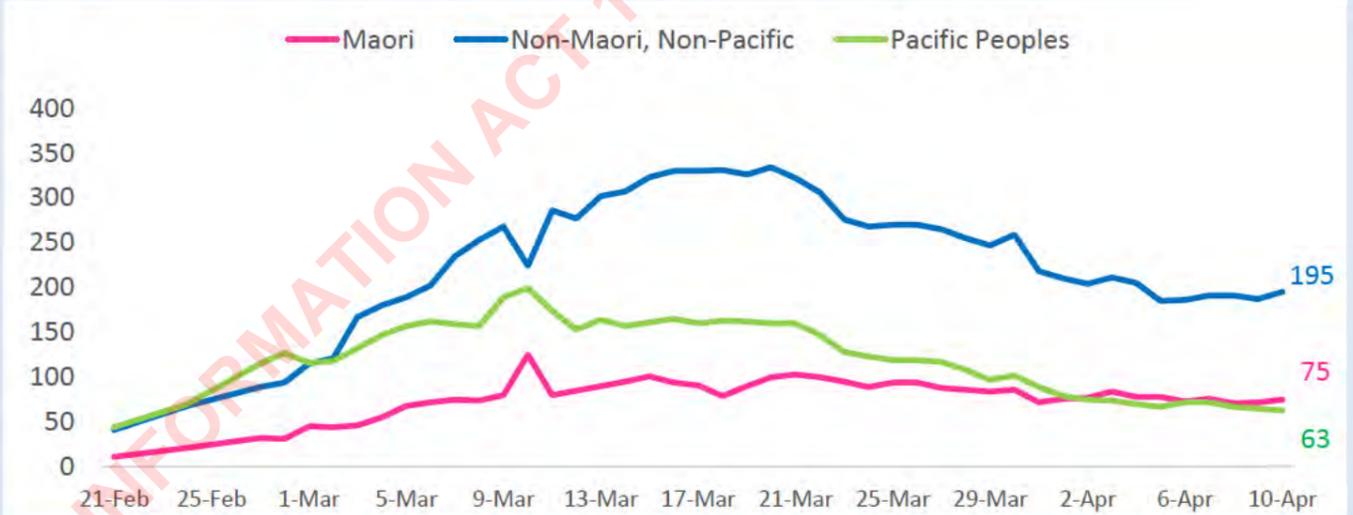
### 4. CARE AND SUPPORT

#### 4.2 Hospitalisations and ICU active cases by date



- ICU cases dropped 15% last week (4<sup>th</sup> April to 10<sup>th</sup> April 2022) compared to week prior (28<sup>th</sup> March to 3<sup>rd</sup> April 2022).
- COVID-19 ICU cases represent ~4% of all COVID-19 related hospitalisations.

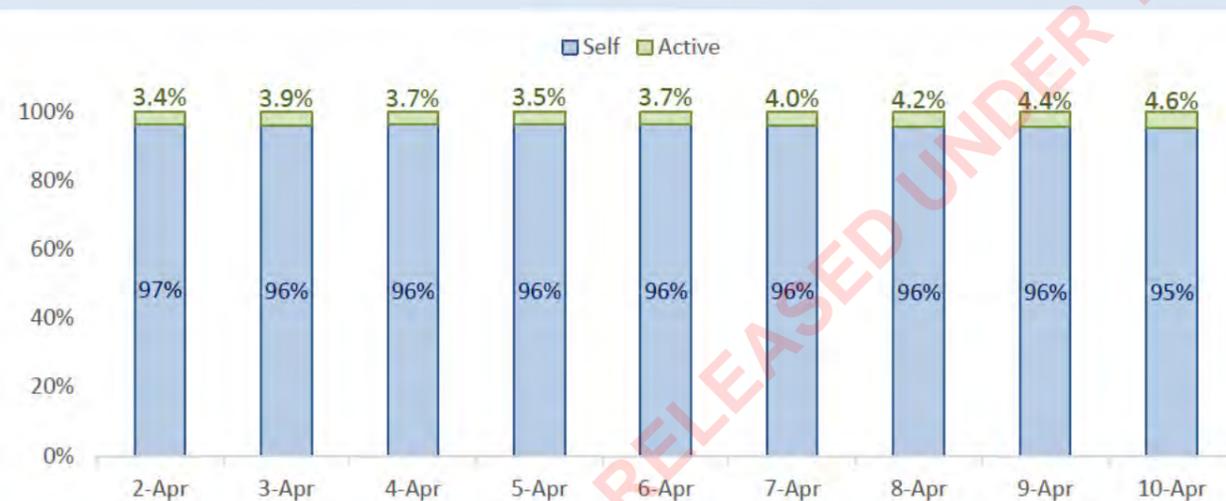
#### 4.3 Hospitalisations by ethnicity – (Northern region only)



- Hospitalisation volumes (across ethnicity) have followed the same national pattern showing slight decrease over the last week.
- Pacific volumes have decreased over the last week and represents 19% of the hospitalisations in Northern Region.

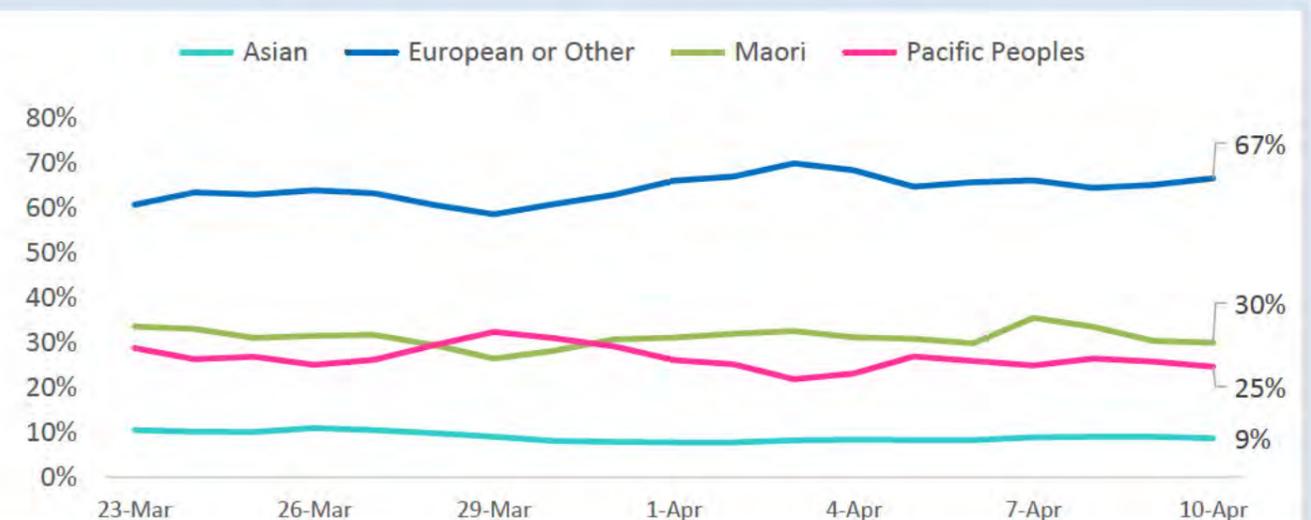
### 4. CARE AND SUPPORT

#### 4.4 Active and self management care distribution (manage care type)



- Proportion of active management cases keeps consistently between 3% and 5% of the total cases in isolation.
- Quality of the data for managed care type relies on clinical assessment to be completed and case flagged as “active management” by GPs or clinical specialist.

#### 4.5 Count of active cases in active management by ethnicity



- Percent of Pacific and Māori represent approx. 55% of the population under active management against a total combined population proportion of approx. 24.6% for New Zealand as a whole.

# Memorandum

## Care in the Community – Weekly Dashboard

**Date due to MO:** 20 April 2022      **Action required by:** N/A

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**Security level:** IN CONFIDENCE      **Health Report number:** 20220724

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**To:** Hon Andrew Little, Minister of Health

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### Contact for telephone discussion

Name	Position	Telephone
Robyn Shearer	Deputy Chief Executive, Sector Support and Infrastructure	s 9(2)(a)
Geoff Gwynn	Director – Health System Preparedness Programme	s 9(2)(a)

### Action for Private Secretaries

N/A

**Date dispatched to MO:**

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Care in the Community – Weekly Dashboard

## Purpose

1. This memo provides you with an overview summary of key changes to the Care in the Community Weekly Dashboard, and context surrounding significant changes.

## Summary Observations – week-ending 17 April 2022

2. Contact rates (from the initial outbound SMS or by case investigator) have slightly decreased and are now at 98.6% for the past week, compared to 98.7% the week prior.
3. The number of forms completed by self-service assessment was steady. It is noted that the rate of completed self-service assessments is lower for Māori and Pacific communities, however, data continues to show higher rates of completed forms via the assisted phone channel for Māori and Pacific.
4. As at 17 April 2022, the percentage of clinical assessments made within 48 hours of notification is 77.9% – slightly increased compared to the week prior. Some observations relating to this percentage are:
  - a. A clinical assessment is not required in all COVID-19 cases, as this focus is for higher risk cases only.
  - b. Clinical providers screen all new cases and prioritise those who are at higher risk of poor outcomes. The pattern in the data indicates that 80.9% of the higher risk/higher acuity case population (acuity score 4-6) are prioritised for contact within the same 48 hour timeframe of the initial clinical assessment.
  - c. The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed. This discrepancy has reduced in the past two weeks showing that a more similar level of care is being provided across the different ethnicities.
5. Pulse oximeter stocks (as at 17 April 2022) is 30,930 units.
6. The ICU rate, (as a proportion of overall active COVID-19 related hospitalisations) averaged 5.94% for the period 11-13 April 2022 compared to an average of 4.79% for the week ending 10 April 2022.
  - a. Note: data for the period 14-17 April 2022 was not available due to Situation Report availability and issues with the Ministry of Health R Server (server that is used compile and automate reports, such as the Situation Report).
7. A note on Ministry of Social Development (MSD) referral metrics:
  - a. For metric 3.1, the welfare requests are now reported by the total number of referrals sent to the Ministry of Social Development via the National Contact Tracing System (NCTS). Previously, the data reported was the number of people that had requested welfare support via the COVID-19 Clinical Care Module (CCCM).

- b. From 1 April to 17 April 2022, approximately 3,032 welfare referrals have been raised in CCCM system (by General Practices, Providers and Community Hubs) and sent to Ministry of Social Development.
8. Cases under active management for the week ending 17 April 2022 constitute 4.5% of the active case population, compared to 4.6% for the week ending 10 April 2022. The percentage of Pacific and Māori in active management is 40% which compares to total combined population proportion of 24.6% across the motu.
9. Next steps:  
We are currently developing the following metrics:
  - a. 1.3 – Non-contactable population – by location, risk, and ethnicity.
  - b. 2.1 – Clinical assessment timeframes for population with disabilities.
  - c. Disability data from Socrates database has been added to the data warehouse. Work is underway to analyse the Care in the Community metrics across the disability database.
10. These outputs will become available in subsequent iterations of the dashboard in the coming weeks, subject to data availability.

ENDS.

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# Care in the Community Weekly Dashboard

19 April 2022

Performance for week ending 17 April 2022

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## Observation period

The data in this output covers the period from 11 April until 17 April 2022.

The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- Disability data from Socrates database has been added to the data warehouse. Work is underway to analyse the Care in the Community (CitC) metrics across the disability database.
- Data quality is constantly improved and refreshed in Snowflake. This means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

## SECTION 1 - CASE OVERVIEW

### A) Total active cases in the community

Active cases: positive cases that have not recovered in the last 10 days.

Data source: Sitrep

### B) Total active cases in the community by location

Case location, community care is the primary location with smaller volumes in hospital or undefined at time of data snapshot. The composition of case isolation is under review and therefore these numbers and types are subject to change.

Data source: DHB's / Sitrep / Qlik

### C) Hospitalisations

Hospitalised positive cases

Data Source: Sitrep

## SECTION 2 - CASE PATHWAY

### 1. CONTACT and INITIAL ASSESSMENT

This stage includes case contact results by channel, as well as the completion of assessment results which includes and initial assessment of clinical and welfare support.

#### 1.1) Case percentage by progress status by day

Percent of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

- These figures are based on cases reported in the National Contact Tracing System (NCTS). The report date is the date the case record was created.

- These figures may be subject to change due to ongoing case investigation or additional information being received.

Data source: National Investigation and Tracing Centre (NITC)

#### 1.2) Completion rate of self-assessment form by channel and ethnicity

- Completion rate figures by channel and by ethnicity.
- Overall figure includes Māori and Pacific.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- More detailed form completion metrics are under development (DHB, equity and demographics)

Data source: NITC

### 2. CLINICAL ASSESSMENT

2.1 and 2.2) Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification

- Start event: Notification of confirmed case date/time in Episurv (by NHI number)

- End event: Initial clinical assessment date/time in COVID-19 Clinical Care Module (CCCM) is by NHI number and if this contact is recorded within 24 hours of the start event.

- Cases that have not had their CCCM initial clinical health assessments completed are not included in this metric.

Data source: CCCM/QLIK

## 3. ASSESS NEEDS

### 3.1 Cases with Ministry of Social Development (MSD) Welfare referrals via Ministry of Health (MoH)

- Number of welfare requests created via GPs and Providers via CCCM
- New welfare process is currently impacting the data availability. Work is ongoing to develop metric.

Data source: NCTS

### 3.2 Number of funded alternative accommodation requests by primary reason by date

Number of alternative accommodations requested via self assessment form by reason.

Data source: NCTS

## 4. CARE AND SUPPORT

### 4.1) Pulse Oximeters delivery and availability

Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

### 4.2 and 4.3) Hospitalisations and ICU numbers by date

Count of active, hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

Data source: Sitrep

### 4.4) Active and self management care distribution

Percentage of cases assigned in CCCM as active vs Self management.

Data source: Qlik

### 4.5) Count of active management cases by ethnicity

Number of cases assigned in CCCM as active in CCCM.

Data source: Qlik

## METRICS UNDER DEVELOPMENT/AWAITING DATA\*

1.3 – Non-contactable – by location, risk and ethnicity

2.1, 2.2 – Risk score distribution (active cases/ethnicity)

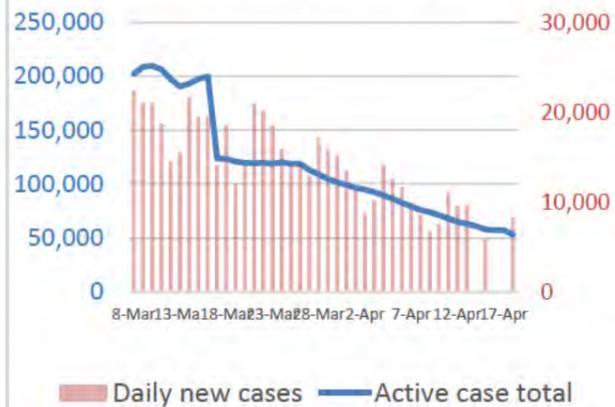
3.1 – Cases with MSD Welfare referrals via MoH\* via NCTS and GP referral through CCCM

## CASE OVERVIEW

**TOTAL ACTIVE CASES IN THE COMMUNITY**  
(18/04/22)

**53,375** ↓ -22% week-on-week

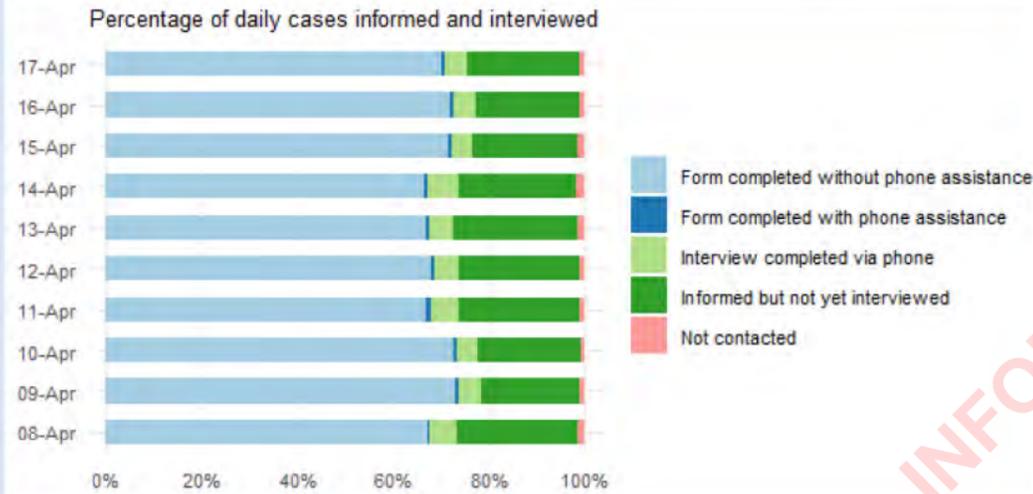
Data from 14 April to 17 April 2022 is not fully available due to sitrep report availability and due to ongoing issues with the Ministry of Health's R Server.



## CASE PATHWAY

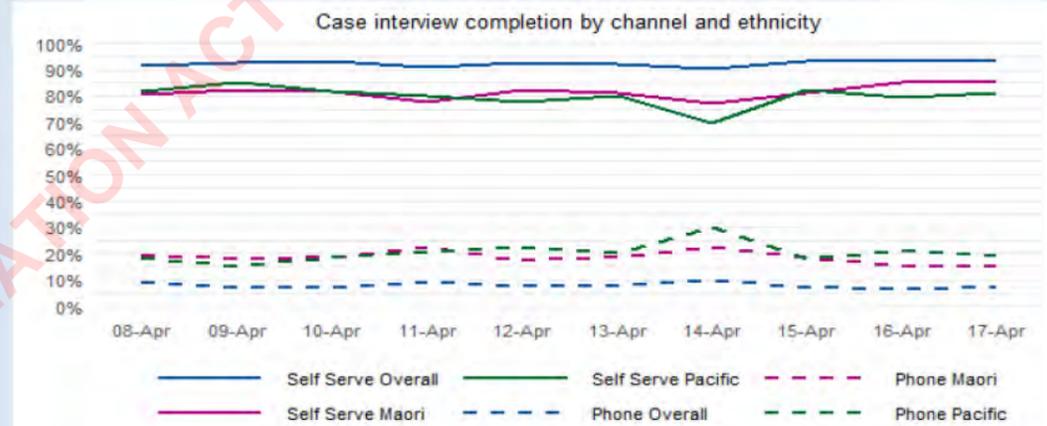
### 1. CONTACT and INITIAL ASSESSMENT

#### 1.1 Percent of new active case by SMS/Phone contact status by day



- The percentage of cases not contacted has slightly increased to 1.35%, compared to 1.28% the week prior.
- The figure above encompasses the 79,157 cases created in the NCTS during the 10 days to Sunday 17 April 2022.

#### 1.2 Completion rate of initial assessment form by channel and ethnicity



- The 8-day trend shows a slight increase of self serve completion across all groups.
- The figure above encompasses the 59,265 cases created in the NCTS during the 10 days to Sunday 17 April 2022 that have either completed the online contact tracing form or been interviewed by a case investigator (this includes cases who have completed the online form with assistance via phone).

**TOTAL CONTACT by ETHNICITY** (17/04/22)

- The table below shows the percentage of cases for the last three weeks, that have either received the automated case inform text, or have been contacted by a case investigator via phone.

	03-Apr	10-Apr	17-Apr
Overall	98.32%	98.72%	98.65%
Māori	97.61%	97.6%	97.61%
Pacific	93.68%	98.57%	98.39%

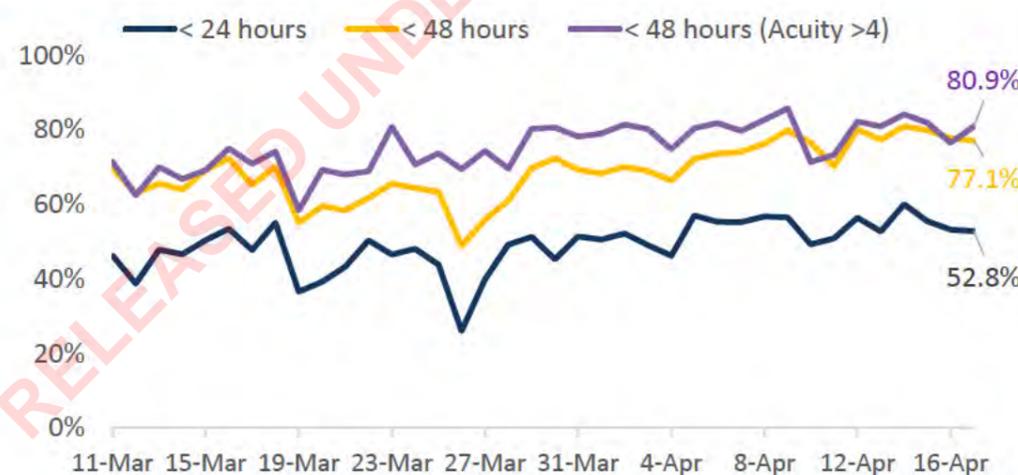
## HOSPITALISATIONS

 (18/04/22)

**458** | ICU -> 19 = 4%  
Non ICU -> 439 = 96%

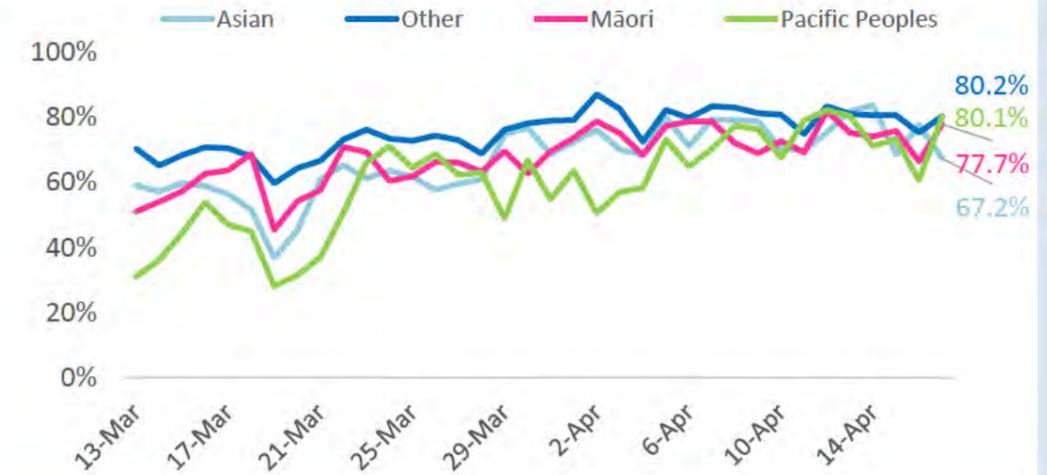
### 2. CLINICAL ASSESSMENT

#### 2.1 Percent of initial clinical assessments completed in CCCM within 24 and 48 hours (overall and acuity >=4) of positive case notification



- Between 11 April 2022 and 17 April 2022, 23,360 clinical assessments have been completed.
- Number of assessments from cases with a high acuity score (equal 4 or over) represent approximately 9% of total assessments completed.

#### 2.2 Percent of initial clinical assessment completed within 48 hours of positive case by ethnicity

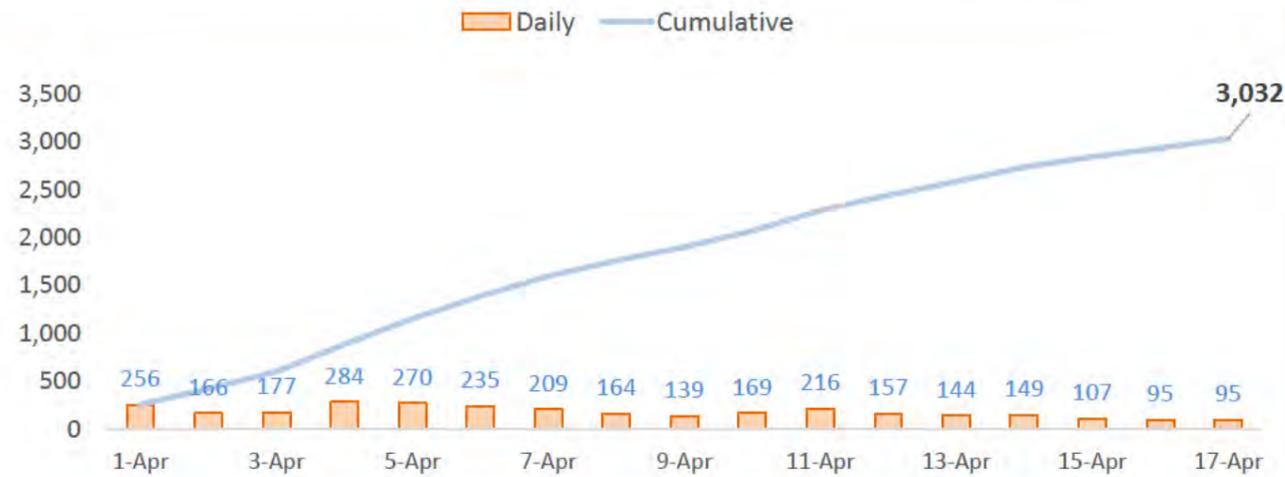


- The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed. This discrepancy has reduced in the last two weeks as displayed in the chart above.

## CASE PATHWAY

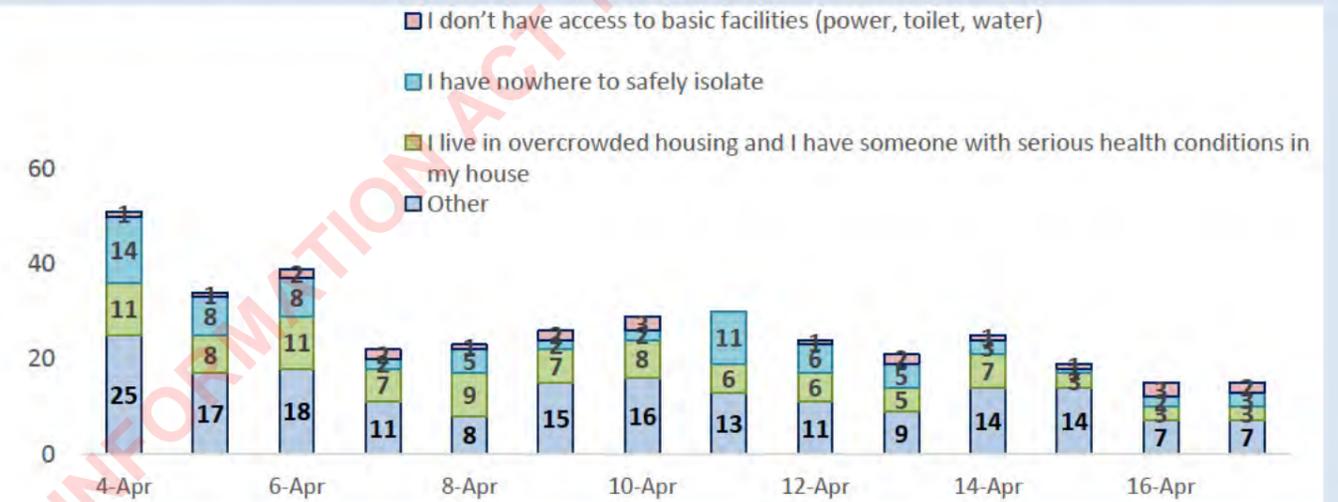
### 3. ASSESS NEEDS

#### 3.1 Number of welfare referrals sent to Ministry of Social Development via CCCM



- Number of welfare referrals sent to the MSD via CCCM by referral creation date.
- *Note: This metric on last week's dashboard was reported as the count of cases that have requested welfare support via CCCM. The data source is now NCTS and is reported as the count of total referrals sent to MSD.*

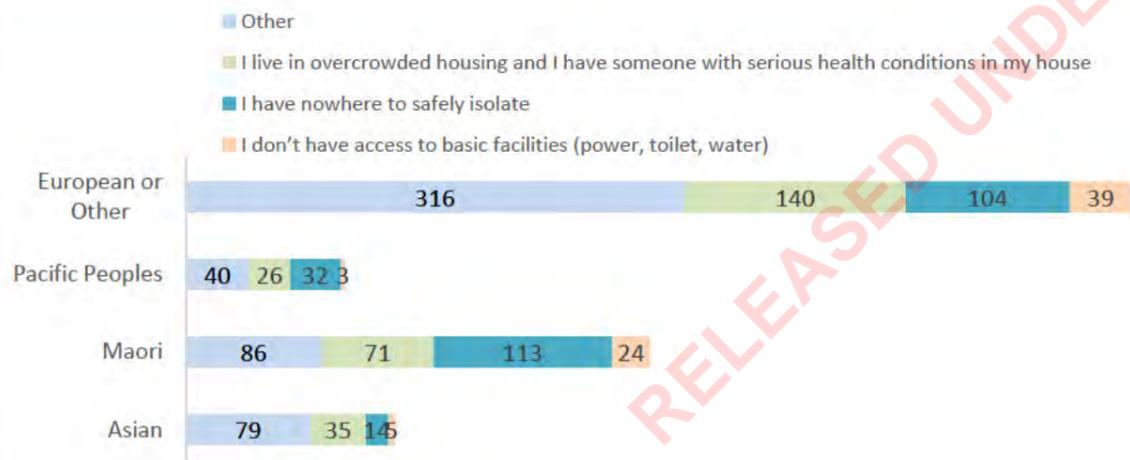
#### 3.2 Number of funded alternative accommodation requests by primary reason by date



- Total of 1,127 alternative accommodation requests were created since the release of this function in NCTS on 15 March 2022.
- High proportion of 'other' cases - the alternative accommodation questions on the form are currently under review.

### 3. ASSESS NEEDS

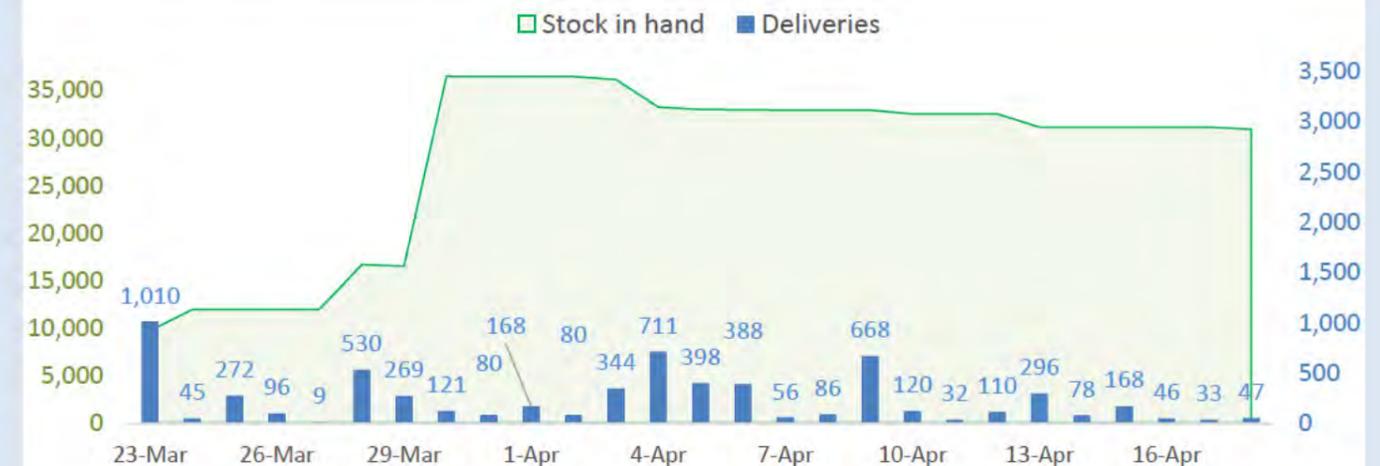
#### 3.3 Funded alternative accommodation requests by ethnicity (to 17 April)



- 38% of Māori requests relate to not having a place to safely isolate.
- 26% of Pacific requests is associated with people living in congested housing along with one or more members with serious health condition.

### 4. CARE AND SUPPORT

#### 4.1 Pulse Oximeters delivery and availability

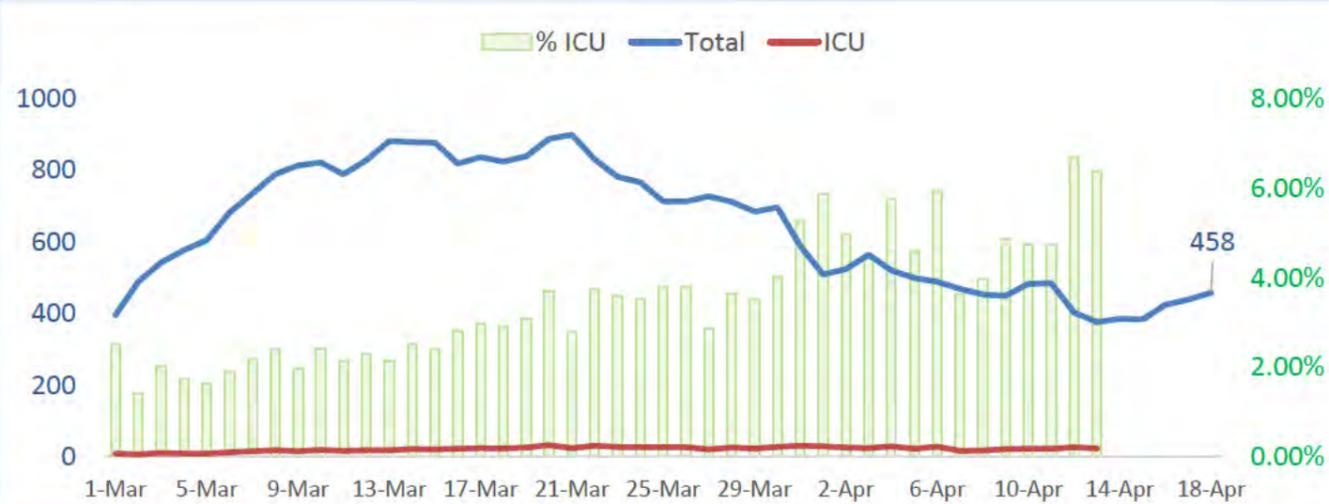


- Pulse oximeters – stock on hand is in excess of 30,930 which includes a delivery of 20,000 Inhealth pulse oximeters received on 30 March 2022. Note scale of supply and demand and stock available.

## CASE PATHWAY

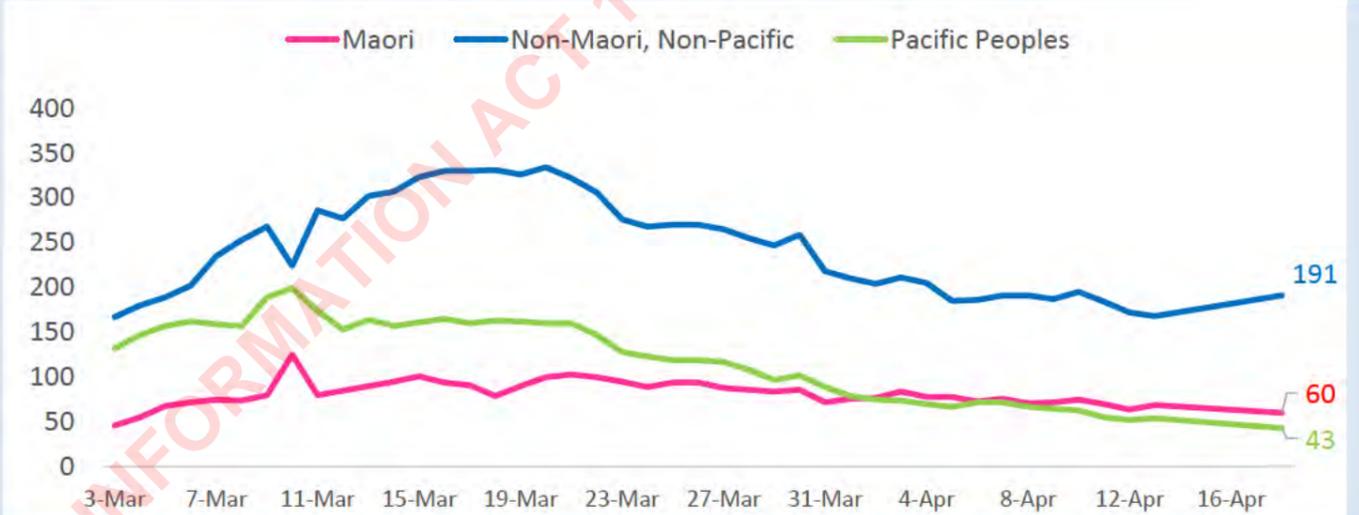
### 4. CARE AND SUPPORT

#### 4.2 Hospitalisations and ICU active cases by date



- Total number of hospitalisations has slightly increased during the week but remains lower than at the start of the week on 11 April 2022.
- Note: Hospitalisation data from 14 April to 17 April 2022 is not available due to sitrep report availability and due to ongoing issues with the Ministry's R Server.

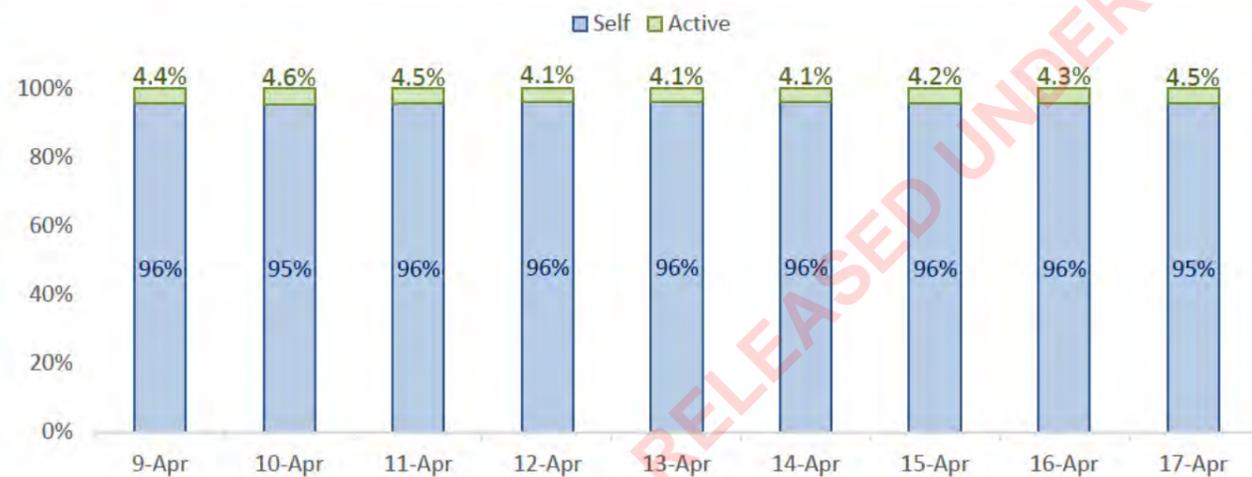
#### 4.3 Hospitalisations by ethnicity – (Northern region only)



- Pacific volumes have decreased over the last week and represents 15% of the hospitalisations in the Northern Region.
- Note: Hospitalisation data from 14 April to 17 April 2022 is not available due to sitrep report availability and due to ongoing issues with the Ministry's R Server.

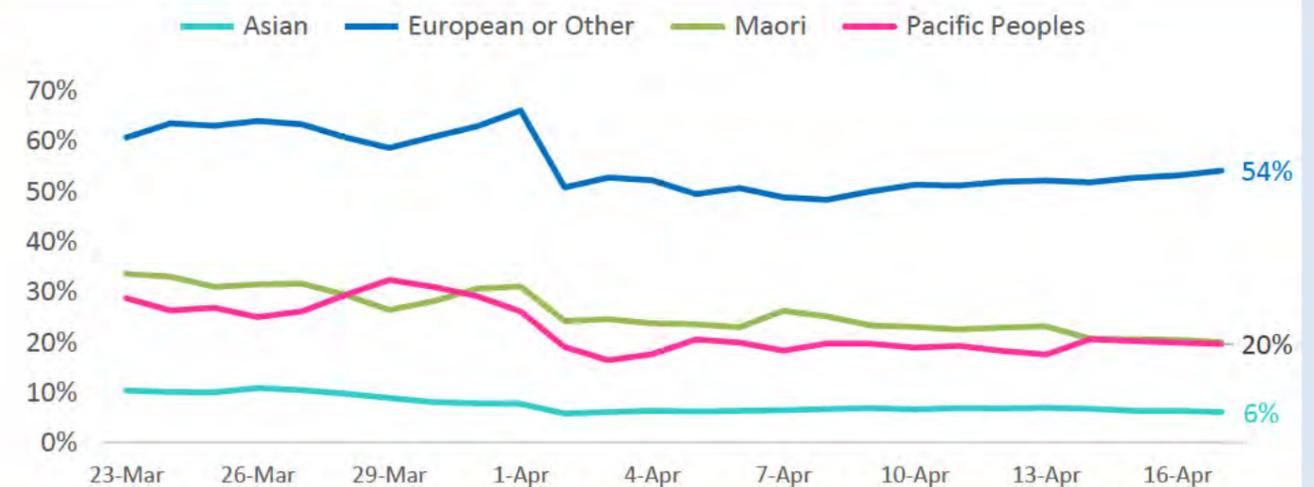
### 4. CARE AND SUPPORT

#### 4.4 Active and self management care distribution (manage care type)



- Proportion of active management cases remains consistently between 3% and 5% of the total cases in isolation.
- Quality of the data for managed care type relies on the clinical assessment to be completed and case flagged as "active management" by GPs or a clinical specialist.

#### 4.5 Count of active cases in active management by ethnicity



- Percentage of Pacific and Māori represent approximately 40% of the population under active management whereas a total combined population proportion for Pacific and Māori is approximately 24.6% for New Zealand as a whole.

# Memorandum

## Availability and distribution of COVID-19 therapeutics for use in the community

<b>Date due to MO:</b>	17 March 2022	<b>Action required by:</b>	N/A
<b>Security level:</b>	IN CONFIDENCE	<b>Health Report number:</b>	20220456
<b>To:</b>	Hon. Chris Hipkins, Minister for COVID-19 Response Hon. Andrew Little, Minister of Health Hon. Dr Ayesha Verrall, Associate Minister of Health		
<b>Cc:</b>			

### Contact for telephone discussion

Name	Position	Telephone
<b>Robyn Shearer</b>	Deputy Chief Executive, Sector Support and Infrastructure	§ 9(2)(a)
<b>Martin Chadwick</b>	Group Manager COVID-19 Care in the Community	§ 9(2)(a)

### Action for Private Secretaries

N/A

Date dispatched to MO:

# Availability and distribution of COVID-19 therapeutics for use in the Community

## Purpose

1. This report responds to your request for an update on the types, supply, and availability of COVID-19 therapeutics for community use.
2. This report also describes the operating model and implementation plan for how these medicines will be equitably and efficiently distributed. This includes discussion about the supply chain, clinical guidelines, monitoring, and oversight.

## Background

3. Aotearoa is working towards a portfolio of COVID-19 therapeutics. The portfolio currently includes two oral antivirals: Paxlovid™ (nirmatrelvir with ritonavir) and molnupiravir; and two intravenous (IV) infusions: remdesivir and Ronapreve® (casirivimab and imdevimab).
4. A summary of COVID-19 therapeutics for community use is presented in **Appendix 1**.
5. Due to the worldwide demand for COVID-19 therapeutics, there are limited supplies available to Aotearoa.
6. Ensuring equitable and early access to COVID-19 therapeutics for priority populations, specifically Māori and other higher-risk groups, is imperative as they can reduce the risk of hospitalisation and severe disease.
7. Ronapreve® (casirivimab and imdevimab) is currently available for use in hospitalised COVID-19 patients and immunocompromised or unvaccinated patients in the community. It exhibited good efficacy against the Delta variant; however, has demonstrated significantly diminished potency against the Omicron variant. Therefore, it is outside the scope of this paper.
8. Tocilizumab and baricitinib are immunomodulators for use in hospitalised COVID-19 patients only and are not used in the community setting. They are also outside the scope of this paper.

## Principles

9. Access to COVID-19 therapeutics needs to be safe, timely, equitable, efficient, effective, and patient-centred. These principles inform the approach discussed below.

## Oral COVID-19 Therapeutics

### Paxlovid™

#### Overview

10. Paxlovid™ is used in high-risk COVID-19 positive patients to reduce the risk of severe disease or hospitalisation.

11. Paxlovid™ treatment is a five-day course of two different oral tablets started on diagnosis and able to be taken when at home while experiencing mild disease.
12. Current evidence shows that Paxlovid™ is more effective at reducing hospitalisations than molnupiravir.
13. On 2 March 2022, Paxlovid™ was granted provisional consent by Medsafe for sale, supply, and use in Aotearoa for a period of two years.

#### *Supply and eligibility*

14. Pharmac has secured supply for a maximum of 60,000 patient courses of Paxlovid™ from Pfizer for 2022.
15. The initial shipment of Paxlovid™ is expected to arrive by April 2022. Stock will be limited and arriving in instalments. The size of each delivery is unknown at present, with negotiations ongoing.
16. Pharmac's consultation on the proposed access criteria for Paxlovid™ closed on 2 March 2022. Pharmac are currently reviewing the responses to this and expected to confirm the criteria in the week beginning 21 March 2022.
17. Pharmac will use an access criteria model that allows for rapid update if there are signs that demand is outstripping supply. The Health System Preparedness Programme (HSPP) will work with Pharmac and the Ministry of Health COVID-19 Therapeutics Technical Advisory Group to ensure equitable prioritisation of access to Paxlovid™.

#### *Clinical guidance*

18. As with all medications, COVID-19 therapeutics may have side effects and other clinical factors that need to be considered. In particular, Paxlovid™ has significant drug interactions.
19. Pharmac have contracted Mātui (He Ako Hiringa) to provide clinical resource to support the safe prescribing and dispensing of Paxlovid™. This guidance is currently in development and expected to be released by April 2022.
20. Clinical guidance will be incorporated into the Health Pathways section on COVID-19 and will be supported by webinars and online training.

### **Molnupiravir**

#### *Overview*

21. Molnupiravir is an oral capsule administered as a five-day course and is able to be taken at home while experiencing mild disease by those at higher risk of severe disease or hospitalisation.
22. On 23 February 2022 Medsafe received a New Medicines Application from Merck Sharp & Dohme for molnupiravir approval for the treatment of COVID-19. An initial evaluation is underway.
23. Merck Sharp & Dohme will not supply stock until molnupiravir is approved for use.
24. Pharmac has secured supply for a maximum of 60,000 patient courses of molnupiravir from Merck Sharp & Dohme for 2022.

### *Supply and eligibility*

25. Subject to approval, the initial shipment of molnupiravir is expected to arrive in April 2022. Stock will be limited and arriving in instalments. The size of each delivery is unknown at present, with negotiations ongoing.
26. Independent of the approval process, Pharmac initiated a consultation on the proposed access criteria for molnupiravir, which closed on 2 March 2022. Pharmac are currently reviewing the responses to this and expect to confirm the criteria in the week beginning 21 March 2022.

### *Clinical guidance*

27. Molnupiravir does not exhibit the same significant drug interactions as Paxlovid™ and standard clinical resources will be sufficient to enable safe and effective prescribing. These include the New Zealand Formulary and the Medsafe Data Sheet.
28. Clinical guidance will be incorporated into the HealthPathways section on COVID-19 and will be supported by webinars and online training.

### **Distribution plan for oral therapeutics**

#### *Premise*

29. The COVID-19 Care in the Community programme has convened the COVID-19 New Therapeutic Implementation Group consisting of subject matter experts and sector representatives to prepare a distribution plan for oral COVID-19 therapeutics.
30. Planning for distribution is progressing through internal Ministry sign-off processes. Key components for distribution are described below.

#### *Background*

31. Pharmac will confirm wholesaler and distribution arrangements based on the following principles:
  - a. The medicines will be listed as XPharm on the Pharmaceutical Schedule, meaning Pharmac has made alternative funding arrangements. Pharmacies must have a specific agreement that entitles them to distribute these medicines. This prevents these medicines being ordered by pharmacies who are not commissioned to provide the service and thereby supports national and regional stock control.
  - b. Paxlovid™ and molnupiravir will be listed in the Pharmaceutical Schedule at zero cost as they have been purchased directly by Pharmac. Pharmac are finalising a dispensing and data capture process that is likely to be similar to that used for Maviret® (a hepatitis C treatment).
  - c. A preferred wholesaler(s) will be identified and contracted by Pharmac to supply these medicines to commissioned pharmacies.
  - d. The wholesaler distribution costs will be met by Pharmac's dedicated COVID-19 funding.

### *Proposed model*

32. Stock of Paxlovid™ and molnupiravir will be limited, and during the surge there are likely to be more people eligible for treatment than courses available to supply.
33. Due to limited stock, DHB Pharmacy Portfolio Managers will lead a transparent process with the sector and Care Coordination Hubs to identify a limited number of participating pharmacies to enable effective stock management.
34. Participating pharmacies will be identified using a pro-equity, population needs-based approach. This will look different in each locality. More pharmacies may be required to provide the service in certain regions to ensure remote and high-need areas are appropriately serviced.
35. Only participating pharmacies will be able to order Paxlovid™ and molnupiravir from the wholesaler(s).
36. Supply chains will be carefully managed to minimise this risk of stock shortages in areas that need them the most. To support timely access to COVID-19 therapeutics these medicines will be front-loaded to participating pharmacies, with particular consideration for the needs of rural and remote localities.
37. General practitioners or prescribing clinicians will complete a clinical review, generate a prescription and send it to a participating pharmacy.
38. Participating pharmacies will clinically review the prescription, complete a medicines review, dispense the medicine, and organise delivery.
39. Pharmacies involved in the patient's care will provide information and advice to patients so that the medicines are taken safely and effectively.
40. COVID-19 therapeutics will be free to patients, funded through the COVID-19 Care in the Community budget approved by Cabinet on 20 December 2021 [CAB-21-MIN-0555].
41. Funding of \$395.422 million will cover the cost of COVID-19 infection related primary care and kaupapa Māori and Pacific health services, which includes the cost of the general practice consultation and prescription for these medicines.
42. The funding approved by Cabinet also includes \$25.304 million to cover the cost of pharmacist medicine management activities, prescription co-payments and delivery of the medicines to patients' homes.

### *Monitoring*

43. Contracted wholesaler(s) will be required to send a daily report to the Ministry that describes how much stock they have and what has been distributed to each participating pharmacy.
44. The Ministry will monitor prescription data with reference to ethnicity, age distribution, and locality to ensure accountability with regards to equity and the Pharmac access criteria. The mechanisms for doing this are in development, and will be simplified by restricting dispensing to a smaller number of participating pharmacies.
45. Nationally collated data will be reviewed by the Clinical Quality Safety Governance Group and will be shared with Care Coordination Hub clinical governance groups.

46. The existing Centre for Adverse Reactions Monitoring (CARM) system will be used for reporting and monitoring adverse events. This is managed by the New Zealand Pharmacovigilance Centre who are contracted by Medsafe.

## Intravenous COVID-19 Therapeutics

### Remdesivir

#### *Overview*

47. Remdesivir is an antiviral medication that is administered as a series of three daily IV infusions in the community (the duration of therapy in the hospital settings varies depending on response to treatment).
48. Medsafe's approval process for remdesivir is ongoing. Remdesivir is currently being supplied as an unapproved medicine under Sections 25 and 29 of the Medicines Act 1981.

#### *Supply and eligibility*

49. Remdesivir is available for use in hospital, outpatient, and community settings.
50. The current stock of remdesivir in Aotearoa is limited. As of 17 March 2022, 460 courses of treatment were available at the wholesaler. A further shipment of approximately 1000 courses is expected in March and Pharmac is actively working to secure more stock.
51. Recent evidence informed a widening of Pharmac access criteria to include those in the early stage of illness who are at high risk of severe disease. There is currently insufficient stock to provide for all patients who meet the access criteria.
52. The Ministry of Health COVID-19 Therapeutics Technical Advisory Group is preparing national guidance based on Aotearoa evidence of the current Omicron outbreak to support the appropriate prioritisation and use of remdesivir in the community. This is planned for completion on 18 March 2022.

#### *Clinical guidance*

53. Clinical guidance for use of remdesivir in hospitalised patients is discussed in the "Clinical Management of COVID-19 in Hospitalised Adults (including in pregnancy)" guideline published on the Ministry of Health website (last updated 4 March 2022).
54. Clinical information about remdesivir is available on the New Zealand Formulary, with preparation and administration details in the product information sheet.

#### *Distribution and administration*

55. Remdesivir dispensing is currently restricted to District Health Board hospital pharmacies.

56. Access to outpatient or community infusions of remdesivir is determined locally and dependent upon local DHB supplies and capacity to provide, or collaborate to provide, infusion services in the community setting. For example, some DHBs have worked closely with local kaupapa providers to preposition remdesivir in their communities with known higher-risk patients.
57. There are concerns at a DHB level that current workforce capacity is insufficient to administer remdesivir across all community settings. Redeployment of district nurse workforce would come at significant opportunity cost. The small number of primary care providers who have indicated they could create capacity do not meet our expectations for equitable access. The ability to use surge workforce is limited due to the skillset required.
58. The Ministry will continue to work with stakeholders to identify workable solutions, acknowledging that an oral option is soon to be available which will meet the clinical needs of the same patient populations in the majority of cases.

#### *Monitoring*

59. The Ministry is working with DHB hospital pharmacies and Pharmac to develop a monitoring system for remdesivir.

#### **Next steps**

60. By 24 March 2022, the plan for the equitable distribution of oral COVID-19 therapeutics will be finalised.
61. By 31 March 2022, the Ministry will report back on the confirmed monitoring systems for the COVID-19 therapeutics.

Robyn Shearer  
Deputy Chief Executive

## Appendix 1: Summary of secured COVID-19 therapeutics for use in the community

	<b>Paxlovid™</b>	<b>Molnupiravir</b>	<b>Remdesivir</b>	<b>Ronapreve®</b>
<b>Presentation</b>	Oral tablets	Oral capsules	IV infusion	IV infusion
<b>Place in Therapy</b>	Community use to reduce risk of hospitalisation and severe disease	Community use to reduce risk of hospitalisation and severe disease	Hospitalised patients & community use to reduce risk of hospitalisation and severe disease	Minimal effect against Omicron
<b>Availability</b>	Expected April 2022; limited stocks	Expected April 2022; limited stocks	Currently available; limited stocks in NZ	Currently available
<b>Approval Status</b>	Approved	Unapproved Application with Medsafe	Unapproved Application with Medsafe	Approved
<b>Eligibility Criteria</b>	To be confirmed by Pharmac	To be confirmed by Pharmac	Access criteria published on <a href="#">Pharmac website</a>	Listed on the <a href="#">Pharmaceutical Schedule</a> under Special Authority
<b>Distribution Channel for Patient Access</b>	Participating community pharmacies	Participating community pharmacies	DHB hospital pharmacy	Community pharmacy or DHB hospital pharmacy

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Memorandum

## COVID-19 Care in the Community Framework – Omicron Update

<b>Date due to MO:</b>	N/A	<b>Action required by:</b>	N/A
<b>Security level:</b>	IN CONFIDENCE	<b>Health Report number:</b>	<20220538>
<b>To:</b>	Hon Andrew Little, Minister of Health		

### Contact for telephone discussion

Name	Position	Telephone
Martin Chadwick	General Manager, DHB Performance and Support	§ 9(2)(a)

### Action for Private Secretaries

N/A

Date dispatched to MO:

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# COVID-19 Care in the Community Framework – Omicron Update

## Purpose

1. This memo is for your awareness of the most recent version of the COVID-19 Care in the Community Framework – Omicron Update.
2. This is an update to Version 2 of the Framework that was released on 21 December 2021, and focuses on implementation of the Omicron strategy within the Care Coordination Hubs and throughout the community.

## Background

3. The COVID-19 Care in the Community Framework is a document for the Health and Welfare Sectors that describes the pathway and mechanisms for how care in the community is delivered.
4. This version of the Framework (referred to as the “Omicron Update”) is not a complete revision on Version 2, rather it reflects updates around the Omicron strategy and implementation. We note throughout the document that where there are not updates in the Framework, Version 2 language remains the expectation. A subsequent version is being planned that updates all the sections of the Framework.
5. In addition to sign off by the Ministry of Health, the Omicron Update has been signed off by Viv Rickard, Deputy Chief Executive at the Ministry of Social Development. This has been an opportunity to demonstrate collaboration between the two agencies to the health and welfare sectors.
6. Highlights of the updated framework include:
  - o Updated process flow diagrams for care management.
  - o Updated information for alternative accommodation.
  - o A list of Care Coordination Hubs and contact information.
  - o A list of phone numbers for people who cannot access digital services and need to use assisted channels to manage their care and isolation.
  - o Inclusion of five diverse personas and their care pathways.

## Next steps

7. The framework was shared with the sector on 22 March 2022. Officials will provide further information about this topic at your request.