

~~IN CONFIDENCE~~**COVID-19: Domestic response, operational updates regarding AL 3 and 2 in effect and new cases reported in the community in Waikato**

Date: 3 October 2021, 1330hrs

National Response Group meeting

All time markers recorded in NZT

Public health and other operational updates

1. Situation update:

- 1.1. The Prime Minister announced today 3 October 1300hrs that certain areas around Raglan and Hamilton will have a bespoke boundary and Alert Level 3 settings will be applied due to positive cases reported in the areas. The boundaries will have spot-checks but maintenance of the boundary will be different to the 'hard boundary' around Auckland. This is a similar approach to Upper Hauraki recently. The public was encouraged to work from home if possible. Settings will be in place for at least the next five days from 2359hrs tonight 3 October. After five days of wide testing, contact tracing, and wastewater testing, Ministers will assess and ascertain how widespread the cases are to determine what to do next.
2. Graham MacLean, Chair of the National Response Group opened the meeting to discuss the bespoke Alert Level 3 approach and the planning leading up to 2359hrs tonight 3 October 2021. There will be a number of key engagements with local groups (local council, iwi, etc) to support the people affected.
3. MOH update on cases identified –
 - 3.1. A truck driver that was tested as part of essential worker testing was notified yesterday of his positive test result. Currently in a facility in Palmerston North. The public health risk is considered low at the moment, but there are some locations of interest that are of-concern. The truck driver case is considered low risk due to his patterns of movement (eg overnight truck driver and known places where he visited).
 - 3.2. Positive case in Hamilton is of-concern due to movement patterns.
 - 3.3. Positive case is part of a large household and the positive case is active in the community. The WGS should have results tomorrow. Individual has underlying health conditions and is unwell so therefore not able to provide thorough information about his movements in the last few weeks but family is being cooperative to provide that information. His infectious period is possibly back to 25 September but more information will confirm if this is accurate.
 - 3.4. Emphasis on vaccinations through communications around this outbreak.
4. Increase of testing stations and increase of vaccination stations in affected areas – MOH report sufficient testing supplies and vaccine doses in both Waikato and Palmerston North, internal discussions occurring around what might be needed. DHBs are preparing for large influx in the areas of interest and possibly increase around the country for both testing and vaccination uptake.
5. Policy update from MOH and DPMC:
 - 5.1. MOH report – finalising the report now, public health advice supports the decision to move a geographical area (which will cover certain areas) to Alert Level 3 with a 'soft' boundary ie a boundary that will not be fully policed but measures of AL 3 will be in effect and keep people in place. The main areas of focus are on hospitality

(click and collect retail), and managing numbers of people in public spaces, and vaccination rates. A cautious approach applying commensurate control measures for the public health risks, with a review in five days.

- 5.2. DPMC – Alert Level Order and cover briefing will include the health report and advice from Crown Law and Parliamentary Council Office. For drafting instructions we are trying to make the Order as straight forward as possible, the bottom line is that the same rules for Auckland AL 3 rules will apply to the new geographical area. The boundary around Waikato will be able to be enforced, but for practicality reasons it will not be policed as ‘hard’ as the Auckland boundary. The two AL 3 areas is not easily allowed for in the current Order, so CLO, PCO and DPMC will work together to amend the Order.
 - 5.2.1. There will still be rules in place that prevents movement across a ‘soft’ boundary between Alert Level 3 areas because there is an AL 2 area between the Southern Auckland boundary and the Northern Waikato boundary.
 - 5.2.2. The boundary exemptions process will be worked through offline after the NRG as it is integral to the Alert Level Order drafting.
 - 5.2.3. Testing of essential workers crossing the boundary will also need to be worked through, and whether Hamilton airport is in/out of the AL 3 area.
 - 5.2.4. Policy issue on implications of today’s situation on tomorrow’s Cabinet decision which should be worked through with the NRLT this afternoon.
- 5.3. Regional Leadership Group will meet this afternoon to discuss implications for Waikato/Hamilton. Michael Lovett will support linking across regional groups after policy issues are worked through.
- 5.4. Impacts on certain communities will need to be worked through and the C4C group will need to lean in with proactive work commencing this afternoon.
- 5.5. Individuals who are in AL 3 boundaries/areas will be impacted by the settings so we will need to work through the operations to enable them to access goods and services.
- 5.6. Many individuals will have travelled for school holidays or otherwise, so we will need to be really clear about the communications around ability to travel home.
- 5.7. Impacts of boundary around Waikato on agriculture and farmers.
- 5.8. Treasury is considering if this approach triggers any further financial supports.

Follow-up meeting to work through specific issues, 3 October 1430hrs

1. What rules will apply at the boundary around Waikato, options are to apply the same rules as AL 3 in effect in Auckland (with things like BTDs and testing requirements) or different rules apply to the two areas under AL 3.
2. Practicalities of implementing settings and consistency of AL 3 application is critical.
 - 2.1. Position: Same rules for both AL 3 areas. High-trust model application of the 'soft' boundary around the Waikato area but public communications should emphasise that the rules apply. Messaging about practicalities of following those rules will be different for the two areas.
 - 2.2. Testing requirement could have a delay before it comes into effect and the necessity of the requirement could be assessed at the review at day five.
 - 2.3. Testing should be signalled to the sector that a testing regime may come into play soon but not required as yet (the current public health risk does not necessarily warrant implementing a testing regime).
 - 2.4. Difficult if the system runs two sets of rules simultaneously, challenges to do this before 2359hrs tonight 3 October.
3. From a legal perspective, there is only marginal ability to make bespoke legal changes that would result in the Waikato AL 3 having different rules from the Auckland AL 3.
4. Not being able to enforce rules could undermine the integrity of the system.
5. Hamilton airport will be outside of the AL 3 area and therefore will maintain the same AL 2 settings the airport currently operates under.

COVID-19: Domestic response, operational updates regarding AL 3 and 2 in effect and new cases reported in the community in Waikato

Date: 5 October 2021, 0930hrs

National Response Group meeting

All time markers recorded in NZT

Public health and other operational updates

1. Waikato update from agencies:

1.1. C4C:

- Regional Leadership Groups are comfortable with arrangements and groups are working well together with concerns being addressed proactively. The same model that was used in Upper Hauraki is being used in the Waikato, with good support arrangements through Haruki Maori Trust Board, Waikato Tainui and Pacifica provider support.
- There is some pressure on the funding for food support which has been a theme throughout the response. There was a release of funding last week which will last until Friday. There are ongoing Ministerial conversations on how funding could work for the next few months to enable a more sustainable model going forward. One additional request for funding (Islamic women's council) has been received which is being supported through MSD.
- There is attention on MIQ arrangements with the DHB and MBIE working on what this may look like with a focus on keeping whanau together in Hamilton where possible.
- There was some confusion regarding boundary impacts and implementation yesterday, however these have been resolved through messaging.

1.2. MoH:

- Numbers around the same as yesterday which is as expected, with continued increase in hospitalisation rates.
- Within Auckland the cases are majority household or known contacts. Cases have been reported in the neonatal ICU. The risk to the patients are low. MoH have signed off for rapid antigen tests to be used for rapid screening of all visitors to the ward.
- There are high testing volumes in Auckland and Waikato with a focus on suburbs of interest.
- Waikato cases are expected to increase, all are currently linked, with a clear link to Auckland. WGS suggests a relatively new infection. Currently Waikato has low exposure events due to household transmissions but are expected to increase.
- Healthline have been receiving questions on boundaries and the Auckland AL changes. Healthline will continue to work on updating FAQs.
- There is an ongoing issue regarding boating in Auckland and whether the boundary can be crossed.

1.3. Quarantine:

- MIQ and MoH are working on a process to deal with those in MIQ with behavioural issues.
- MIQ are working on a solution for cases in Waikato. Those in the Waikato do not want to go to an Auckland Quarantine, wanting to remain close to Whanau.

1.4. MIQ:

- Requested for modelling on predicted quarantine numbers related to the Waikato cluster to inform planning. MoH indicated it is currently too early

undertaking this modelling, however the cluster seems to be restricted to a few households with strong links between households and Auckland. More information will come to inform modelling once wider community testing results come though.

1.5. Home isolation:

- There is a programme of work within MoH looking at clinical guidelines, resourcing and equipment required for home isolation of mild and moderate cases in a highly vaccinated population.
- Transition will see a continued demand on MIQ and therefore greater imperative for an alternative community solution for cases and contacts of cases.

1.6. NZP:

- The hybrid model of AL3 in Waikato is running as smoothly as expected. Focus is on reassurance and patrolling.
- There have been 238 complaints – 38 Waikato area. It is hard to tell if the complaints in the Waikato are a result of high compliance or COVID fatigue.
- The stepping down in Auckland AL3 has been complex to undertake compliance. Police are waiting for the Order amendment to understand their role further.
- Chair highlights elected officials praised police on their education and reassurance role which has a helpful impact to encourage the right behaviours and is important for social licence

1.7. MoT:

- Avsec arrived in Hamilton airport yesterday and will be there rest of the week. They are nervous due to recent media coverage but are taking a spot check approach consistent with police.

1.2. With regards to the boating concerns in Auckland the following agencies have offered support: MoT (through Maritime NZ), and MPI (through fisheries officers). MoH Response Manager to reach out to both agencies. DPMC Policy highlighted more guidance is to come on this topic.

1.8. PSC:

- Offered to connect Dave Samuels who leads Maori vaccine uptake with MIQ/MOH in the Waikato to aid leaning into Maori communities. MIQ will touch base if required as good connection with Iwi already exist.

2. Future steps and alignment:

2.1. DPMC Policy: A strategy for a highly vaccine NZ (Slides)

- The new framework is a working progress which has had limited agency and stakeholder engagement to date. Agency engagement will be sought this week for feedback by Friday.
- The framework will be going back to Cabinet next week prior to a Public announcement 14 October 2021.
- The framework aims to minimising the impacts of COVID-19 on people health as much as possible through sustainable public health measures. The frameworks goals were agreed to by Cabinet 04 October 2021 for the purpose of further work.
- An overview of the frameworks was given.
- The transition to the new framework is expected to occur by mid-November
- Next steps include; agency and stakeholder engagement, and TSY to look into economic support. A more detailed Cabinet paper on the framework will be going to Cabinet 26 October.

- Alongside this framework paper is a Cabinet paper on vaccination certificates for domestic use.

2.2. Question:

- **PSC:** asked if vaccination certificates has been engagement on with the normal business groups? Yes, Sir Brian Roache and Rob Fife will be engaged with, as well as Iwi chairs. PSC also noted equity considerations in regard to the new framework and vaccine certificates noting marginalised communities may not be able to take advantage of the vaccine uptake.
- **MPP:** noted a divide in Pasifika communities with not everyone having access to digital technologies, however these communities have adjusted well previously. There will need to be tailored messaging for this community on any changes, MPP will work with AOG to do this. DPMC Policy noted paper copies of certificated would also be available.
- **MFAT:** raised considerations around international border settings and the requirement to be fully vaccinated, stating as more people become vaccinated it will be harder to require long MIQ stays. DPMC Policy noted international border points stating other working is ongoing but the focus of the framework is on domestic settings.
- **TSY:** raised the Green level definition is hard to see as plausibility with an open border. Speaks to limited domestic circulation and international importation. TSY are looking at how economic supports playing into framework, testing beyond current approach e.g. possibly supporting individual not just business. TSY state the transition may take a longer than mid-November.
- **DIA:** noted privacy concerns about vaccination certificates being linked to passports and travel movement. DPMC Policy noted a separate workstream addressing this.
- **Customs:** agreed with previous points from MFAT and Customs and stated potentially the border element in the frameworks needed to be more explicit, noting the Reconnecting New Zealand work will feed into the framework.
- **C4C:** noted there will be complexities with employers requiring employees to be vaccinated. DPMC Policy noted MBIE were leading working on vaccination and employees and will feed into the framework.

2.3. Next steps:

- The framework matrix will be shared with agencies on this call
- Engagement on the framework will occur over the next two weeks both from a policy and implementation angle.
- Chair requests everyone leans in with most appropriate people into this work.

2.4. NRG into future will be Tuesdays and Thursday as placeholders only.



Summer Readiness and Planning Workshop Agenda

Date/Time	Wednesday, 15 December 09:00am-12:00pm
Venue	TSB House
Facilitators	Aaron Wright and Emma Broederlow

Time	Topic	Lead	Notes
09:00-09:10	Welcome	Emma	
09:10-09:40	Review of previous workshop actions	Aaron / Emma	<ul style="list-style-type: none">•Domestic travel arrangements [Aaron]•System diagram & information channels (agencies into regions/RPSCs) [Emma]•QA for RPSCs updated (post RLG feedback session) [Emma]•CCOG role & integration into system [Carl]
09:40-09:50	Break		
09:50-10:00	Review CPF advice-chain process	Emma / Aaron	Timings of advice: <ul style="list-style-type: none">•Health system risk assessment•Cab paper•NRG•NRLT
10:00-10:20	Break		Morning tea
10:20-11:40	Summer risks, issues and concerns	Various leads	<ol style="list-style-type: none">1. Triggers for activation2. Supply chain [MoT]3. Food security [MBIE, MSD]4. Accommodation update [Carl]
11:40-12:00	Wrap up, actions and next steps	Emma	

Purpose:

The workshop was hosted by DPMC to consolidate several pieces of work under development in preparation for summer.

The workshop sought to provide assurance and confidence in preparedness for management of COVID-positive cases over the holiday period (21 December 2021 – 12 February 2022). It was a final opportunity to identify any outstanding risks and mitigations as well as gaps and owners for outstanding actions.

Management of COVID-19 Positive cases over summer:

Over the summer break, there increased travel around New Zealand. It is anticipated there is likely to be a number of people who will test positive, outside of their homes – i.e. holiday-makers. This will impact the ability of cases to self-isolate/ quarantine, including their ability to return home. In order to determine if a case can travel home will be undertaken by a health official and level of care required. The case will then be triaged to MSD if additional accommodation or welfare support is required.

The preferred solution for cases over summer is to isolate/ quarantine at home, or to travel home if they are able to COVID-19. Cases will receive guidance from MoH outlining requirements if transporting themselves to a suitable isolation location. If accommodation is deemed unsuitable, cases will be referred to MSD who will seek to find suitable accommodation for them. Alternatively some people may require MIQ, or hospital care.

Transportation of COVID-positive cases (as determined by MoT workshop on 13 December)

Below outline the three options being considered to transport COVID-19 positive cases to their place of isolation.



CAR

Where possible, self transportation is considered the best option. MoH will provide guidance to cases on safe travel requirements (contactless payment, PPE etc).

Criteria for this option include:

- Low risk and mild cases; and
- Those who are able to physically drive themselves.

Some constraints to this option include:

- Journey length and number of stops required to get to isolation location;
- Rental cars may be an options however, each company will have their own policies.



FERRY

Positive cases can be transported via ferry, however additional work is required to operationalise.

Criteria for this option include:

- Cases would need to remain separate from other travellers;
- Cases would need to remain in their bubbles.

Options to operationalise being considered include:

- Campervan on the vehicle deck;
- An isolated room.

Some constraints to this option include:

- Medical assistance would not be available;
- Food and water would be dropped off in accordance with IPC requirements;
- Journeys would likely need to take place in the evening.



PLANE

Commercial flights are not considered a viable option at this time. Air NZ policy requires proof of vaccination, negative test or proof of recovery to fly.

Chartered flights are being considered.

This requires additional work to be a viable option including:

- An lead agency identified for owning the transportation of COVID positive cases;
- Identification of thresholds and triggers for activating a charter.
- A large cohort of people to return to a central hub, likely to require self and/or arranged onward travel;
- Further discussion with AirNZ including confirmation that staff operating flights would not be stood down;

Accommodation cases include:

MSD welfare/ community housing:

- There are 11 MSD regional groups who will work alongside MOH, local agencies, community groups and Iwi to make appropriate referrals for placement into emergency housing or community isolation and quarantine.
- There are currently some regions who do not have any community accommodation options. This is a known issue and options are being worked through by CCOG with Ministers. A decision is expected in coming days.

MIQ facilities:

- 5 regions have MIQ facilities, however there are capacity limitations.
- MIQ are looking into repurposing isolation facilities to quarantine facilities.
- Currently MIQ have 800 quarantine rooms, 400 of which are currently in use (with ~6000 active cases).

Other approaches:

- Some community groups have developed their own bespoke solutions.
 - I.e. some Iwi have arranged community accommodation options to support groups (e.g. putting campgrounds aside for campervans). These come with limitations such as potentially only allowing their Hapu to utilise these.

Risks and issues

Accommodation

- There is an ongoing shortage of accommodation – Regions through MSD are working on alternative options.

Transportation

- Arranging travel for COVID-positive cases is a new role in management of COVID-19. It is neither a Health lead role or an MSD welfare role. MIQ has the most experience to date arranging travel of MIQ cases. However, to do this on a large scale would be beyond their experience to date. Although MIQ has a contract with Johnsons to move people within regions. The current model is not considered viable for summer due to the likely scale that will be required. MIQ will consider what is required to act as the trigger by exception but this is to be confirmed.

Supply chain

- Supermarket closures due to staff isolating causes significant impact on food security – Agencies are to inform sectors of ICP guidance to reduce risk. MSD are working with providers to:
 - Ensure funding is available
 - Working with remote communities to ensure the supply chain is not significantly interrupted.
 - Working with supermarkets experiencing home delivery high demand to ensure those isolating at home are not adversely impacted.

Public sentiment

- Increase risk of planned protests– Police will use the NIC to track anti-establishment, anti-government activity. These reports will be shared with agencies.
- Increased public anger across the Motu resulting in businesses hiring security personnel to manage – DPMC insights and reporting will be monitoring public sentiment.

Vaccinations

- Concerns around frontline staff and public not understanding the importance of booster shots – MoH to provide messaging.
- Low Maori vaccination rates particularly in Northland is making communities vulnerable –it was agreed this would be best addressed at the community level.

Action	Owner	Due date
Develop comms messaging for those COVID Positive travelling to place of Isolation.	DPMC Comms	ASAP
Review previous messaging	DPMC Comms	ASAP
Develop a process map, illustrating which agency own the responsibility of transportation of positive cases	DPMC Readiness, Response and Planning	15/12
Continue engagement with MNZ Stakeholders to develop a system which enables the transportation of COVID positive cases	MOT	ASAP
Development and distribute an overview of how relevant legislation works and interacts with each other	DPMC Legal	January 2022
Ensure food security for those isolating at home.	MSD	
Booster shot messaging.	MoH	
Maintenance of supply chain over summer	MoT	

Food Security



- The NZ food network is well funded for bulk purchase and distribution around the country to food providers and food banks.
- MSD is in the process of mapping out a system for the provision of food delivery over the Christmas period noting that some providers are not operating through this period.

Supply chain



- Work is ongoing by MOT to ensure the supply chain is effectively maintained over summer such as the operationalisation of a freight only ferry by KiwiRail.
- MoH noted it is unlikely with the current international supply chain constraints that widespread RAT testing will be available during the summer period. However, RAT tests are general only required non-vaccinated individuals to leave Auckland.

COVID-19 Protection Framework over summer – Operationalising the minimise and protect strategy

Purpose:

This document provides a snapshot overview of how the minimise and protect plan will be operationalised over summer, including outlining where escalation is needed and at which points Ministers and Offices can expect to be notified. A more fulsome explanation of the escalation process has been provided in the material above.

Health factors

The health factors for consideration include:

- vaccination rates
- health system capacity
- testing and contact tracing capacity
- transmission, particularly in vulnerable populations.

Non - Health factors

The non-health factors for consideration include:

- effects on economy and society
- impacts on the at-risk populations
- public attitudes
- operational considerations.

Objectives

The objectives are aligned to the protection and minimisation strategy, and include:

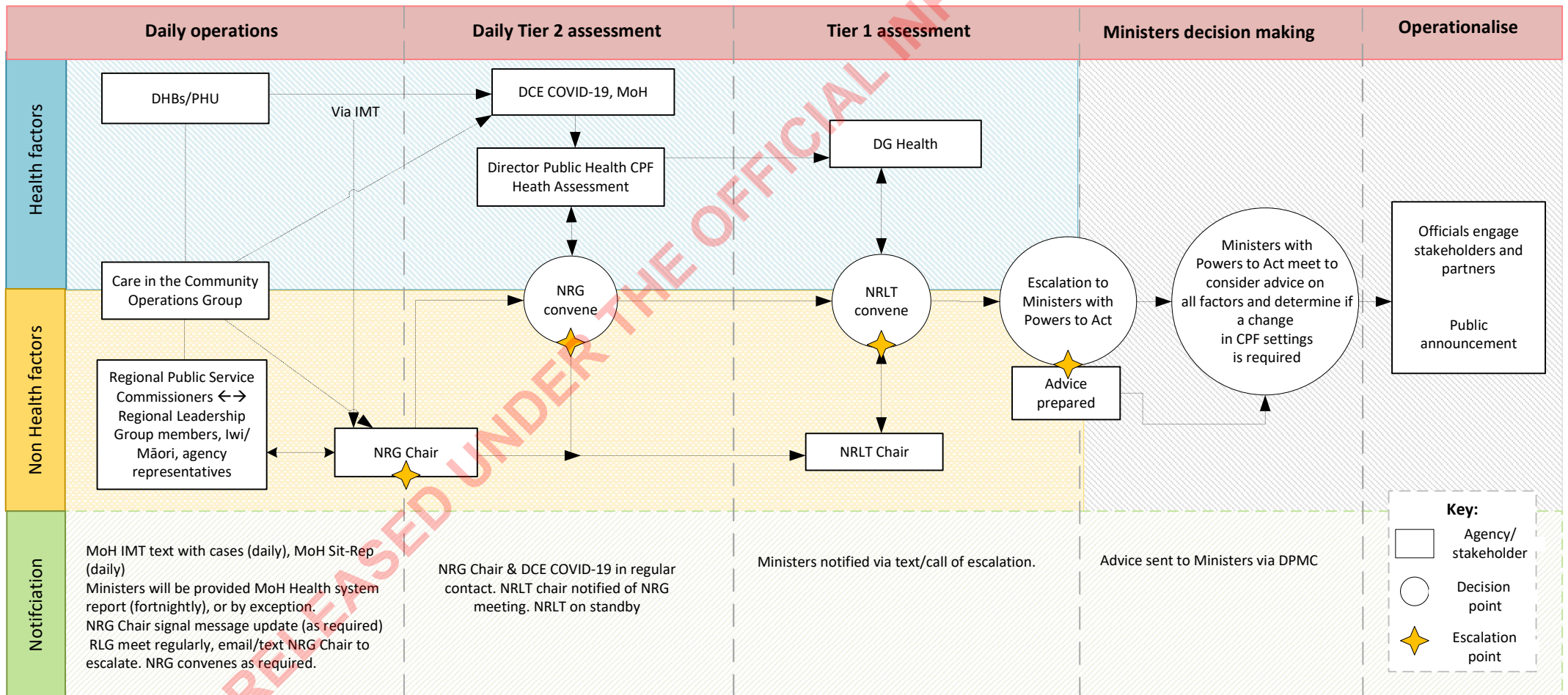
- minimise the economic and social impacts of any control measures
- protect health system from becoming overwhelmed.
- protect vulnerable communities

Key Principles

The key principles are:

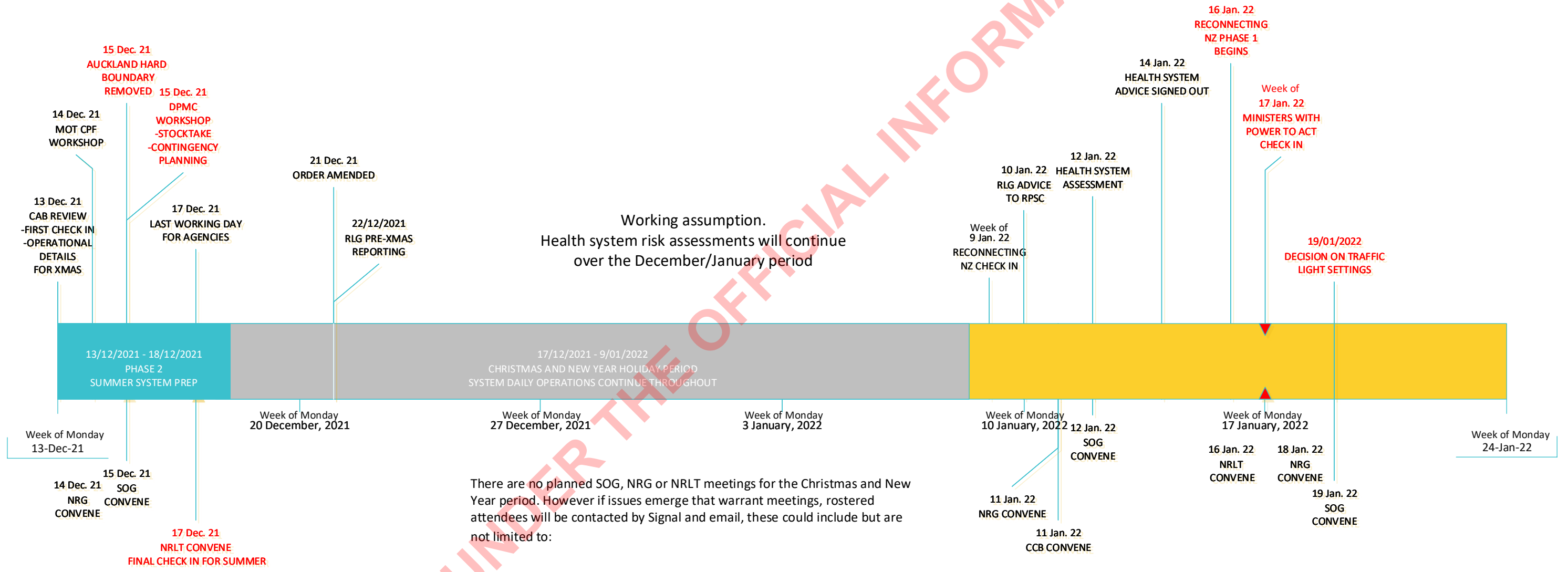
- Foundation of the response will remain based on public health measures – vaccination, mask wearing, social distancing, staying at home when sick, testing and isolation.
- As necessary we will seek to control COVID-19 with least intrusive measures including tailored local responses.
- We will seek to avoid lockdowns, but localised lockdowns may be implemented to reduce systems exceeding capacity and protecting vulnerable populations.
- The approach is nationally supported, regionally enabled and locally led.

Decision making and escalation process



Working timeline of key decisions

Approximately 170+ events with an estimated attendance of over 1,000 are expected to occur during the time period shown
Covering period 03/12/2021 – 17/01/2021



- Glossary:
- CCB – COVID Chairs Board
 - NRLT – National Response Leadership Team
 - NRG – National Response Group
 - SOG – Senior Officials Group
 - RLG – Regional Leadership Group
 - RPSC – Regional Public Service Commissioner

From: [National Response Group \[DPMC\]](#)

To: [Katrina Casey \[DPMC\]](#); [^Health: Maree Roberts; Roger Ball \[NEMA\]; Gary Knowles \[NEMA\]; ^EXT: Jesse Nichols; ^MPP: Matthew Aileone; ^MFAT: David Taylor; ^SSC: Tania Ott; Ruth Fairhall \[DPMC\]; Amber Bill \[DPMC\]; Aaron Wright \[DPMC\]; Zoe Juniper \[DPMC\]; Rae Nathan \[DPMC\]; xxxxxxxx.xxxxx@xxxxxx.xxxx.xx; xxxxx.xxxxxx@xxxxxx.xxxx.xx; xxxxxxx.xxxxxxxx@xxx.xxxx.xx; xxxxxxxxx.xxxxxxx@xxxx.xxxx.xx; xxxxx.xxxxx@xxxxxx.xxxx.xx; xxxxxxx.xxxxxxxx@xxx.xxxx.xx; ^MPP: Marisa Maepu; xxxxx.xxxxxxxx@xxxx.xxxx.xx; xxxxxxxxx.xxxx@xxxx.xxxx.xx; ^HUD: Anne Shaw; Caroline McElroy; ^Ethnic: Jeet Sheth; xxxxx@xxx.xxxx.xx; xxx.xxxxxxx@xxxxxx.xxxx.xx; ^Health: Steve Waldgrave; ^DIA: Richard Ward; Kay Baxter \[DPMC\]; xxxxx.xxxx@xxxxxx.xxxx.xx; xxxxx.xxxxx@xxxx.xxxx.xx; Chris Hinchliffe \[DPMC\]; ^transport: Carl Vandermeulen; xxxxx.xxxxx@xxxx.xxxx.xx; MALAULAU, Samasoni \(Soni\); Mickey Stott \[TSY\]; xx.xxxxxxx@xxx.xxxx.xx; xxxxx.xxxxx@xxxxxxxxxxxxxx.xxxx.xx; xxxxx@xxx.xxxx.xx; xxxxx.xxxxx@xxx.xxxx.xx; David Coetzee \[NEMA\]; Vicki Plater \[TSY\]; xxxxxxx.xxxxx@xxx.xxxx.xx; xxxxx.xxxx@xxx.xxxx.xx; xxxxx.xxxxx@xxxxxxxxxxxxxx.xxxx.xx; xxxxx.xxxxx@xxxxxxxxxxxxxx.xxxx.xx; xxxxx.xxxxx@xxxxxxxxxxxxxx.xxxx.xx; xxxxx.xxxxx@xxxxxxxxxxxxxx.xxxx.xx; xxxxx.xxxxx@xxxxxxxxxxxxxx.xxxx.xx; xxxxx.xxxxx@xxxxxxxxxxxxxx.xxxx.xx; xxxxx.xxxxx@xxxxxxxxxxxxxx.xxxx.xx; ^DIA: Justine Smith; ^DIA: Martyn Pinckard; John Beaglehole \[TSY\]; ^MFAT: Rachel McLean; x.xxxxxxx@xxxxxxxxxxxxxx.xxxx.xx; xxxxxxx.xxxxxxxx@xxxx.xxxx.xx; xxxxxxx.xxxxxxxx@xxxxxxxxxxxxxx@xxx.xxxx.xx; xxxxxxx.xxxxxxxx@xxx.xxxx.xx; xxxxx.xxx@xxx.xxxx.xx; x.xxxxxxx@xxxxxxxxxxxxxx.xxxx.xx; Seb Eastment \[DPMC\]; x.xxxxxxx@xxxxxxxxxxxxxx.xxxx.xx; xxxxx.xxxxxxxx@xxxxxxxxxxxxxx.xxxx.xx; xxxxxxx.xxxxxxxx@xxxx.xxxx.xx; xxxxxxx.xxxxxxxx@xxxxxxxxxxxxxx.xxxx.xx; xxxxx.xxxxxxxx@xxxxxxxxxxxxxx.xxxx.xx; ^EXT: Bronwyn Croxson; xxxxxxx.xxxxx@xxxxxxxxxxxxxx.xxxx.xx; xxxxxxx.xxxxxxxx@xxxxxxxxxxxxxx.xxxx.xx; xxxxx.xxxxxxxx@xxxxxxxxxxxxxx.xxxx.xx; ^PCO: Alana Belin; ^PCO: Melanie Bromley; xxxxxxx.xxxxxxxx@xxx.xxxx.xx; ^PCO: Mark Gobbi; xxxxx.xxxxx@xxxxxxxxxxxxxx.xxxx.xx; Rachel Sutherland \[DPMC\]; Sija Robertson-Stone \[DPMC\]; ^Crown Law: Mark Bryant; Bryan Chapple \[TSY\]; Heather Peacocke \[DPMC\]; Jessica Gorman \[DPMC\]; Liam McNamara; Emily Waterson \[DPMC\]; Emma Broederlow \[DPMC\]; Wendy Schrijvers \[DPMC\]; Michelle Veisaku \[DPMC\]; ^DIA: Maria Robertson; Simone Hurley \[DPMC\]; Ivan Luketina \[DPMC\]; Natasha Dcosta \[DPMC\]; James Kane \[DPMC\]; Libby Greville; Ella Jones \[DPMC\]; Carl Crafar \[DPMC\]; Ashley Raki \[DPMC\]; Dani Coplon \[DPMC\]; Ben White \[DPMC\]; \[Matt McGrath \\[DPMC\\]\]\(#\); Siobhan Carmichael \[DPMC\]; Lauren Hakkaart \[DPMC\]; Martin Rodgers \[DPMC\]; Julie-Ann Mail \[DPMC\]; Megan Stratford \[DPMC\]](#)

Cc: [Merran Cooke \[DPMC\]](#); [Karen Hocking; Julia Walsh; WILLIAMSON Simon; PATARANA William; Kimberley Polata-Ahotolu; MCLANE, Ryan \(ORD\); xxxxxxx.xxxx@xxxx.xxxx.xx; Antony Owen \(Antony\); Melissa Ross; Steve McCombie \(Steve\); Richard Schmidt \[DPMC\]; Sonitha Aniruth; Philippa Fox; Christine Hogg; AITKEN, Melanie \(Mel\); Kerrin Connolly; Andre Nobbs; SUM, Robert; ^DIA: Paul Barker; Scott McIntyre \[NEMA\]; Beth Hampton \[DPMC\]; Nita Sullivan \[DPMC\]; Jessie Annett-Wood \[DPMC\]; Rob Huddart \[DPMC\]](#)

Subject: Workshop: Preparing for Omicron

Start: Tuesday, 11 January 2022 1:00:00 pm

End: Tuesday, 11 January 2022 4:00:00 pm

Location: TSB Building Level One Meeting rooms: 1.02 & 1.03 and MS Teams

Attachments: [OMICRON Workshop Agenda V2.docx](#)
[Impacts on Supply Chains in Omicron.docx](#)

~~[IN CONFIDENCE]~~

Note the updated agenda and context for supply chain impacts under OMICRON. Additionally, noting capacity constraints of approx. 35 people in the rooms, we ask that where possible, additional attendees from agencies join virtually. We will scan vaccination passes at reception when you sign in.

Kia ora koutou,

DPMC will facilitate a cross-agency workshop regarding preparing NZ for Omicron, and will cover the following:

- * Latest information on Omicron, and MOH update for agencies on the health approach
- * AOG communications to prepare NZ public for a change in approach
- * Operational impacts of omicron, including definition of close contact and isolation expectations (including specific reference to critical infrastructure and food distribution)

Agencies will need to prepare for a sprint over the next several weeks, as high level and public communications are developed, agencies review operating models, policies and procedures, and guidance is provided for the business sector on preparing for Omicron.

This meeting is a placeholder currently, and will be confirmed as soon as possible on Monday, noting potential movement of other key meetings. It is preferable that where possible, individuals attend in person, however there will also be virtual attendance support for those who cannot attend in person, or if

there is more than one attendee from your agency. An agenda and any accompanying documentation will be provided closer to the time.

We look forward to seeing you on Tuesday.

Join on your computer or mobile app

Click here to join the meeting <https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZjFlZjE5YWYtMmUxZi00ODllTg4MjltMGY1MjVjZWZiNGU4%40thread.v2/0?context=%7b%22Tid%22%3a%22ea60533-09ef-4b7a-9406-0f38551cc613%22%2c%22Oid%22%3a%22ba9c96ee-52c9-4f10-ac87-2cdf324e940b%22%7d>

Ngā mihi

Emma Broederlow

Manager Readiness | COVID-19 Group

Department of the Prime Minister and Cabinet - Te Tari o Te Pirimia Me Te Komiti Matua

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xxxx.xxxxxxxxxx@xxxx.xxxx.xx <mailto:xxxx.xxxxxxxxxx@xxxx.xxxx.xx>

Agenda:OMICRON Workshop

Tue 11 Jan 22

Time	Topic	Lead	Notes
1.00-1.10pm	Welcome and situation update	DPMC	<ul style="list-style-type: none">• Summary of NRLT with Ministers' feedback• Workshop outputs• Omicron Community Case Contingency plan• Out of Scope at this point in time
1.10-2.10pm	<p>Preparation / Buy More Time</p> <p>What must be achieved across the system to be ready for Omicron?</p> <p>Timeframe: Next two weeks</p> <p>Outputs from session:</p> <ol style="list-style-type: none">1. Agreement on messaging for AOG comms2. Clarity on action items, responsible agencies, and due date:<ul style="list-style-type: none">• Key deadlines for agencies• Cabinet papers (agency, content and dates)• Definition of critical infrastructure and lifeline services• Guidance to businesses• National prioritisation for transport and logistics of goods & services• MIQ Quarantine model in Omicron context• Care in the Community – self management and isolation requirements	DPMC / MOH	<p><u>Updates from:</u></p> <ul style="list-style-type: none">• DPMC Policy• MOH• DPMC Comms <p><u>Discussion</u></p> <ol style="list-style-type: none">1. System preparations – “Keep New Zealand going”<ul style="list-style-type: none">• Critical infrastructure and Lifeline services [NEMA/MBIE]• National prioritisation for transport and logistics of goods and services critical to “Keep New Zealand going “.2. Agency preparations (due XX Jan 22)<ul style="list-style-type: none">• Rapid Business Continuity Plan review in Omicron context• Communications to industry partners/businesses on managing Omicron• Rapid identification on what guidance is necessary to support business and industry in the context of Omicron3. MIQ capacity<ul style="list-style-type: none">• Review quarantine model in Omicron context• Risk assessment re: in-facility transmission resulting in community cases• Border vs community quarantine – what is the bar for community cases in MIQ?

2.10-2.40pm	Initial actions for Omicron in the community Decision tree with 5-6 options for Ministers. Trigger: confirmed case of community transmission Outputs from session: <ul style="list-style-type: none">• Clarity on options already known• Lead agency and timeframe for developing additional options	All	<ul style="list-style-type: none">• CPF settings and Omicron (avoiding super-spreader events)• Border settings (specific advice on what measures, when, for how long)• Education services – particularly for primary and intermediate aged akonga.• Vaccination programme prioritisation (roll out of 5-11yr old vaccine)• Supply and Logistics of utility services
2.40-4.00pm	OMICRON throughout the community What are the implications of a high incidence of community transmission scenario: 5,000-50,000 new daily cases?	All	Discussion 1. Supply chain and logistics <ul style="list-style-type: none">• FMCG implications• Food distribution / supermarkets• Transport implications (of goods and people)• Employment/wage subsidy considerations and leave entitlements 2. Access to essential food and services <ul style="list-style-type: none">• Equity implications/challenges• How to get access to food and pharmaceuticals (paracetamol / ibuprofen) to the door or a centralised access point (Food Network)• Considerations for home and community support services (Meals on Wheels, Voluntary services to support communities with food & supplies). Network and communication service requirements.• Distribution and logistics requirements – i.e. PPE support for truck drivers, “leave at the door” models of support, reduced face to face services.• What is the role of NGOs? 3. Role of MIQ <ul style="list-style-type: none">• Purpose of MIQ when Omicron throughout the community?• Trigger for when resources get pulled from MIQ into the system?

Workshop Outputs

1. Decision tree for Omicron in the community this week (5-6 options)
2. Inform
 - Strategic comms (due Thu 13 Jan 22)
 - One pager for households
 - Guidance to businesses (due XX Jan 22)
 - Regional one pager [DPMC]
3. Identify delivery date for inclusion in timeline of delivery of Omicron approach, including:
 - Decision Tree and Roles and Responsibilities – Key contacts
 - Cabinet papers
 - Public Health Omicron – Testing, Contact Tracing, Isolation and Quarantine strategic plan
 - New Zealand's Omicron strategy and operational plan
 - Agency Business Continuity Plans
 - All of Government Communication strategy
 - Isolation and Quarantine model in Omicron context inclusive of Care in the Community

IMPACTS ON SUPPLY CHAINS IN THE OMICRON CONTEXT

Overseas insights

- Global supply chains continue to be under sustained pressure due in part to COVID-related labour shortages and restrictive safe-working practices. This continues to have a significant effect on the global workplace efficiency, particularly on labour intensive cargo handling. This has resulted in large amounts of cargo remaining airside and on ports in the Northern hemisphere.
- China is expected to intensify its 'zero-COVID' policy. This could result in further constrained shipping and a continued shortage of key manufacturing components alongside extended backlogs of products, due to seven of the world's busiest ports being located here. However, the Chinese New Year (early- Feb) could see a momentary restocking of depleted inventories.
- Ports in the US are considered a bottleneck due to operational restraints meaning the system has been unable to cope with the demand surge. Labour shortages and restrictions in raw material production and manufacturing is a significant contributor to food and material shortages globally. Changes to policy may seem simple but there could be significant impact on trade agreements. These backlogs across the Northern Hemisphere and Asia may also have impacts on trade such as live animal exports (set to continue until 2023).

What could happen

- NZ has been on the receiving end of shipping delays for most of 2021. Increased chain disruptions and strong supply demands could lead to:
 - o Shortage of medical supplies, food, plastics, logistics, warehousing, labour etc including impacting supply of locally produced meat
 - o Increased consumer prices as a result of shortage and consumer behaviour (hoarding supplies) which will exacerbate food, medical and energy shortages
 - o Increased inflation (peak at 5.6% March 2022)
 - o Rising interest rates
- Considerations needs to factor in the potential that 1/3 of NZ workforce may be unable to work due to Omicron and restrictions and this could have an impact on the logistics and supply of goods

What do we need to work through for the NZ context?

- Prepare and plan for a potential short-term loss in workforce
- Establish measures to forecast demand and use these to forecast supply needs. Knowing supplies will be delayed and workforce could be impacted, be proactive and move away from the 'just in time' model we currently work to and pre-order essential items in time
- Adopt a 'smart supply' mentality and learn the end-end supply chain requirements.
- Provide better guidance on PPE or RPE requirements to raw material producers/ processing plants to provide them the best chance at infection control through Omicron
- Determine if/what items should be prioritised through our Ports (i.e medical supplies)
- Explore options to support new supply arrangements closer to home, even at increased cost, to reduce delay pressure
- Develop clear messaging confirming access to supplies throughout Omicron and preparing the public to be prepared for a time where they may be unable to 'pop' to shops for supplies, noting consideration for those economically disadvantaged and support required for them

Situation

Internationally, the last four weeks has seen Omicron emerge as the dominant COVID-19 variant, resulting in less severe clinical outcomes, but with significantly higher rates of transmission. As well as impacts for health care systems, there are additional constraints and impacts on areas of workforce, supply chain and logistics, transportation and access to food. Noting the projected impacts on business continuity, consideration was required on how to meet the National Security objective to “support the continuity of everyday activity, and the early restoration of disrupted services”.

Purpose

This workshop was convened to update agencies on the latest information regarding Omicron, discuss assumptions and potential impacts for New Zealand once Omicron presents in the community, and identify workstreams and actions for agencies over the next two weeks to best position the country to effectively manage Omicron in the community.

Critical Facts

- Current strategy is to keep Omicron at the border
- MIQ capacity is a key focus due to the increasing pressure on facilities. A number of factors contribute to this pressure, including the delay of Reconnecting New Zealand Stage 1, increasing isolation timeframes in facilities, and the volume of positive cases detected at the border
- Arrival of ~3500 people at NZ border fortnightly, with approx. 35 people turning positive daily [accurate as of 11 January 2022].
- Need to retain a robust and resilient system at the border for any future variants of concern beyond Omicron
- Will have concurrent Delta and Omicron outbreaks in the community
- Any changes in approach to managing COVID-19 need to be well communicated to the public, in advance of the transition, and carefully sequenced to the public and businesses to support social licence and compliance

Once Omicron is seeded in the community, the strategy will likely be to protect the most vulnerable, ensuring equity, and limiting the impact on society through the protection of critical infrastructure and workforces.

Out of Scope

- Modality and prioritisation of testing (PCR/RAT)
- Market access implications of any COVID-19 related decisions
- Business continuity directives for individual businesses/sectors, including health sector deferrals, other than to have sufficient BCP for 10-30% workforce outage
- Supply chain limitations, restrictions, or management
- Household readiness planning and messaging
- Policy review/advice regarding vaccine mandates and messaging
- Messaging/advice/risk based decisions around asymptomatic cases within critical lifelines/key utilities

Communications and Engagement Overview

- The strategic intent remains the same as Delta, with many sectors and communities already familiar with information about how to prepare for and react to COVID-19. The main difference with Omicron is to support social cohesion and equity with the changes to response strategy (such as how we handle widespread transmission) and the behaviours (such as when to get tested or seek medical help).
- Very careful communication is required to ensure the public and business are enabled and empowered without causing a loss of confidence or behaviours that overwhelm the health system, testing and supply of essential goods.
- There is a need to be mindful and prevent information overload with several messages already in the marketplace, including signalling the arrival of Omicron.
- A phased approach is planned with information orientated communications and engagement for dealing with Omicron in the community are communicated in detail with business and the public as soon as policy, health and operational work allows. A quick response will be needed when transmission of OMICRON is seeded in the community. Phases may overlap if there is community transmission of OMICRON happens before planning work is complete.

Work Already Underway Prior to Workshop

- Revised Track, Trace, Isolate and Quarantine (TTIQ) approach will be available once approved by Ministers.
- Work on additional protections for localised lockdown will continue, including how these considerations will be activated into the NRG review.
- Proposals for changes to CPF settings in light of Omicron

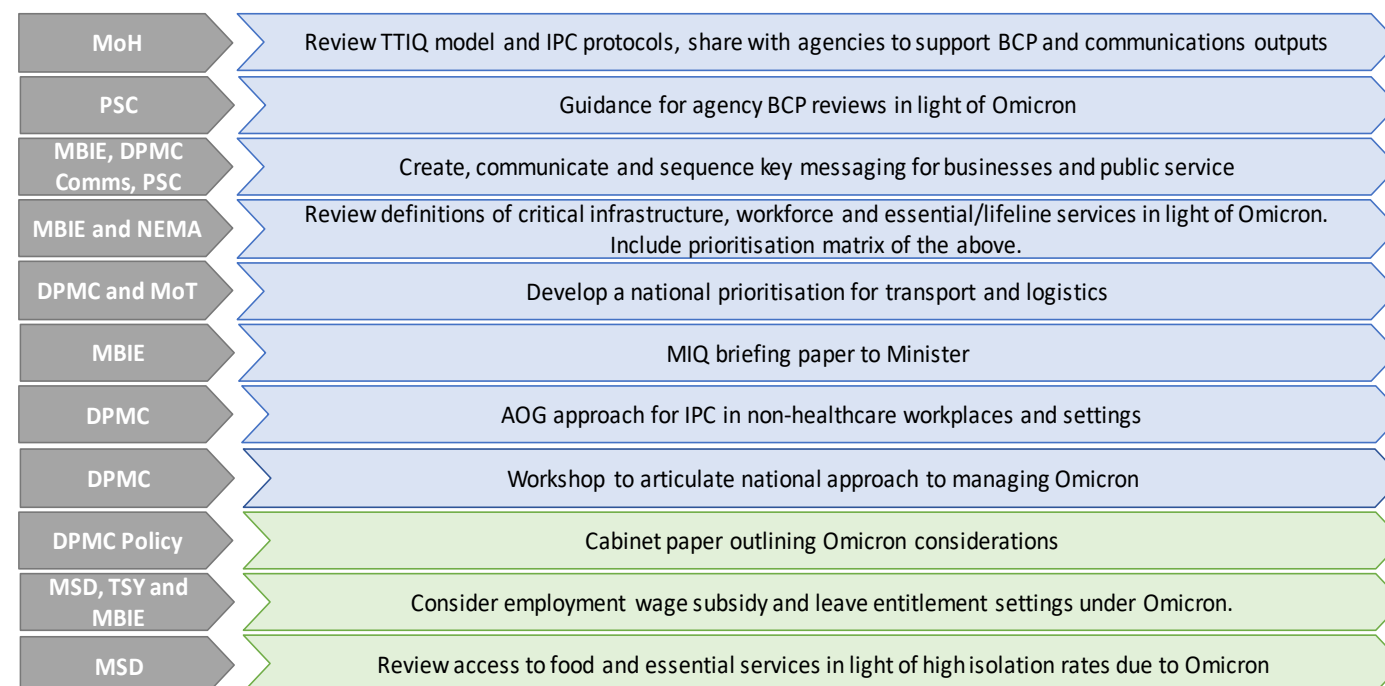
International Omicron Insights

- Average incubation period of 3-4 days, but can be up to 8 days
- Omicron cases grow rapidly, with cases doubling every 2-4 days
- Public health measures remain critical to managing the spread of Omicron
- Vaccination remains an important tool to reduce hospitalisation and death, with booster shots providing effective additional protections
- Surging cases overseas are linked with super-spreader events, predominantly attended by 18-35 yr olds
- Have seen underreporting overseas due to 1) Omicron spreads quickly, 2) more asymptomatic and mildly symptomatic people, 3) lab capacity and prioritisation of tests, 4) health system unable to keep up due to volume
- Everything that was known and planned for with Delta is being tested for Omicron
- Australian insight has shown that communication focusing on what people need to know and do when cases are at a high case scenario (e.g. 5,000 + cases a day) will more likely ensure continual public compliance as well as trust and confidence in the Government response

Planning Assumptions

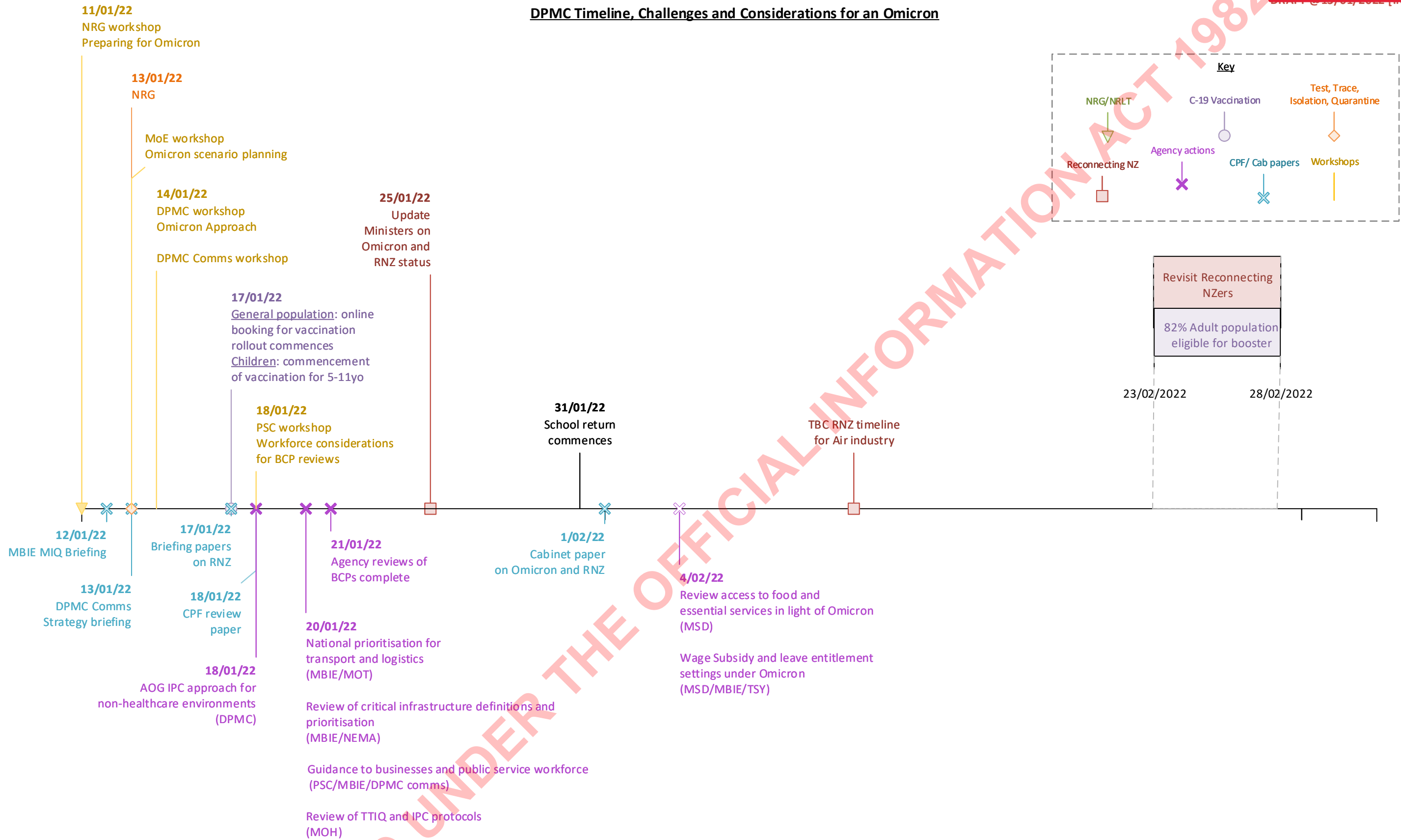
- Majority of cases at the border will be Omicron
- Due to high numbers overseas, can expect Omicron to present in community when border settings change
- Omicron appears less severe and early estimates suggests cases are spending less time in hospital, with fewer in ICU. Expect main impacts on primary care and at emergency departments/ urgent care.
- Once Omicron presents in the community, will become dominant variant within 2-4 weeks
- A low case rate scenario is less than 5000 new daily cases per day; High case rate scenario is 5000+ new cases per day
- Can expect case numbers to reach high case rate scenario within 3 weeks
- Due to high case numbers, can expect similar hospital numbers and/or deaths as with Delta
- Adherence and compliance with public health measures will decrease overtime
- Schedule 2 to the Legal Order will be used to inform work on identifying and prioritising critical infrastructure and workforces essential to keep NZ going
- 10-30% of workforce may be unavailable due to isolation and quarantine requirements
- There will be a high threshold for community cases to be accommodated in MIQ facilities
- Careful attention required on the balance between public health standards and national security requirements to keep NZ going and maintaining critical infrastructure, workforces, and access to essentials
- Significant emphasis on self-management and reliance once higher prevalence of Omicron in the community

ACTIONS FOR AGENCIES



DPMC Timeline, Challenges and Considerations for an Omicron

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17 February 2022

To: Members, COVID-19 Chief Executives Board

Report Back on Agency Preparations for Omicron Phase 3

Purpose

1. To provide a summary of the virtual, cross-agency workshop on agencies' preparations for Phase 3 of Omicron, conducted 09 February 2022, including work that has been commissioned or progressed since. It is intended to provide assurance to the CCB that agencies are well-connected, and preparations are progressing to effectively manage the impacts anticipated in Phase 3.
2. Attached are two supporting documents; the pre-workshop A3, and post-workshop A3 outlining key points discussed in the workshop. Views are sought from CCB members on further information needed on system readiness for the anticipated impacts of the Omicron outbreak.

Context

3. The purpose of the workshop was to understand expected impacts of an exponential increase in positive Omicron cases and close contacts across the system as the outbreak progresses, and the work underway to prepare.
4. Previous workshops have been heavily reliant on the health input, to inform priorities and likely outcomes. The characteristics of the Omicron variant dictate the system needs to take a broader lens that balances the social and economic factors and consequences of implementing operational decisions. In this context, New Zealand can identify and apply lessons learnt from the international experience of Omicron outbreaks. This workshop specifically focused on impacts to the social (accommodation, access to food, safety and security) and economic (exports, imports, domestic supply chains and industry) domains.
5. To date, one of the most significant economic and social impacts of Omicron are the direct and indirect consequences of isolation requirements. This includes workforce absenteeism and the severe strain it places on supply chains, critical infrastructure, and access to necessities such as food, accommodation and welfare services. Although a shift to Phase 3 in New Zealand's approach to Omicron will alter the management of close contacts (potentially only household and household-like contacts having to isolate), the impacts are still anticipated to be significant.

Key Themes from the workshop

6. Discussions in the workshop covered a variety of topics, the detail of which is outlined in Annex 2. Overall, agencies are well-connected and collaborating effectively. Roles and responsibilities are well understood across the system. There are a significant number of

workstreams underway across the system to prepare for Phase 3, and an understanding of which issues agencies will need to carefully monitor. Overwhelmingly, issues relating to labour and skills shortages, food distribution and access to food, and accommodation were agreed to be the most significant. High-level observations from the workshop are as follows:

- 6.1. Currently, the greatest demand for welfare support is related to food access. Although relevant agencies are engaged at different phases of the food distribution network across New Zealand (from production, to distribution, to delivery for consumption), the system would benefit from a map of the food distribution network from start to finish.
 - 6.2. Accommodation is a systemic issue in New Zealand, exacerbated by COVID-19 complications. Housing agencies have articulated their preparations to ensure all suitable options are available when demand increases, noting the limitations on availability.
 - 6.3. Impacts to supply chains and road freight (economic domain) have a flow-on effect on the welfare system, highlighting the interconnectedness of the social and economic domains. Actions taken to support economic factors will likely benefit social outcomes.
 - 6.4. Labour needs and skills shortages will be further exacerbated in Phase 3 and are looming as a critical vulnerability across all agencies and sectors. MSD is working to ready clients for the workforce, in anticipation of key labour shortages (i.e. food distribution and supermarkets), and PSC have readied the Workforce Hub to respond to increased demand from the public sector and wider. Sectors and key export industries are struggling with labour and skill shortages domestically and through border settings. Reconnecting New Zealand (RNZ) is welcomed, however the lead-in time for recruiting offshore workforce is unclear.
 - 6.5. It is anticipated that an exemption scheme from existing Orders will be required in Phase 3, in addition to the Close Contact Exemption Scheme (CCES) and “Bubble of One”. Although these exemptions will allow close contacts who meet explicit criteria to continue working, it does not address the need for critical workers who test positive, to continue working where no other option exists.
 - 6.6. Interactions with global supply chains will remain a challenge over the Omicron outbreak. Contactless cargo operations are an apparent solution in the maritime domain, but one out of the control of agencies or Government.
7. It is apparent from the workshop discussions, that the system would benefit from a coherent model for articulating triggers and decision points for a potential transition to Phase 3 of the strategy, beyond the health considerations. This would provide Ministers with key indicators signalling a transition to Phase 3 is recommended, articulating the risks and benefits of both Phase 2 and Phase 3, and an understanding of the time required to enact the decision to shift. DPMC has taken this for action, designing a tool to support decision making, that can be used to co-ordinate the system as the outbreak progresses. This tool will inform the formal advice to come from NRG, through NRLT to Ministers IAW COVID-19 National Management Approach.

Recommendations

I recommend the COVID-19 Chief Executive Board members:

- **Note** that DPMC conducted a workshop to understand agencies' preparations for the impacts of Omicron in Phase 3 of the strategy.
- **Note** that agencies are well-connected, collaborating on multiple workstreams to prepare for expected challenges of the Omicron outbreak.
- **Note** there are a number of workstreams underway seeking funding and/or decisions to enable agencies' preparations for the most significant challenges expected in Phase 3, including papers in draft or submitted to Ministers.
- **Agree** to the model to designed by DPMC to support decision-making for the transition to Phase 3, from a system perspective.
- **Inform** the Manager System Readiness of any further work to be commissioned, such as a map of food distribution and delivery.

Emma Broederlow

Manager System Readiness, COVID-19 Group
Department of Prime Minister and Cabinet

OMICRON “PHASE THREE”

Workshop: 09 February 2022

Understanding the Impacts, Indicators, and Interventions

Purpose: To understand the impacts of Phase 3 on the system, and identify tools and their triggers to keep NZ going

Context

A shift to Phase 3 will result in only the highest risk close contacts having to isolate. In spite of this, workforce absenteeism will put severe strain on national supply chains and critical infrastructure.

It is imperative that we adapt our approach to mitigate the risk of health care, critical infrastructure and supply chains being overwhelmed, to keep NZ going, and to ensure a sustainable response (a balance of the social, economic and health domains). Understanding how changes in one part of the system may result in unintended consequences in another is required, therefore forecasting those impacts and understanding them is a key outcome of this workshop.

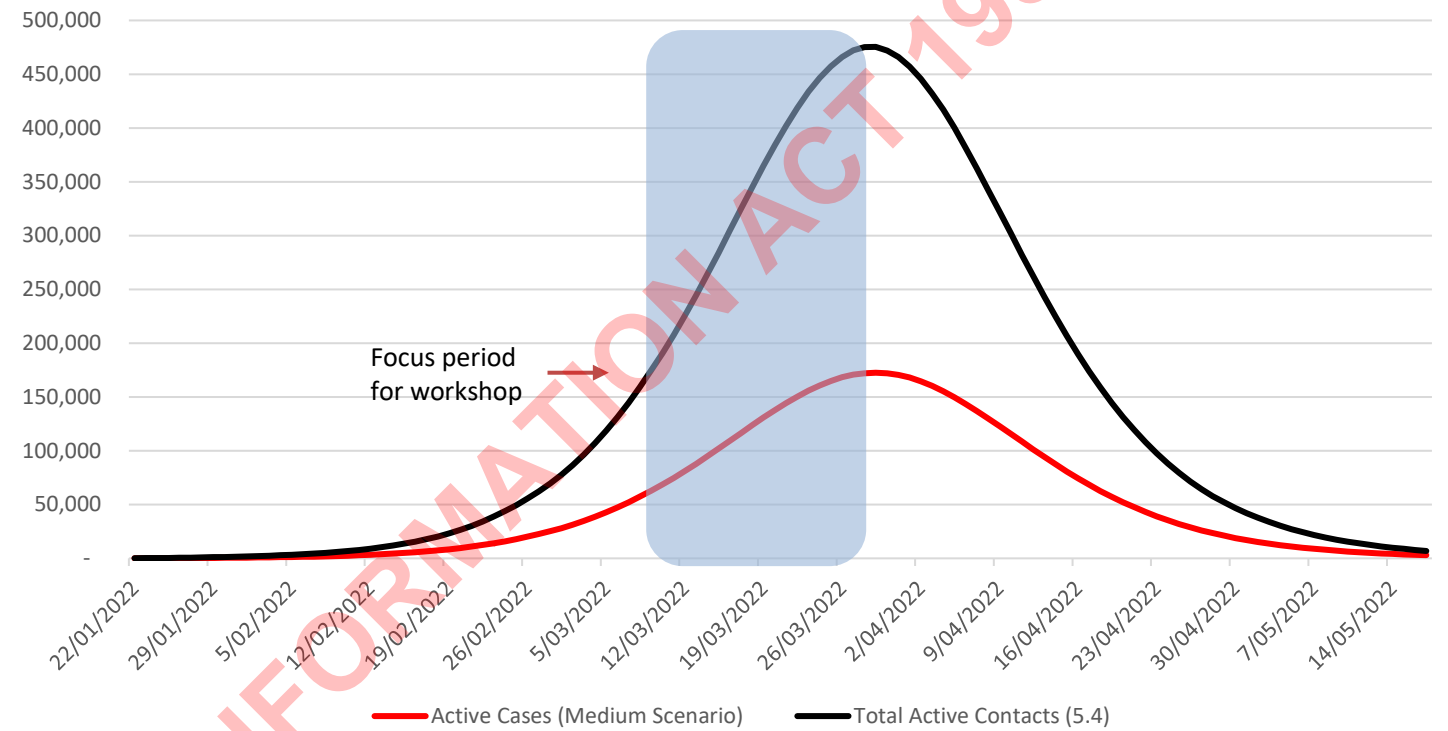
The overall strategy remains ‘minimise and protect’, but at Phase 3, focus shifts to protecting the most vulnerable, ensuring equity, and limiting the impact on society.

Outcomes will be reviewed and released by Friday, 11 February 2022

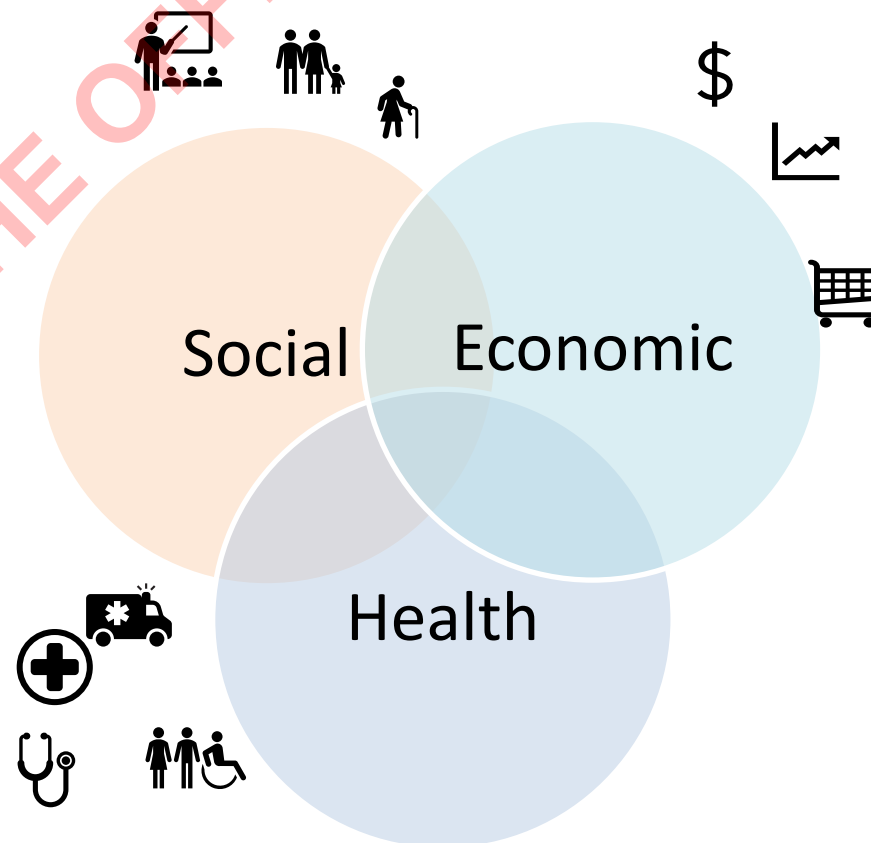
Assumptions

- Day 1 of outbreak is from confirmed community transmission 22 Jan 22
- Working ratio of five close contacts for every case
- At Phase 3 by Reconnecting NZ Step 1
- Schools continues as planned, closures are a last resort
- Management of Close Contact Exemption Scheme will be de-centralised to businesses/employers
- CPF Red settings will remain in place for the duration of this focus period
- Most people will self-manage, with health and social services focusing on families and communities with highest needs
- Isolation and quarantine will be 7 & 10 days
- Assumed high degree of non-compliance based on TRA research (Jan Sentiment research)
- Food access and accommodation will be significant issues in Phase 3
- Tourism, hospitality, entertainment and events sectors will be more affected in Phase 3
- Economic data (movement, retail spending) will be tracked to illustrate economic impacts
- Employer behaviours will impact economic impacts if support not available
- Mortality rate will be higher than previously experienced in New Zealand

Active cases and contacts - Medium modelled scenario



Note: this graph is based on Te Pūnaha Matatini Omicron modelling. It assumes day 0 occurred on 14 January 2022



- Questions**
- What is your agency initiating to scale up? What metrics and reporting are needed for this?
 - What are the levers your agency has, and might use?
 - What system advice is the NRG responsible for?
 - What does effective monitoring of health and social impacts of Omicron look like?
 - How will we know if Test to Return is insufficient as an individual support measure? What actions must we take?
 - How will we know what high risk looks like?
 - What are the considerations for mitigating effects on Māori and meeting Te Tiriti O Waitangi obligations?
 - Who must we communicate with, and when?
 - How do we define vulnerable/priority populations?

- Outcomes**
- Align the system
 - Commission work as required
 - Identify interdependencies and contingencies
 - Prioritise the problems we are solving
 - Identify what needs to be messaged to whom, by when

Agency Scale up work undertaken for Phase 2 and 3

MSD

Accommodation: Health / MBIE drafting advice for Ministers regarding MBIE's role as lead procurement agency for alternative accommodation

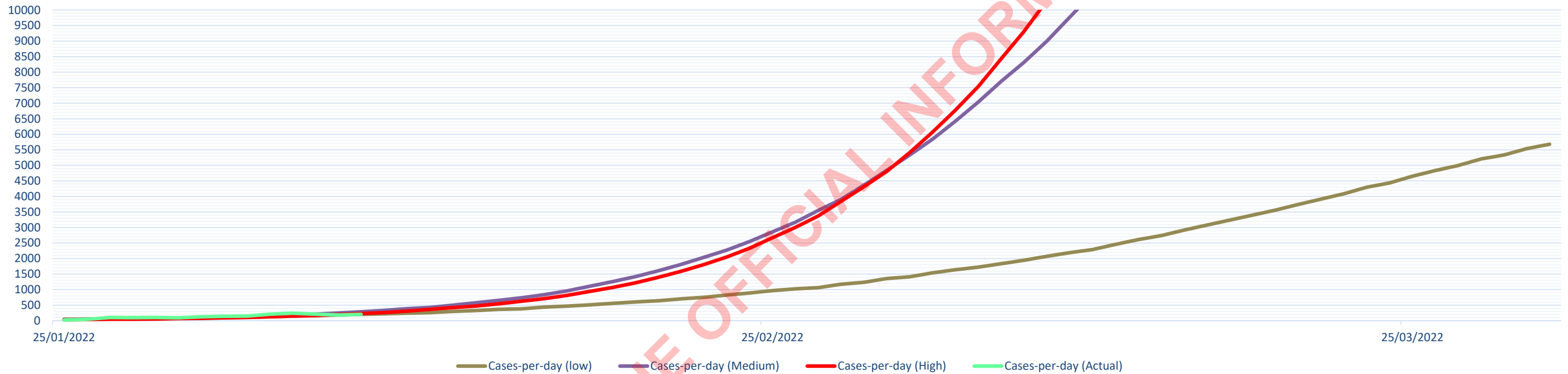
Workforce: Working with MBIE on tailored supports for key workforces / pressures; exploring commercial options in lieu of providers

CITC: Adapting response model to align with MoH self-service approach; and contingency planning for contact centres

Community Funding and support: Assessing current funding levels based on TSY modelling assumptions – paper due next week; expanding Community Connector service – up to 303 FTE CC contracts in place; Investigating welfare support for voluntary self-isolation (vulnerable populations)

Economic supports: Refining settings for Leave Support Payment and Short-term Absence Payment, and how to scale up

Omicron Modeled Cases per-day vs confirmed cases per day



Operational timeline

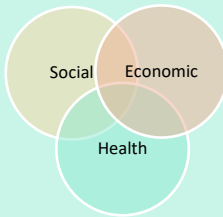


11 FEB 22
ANNOUNCEMENT ON
CLOSE CONTACT SCHEME
AND
BUBBLE OF ONE

PREPARATIONS FOR THE IMPACTS OF OMICRON IN PHASE 3

Cross Agency Workshop, 09 February 2022

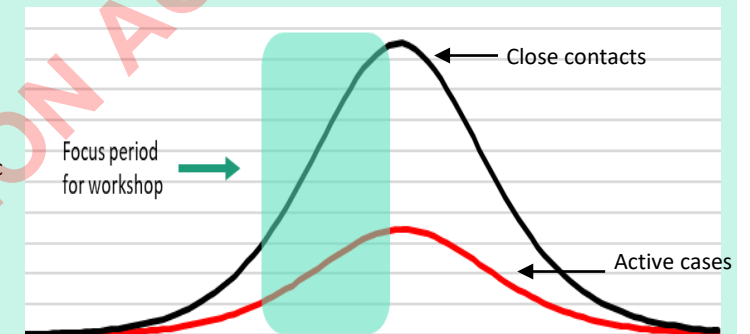
Purpose: To understand the most significant impacts of an exponential increase in positive cases and close contacts across the system, as the outbreak progresses, including identifying indicators that these impacts were looming, and any interventions or workstreams, underway or required, to minimise their severity.



Previous workshops have been heavily reliant on the health input, to inform priorities and likely outcomes. As the system is sufficiently mature in our understanding of these priorities and outcomes, it was deemed prudent to shift the focus to the wider system. If society is viewed as comprising of social, economic and health domains, this workshop specifically focused on impacts to the social (accommodation, access to food, safety and security) and economic (exports, imports, domestic supply chains and industry) domains.

To date, one of the most significant impacts of Omicron are the direct and indirect consequences of isolation requirements. This includes workforce absenteeism and the severe strain it places on supply chains, critical infrastructure, and access to necessities such as food, accommodation and welfare services. Although a shift to Phase 3 in New Zealand's approach to Omicron will result in only the highest risk close contacts having to isolate, the impacts are still anticipated to be significant.

Context



Impacts on Economic Domain – Key Points

Exports and Imports

- Need to ensure key ports remain functioning - Auckland and Tauranga ports process the largest amount of imports (70%) and exports (57%) by sea.
- Seeing an inconsistent approach from Ports and Medical Officers of Health, to managing ships with positive or probable cases on board, delaying or denying pratique. Having all ports capable of contactless operations would resolve these delays and remove flow-on disruptions to New Zealand's trade and supply sectors.
- Workforce absenteeism would impact the timely unloading and de-vanning of shipping containers, resulting in a backlog of containers in ports, compounding the issues of scarcity in available containers for exporters, and space in ports.
- This is a critical time for exporters to build and re-build their connections, relationships, and profile in key markets. Globally, New Zealand cannot compete for shipping with current constraints resulting in a reversion to the 1980s model with all shipping going through Australia or Singapore.
- Need to preserve offshore markets, demonstrating reliability and confidence in our ability to continue operating during COVID-19. The risk is that ships will not come, or that air connectivity will not recover.
- Expect issues accessing labour and talent, both in terms of employees, as well technical specialists for businesses who perform a critical service, to increase.
- In the short-term, shipping constraints can be navigated to some degree by building transparency across the supply chain and business capability, supporting access to shipping either directly (e.g. the Maintaining International Air Connectivity scheme) or indirectly through advisory services.

Domestic

- Supply chains are a system of systems, some of which are for business to own, and some for Government to own. All are reliant to some degree on essential goods, services, and labour.
- As with trade, workforce is a critical enabler for domestic supply chain and the road freight industry. COVID-19 global and domestic disruption has exposed and/or exacerbated existing supply chain and labour vulnerabilities as well as created new challenges.
- Labour and skills shortages will be further exacerbated in Phase 3 and are looming as a critical vulnerability across all agencies and sectors. Reconnecting NZ, CCES and "Bubble of One" may alleviate some pressures, but will not resolve the issue. Addressing the systemic causes would require accessing international labour markets, and supported by well-resourced VISA applications.
- Food distribution remains a challenge. Risks to key production facilities can be mitigated to the extent raw inputs can be relocated to other sites for processing. Transport and cold store capacity will be key considerations.
- For long-term benefit, the National Freight and Supply Chain Strategy (under development by MoT) will be critical.

Impacts on Social Domain – Key Points

Accommodation

- Although HUD has previously produced a map of accommodation availability across the country this is unsustainable to continue updating. Regional Accommodation Sub-function groups are the mechanism to identify accommodation options for DHBs/PHUs.
- Temporary housing is not considered a suitable option for self-isolation, unless the individual is already in situ and can remain.
- A National Alternative Accommodation Service (NAAS) is now available, with MBIE as the lead procurement agency. This builds on existing accommodation activities such as SIQ, is deconflicted with transitional housing, and draws on existing funding streams. Additional funding is yet to be confirmed, with a Cabinet paper expected in March.
- MBIE have a Mobile Community Isolation Reserve (MCIR) to assist regions with the provision of campervans.
- Currently no centralised process for approving or funding bespoke accommodation solutions.

Food Security

- It is difficult to predict where the hardest hit areas will be, however collaboration between agencies across the food supply system is essential to ensure the continuity of food access through the outbreak.
- Funding to support food access is derived from modelling based on MoH forecasts and assumptions, with predictions of approx. 21% of households needing some form of support, and a smaller proportion needing significant support.
- Supermarkets and distribution centres can still only manage a 15% reduction in workforce before constraints become unmanageable.
- Previous outbreaks have illustrated the flow-on effects to the welfare system from disruptions to supermarkets. With the potential scale of disruption from Omicron, work is needed to ensure supermarkets can remain open to alleviate pressure on community service providers. MSD is working with Foodstuffs, Progressives and service providers on employment support, and readying MSD clients for the workforce and partnering with Student Volunteer Army.
- MSD seeking to establish a distribution network for core essential food items. If approved, it will take up to two weeks to stand up, and include a rigorous process for distribution.

Safety and Welfare

- A challenge for MSD is identifying those that are out of scope as vulnerable or priority, but who would still require support.
- MSD are seeking an additional ~170 Community Connectors, requiring approx. 3-4 weeks to recruit and set up.
- Increases in domestic violence and alcohol abuse have been observed due to the impacts of COVID-19 restrictions, the impacts of which are also seen in schools.
- Workforce challenges for schools due to management of close contacts will likely cause school closures in spite of surging staff or use of Limited Authority to Teach mechanism. School closures will impact workers whose children will be required to remain at home. Schools managing contact tracing is unsustainable.
- MoE are assessing the need to accelerate connecting with whanau who need solutions and equipment to support children's learning. This occurred in the August Delta outbreak, but may need to be revisited.
- Local health hubs and Whakarongorau (NZ Telehealth service) are able to provide assistance for a wide variety of situations