4 March 2022

To: Members, COVID-19 Chief Executives Board
COVID-19 - Importance of Social Cohesion for the Response

Purpose

1. This paper provides the COVID-19 Chief Executives Board (CCB) with an overview of the importance of Social Cohesion for the COVID-19 response in Aotearoa New Zealand, the impacts on public confidence and social licence (key enablers for a successful COVID-19 response), and an overview of the current work being done to enhance social cohesion in our response to COVID-19.

Context

2. Aotearoa New Zealand's response to COVID-19 has been one of the most successful in the world in preventing deaths from COVID-19. A significant factor in our success to date has been strong public trust and confidence in the response and effective use of communications. However, two years of pandemic response, responding to multiple COVID-19 variants and living with public health led restrictions has taken its toll on New Zealanders. At the same time, there has been a marked increase in sharing false and misleading information since the onset of the virus, which also erodes public confidence.

3. Social Cohesion is participation and belonging, underpinned by high public trust in government which in turn provides social licence. The OECD defines a cohesive society as one that works towards the well-being of all its members, fights exclusion and marginalization, creates a sense of belonging, promotes trust, and offers its members the opportunity of upward mobility[1]. See Annexure 1 for the dimensions of social cohesion and factors contributing to breakdown.

4. MSD are currently leading a work stream on improving and fostering social cohesion. In New Zealand, agencies' social policies refer to five key characteristics of social cohesion[2]: belonging, participation, inclusion, recognition, and legitimacy. However, these characteristics in isolation could overlook the importance of creating and maintaining public trust and mitigating risks to social cohesion such as disinformation.

5. Declining social cohesion is a culmination of factors, some were pre-existing and have been exacerbated by COVID 19. It is important to also recognise the ongoing contention of Te Tiriti and the partially resolved grievances of many Māori resulting in a long-standing conflict and perception of threat to minority right. Low social cohesion can create parallel societies that inhabit different communications spaces, challenge credibility and legitimacy of government action and risk eventually undermining democracy.

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[1] Sustaining Aotearoa New Zealand as a Cohesive Society. Sir Peter Gluckman, Dr Anne Bardsley, Professor Paul Spoonley, Dr Charles Royal, Naomi Simon-Kumar and Dr Andrew Chen. December 2021
[2] Ibid

6. Public support for the COVID-19 Public Health measures at the start of the response was 74%[3]. Noting the initial success of the elimination strategy as a team of 5 million, the country is now adapting to living with COVID-19 in the community and a high trust model. With the introduction of omicron and the change in public health measures, this has dropped to 64%[4]. The majority of New Zealanders continue to support public health measures but there is a communication challenge in combatting pandemic fatigue, change fatigue, and confusion.

Key risks to Social Cohesion in Aotearoa New Zealand in the COVID-19 environment.

Widening Social Disparity

7. Socioeconomic division and wealth inequality has been highlighted and exacerbated by COVID-19. Economic related factors diminished social cohesion include:
    a. Job insecurity - changing labour markets, precariousness of work because of self -isolation rules and businesses not being able to continue operating.
    b. Economic grievances and expectations – growth in anxiety/anger about changes to the economy and labour markets.
    c. Inequality of opportunity to access health, education.

    This has fuelled a need for greater welfare support for the individual and for businesses, Care in the Community programmes, and additional funding for Maori and Pacific providers facilitating end-to-end support fits with local and regional models and needs.

Impacts of false and misleading information and online harms

8. There has been a significant increase in the spread of false and misleading information as the COVID-19 response has evolved. Many of the narratives around COVID-19 vaccines and the CPF are woven into larger themes centred around mistrust of authorities and international businesses and relate to concerns about side effects, safety and long-term effects of the vaccine and perceptions of COVID-19 restrictions. Many themes originate from outside New Zealand but are tailored to New Zealand audiences.

9. False and misleading information and online harms can be defined as follow:
    - **Misinformation:** Information that is false but not created with the intention of causing harm. (e.g. a social media post that has been shared as it looks credible)
    - **Disinformation:** Information that is false and deliberately created to harm a person, social group, organisation or country (e.g. Ideological and/or politically motivated extremism; deliberate campaigns to undermine public health etc.)
    - **Mal-information** is information that is based on reality, used to inflict harm on a person, organisation or country.
    - **Online bullying** is when a person uses digital technology to send, post or publish content intended to cause harm to another person.
    - **Distressing content** is content that is hateful, sexual material or illegal material (like age-restricted material or extreme violence).

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[3] News Talk ZB Poll reveals public's view on vaccine mandates https://www.newstalkzb.co.nz/news/covid-19/covid-19-delta-poll-reveals-public-support-for-vaccine-mandates/. Accessed 2nd March 2022 (Published Tue, 16 Nov 2021)

[4] Stuff.co.nz. Parliament protest: New poll shows 30 per cent of Kiwis support anti-mandate protest https://www.stuff.co.nz/national/politics/127808790/parliament-protest-new-poll-shows-30-per-cent-of-kiwis-support-antimandate-protest Accessed 2nd March 2022

10. Most false information is spread by people who may not be aware that it is false, however, there a are a small groups of people within New Zealand and overseas who actively share disinformation and seek to cause harm by threatening public safety, fracturing community cohesion and reduce trust in democracy. Refer to the mitigations table below current disinformation mitigation strategies.

International trends and influences

2. There are over 25 countries experiencing protesting related to COVID-19 including noncompliance to social health measures and economic loss, social inequities and negative treatment of health staff[5]. Digitalisation has reduced the importance of spatial boundaries between countries, and protestors may believe they have more in common with their online communities than their national community. The technology that we have used to keep people safe is being used in an increasingly coordinated way to enable disinformation to be spread. The impact and influence of the widespread protesting overseas has undoubtably contributed to current situation in New Zealand, given the obvious comparisons between the convoy in Canada which impacted supply chains and bought Ottawa to a standstill and the domestic-convoy that has recently occupied Parliament lawn.

3. The implications of seeing other countries lift some or all restrictions and move to a semblance of 'pre COVID-19' is an inaccurate perception because they have been through widespread outbreaks. However, this influences the way New Zealanders feel about the stage of the COVID response we are currently in. It may contribute to feelings of restriction, fatigue and global isolation. The borders opening, may help reduce this feeling of isolation from the rest of the world. But there is still a perception that New Zealanders are excluded from what the rest of the world can do and that the rest of the world is moving on.

Proportionality of public health measures

"The global pandemic is a perfect human rights storm. The eye of the storm is striking a fair and reasonable balance between, on the one hand, the rights to life, healthcare, and health protection and, on the other hand, the rights to movement, work, education, and other human rights" – Paul Hunt, Chief Human Rights Commissioner[6]

4. Proportionality of public health measures in a rapidly changing pandemic landscape requires constant review. A disconnect between public health advice and decision making with the everyday experience of the public could be perceived as breaching human rights obligations (NZBORA). The public may perceive a greater feeling of safety in 2022 given vaccination levels and the relative mildness of the Omicron variant despite spreading easily. Issues include:
    - Fatigue to public health measures generally – less compliance to mandates such as scanning in.
    - Change fatigue - clarity of phases as they are continually refined causing stress and impact on businesses.
    - Different pandemic experiences between the regions – public health led restrictions may feel harsher where there are less active COVID-19 cases, or in isolated or rural communities.

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[5] Carnegie Endowment for International Peace. Global Protest Tracker.
https://carnegieendowment.org/publications/interactive/protest-tracker? Accessed 27th Feb 2022
[6] Paul Hunt - Chief Human Rights Commissioner | Facebook https://www.facebook.com/PaulHunthrc Post from 12th February 2022.

- Ability to comply with public health measures – this may be due to accessibility to testing sites and/or Rapid Antigen Tests (RATs)
- Compliance with self-isolation –
  - o Businesses negatively impacted by COVID-19 may not be supportive of self-isolation requirements as this may result in difficulty staffing the business
  - o Some workers may feel they cannot, due to financial reasons, self-isolate if they test positive for COVID-19.
  - o Some parents may wish for their children to attend school, and not miss out on any further education, which may impact their compliance with self-isolation.
- Perceptions of division
  - o Restrictions based on public health recommendations require social license for the population to support. Policies that are emotionally charged such as child vaccinations, loss of employment due to vaccination status and accessibility to everyday activities are vulnerable to disinformation.

5. Collective responsibility is more important now the public is moving into phase 3, a high trust model. If we have lower social cohesion, the public may feel less community responsibility and could be more likely to act within their self-interests. The self-isolation guidelines are already impacting the ability to work, affecting the supply chain, hospitality and transport sectors and reducing access to education. Restricting some personal and individual freedoms is necessary to slow the spread of COVID-19 to protect vulnerable individuals and reduce impact on the health system.

6. An exacerbating factor to individualism over community responsibility is how many regions have experienced the pandemic differently, and this may contribute to the observed sentiment of COVID-19 fatigue[7]. Overall, 88% of people said they would self-isolate if they were **asked** to. Some of the issues relating to self-isolation however are; not enough space to isolate (57%), inability to take time off work (45%) and sharing a room with someone in house (44%)[8]. Auckland has the highest density especially in lower socioeconomic areas like South Auckland where crowded living is more prevalent[9]. A little over 10%[10] of our population live rurally, not to allude they are unaffected by the restrictions, but geographically it is easier to self-isolate, not to wear a mask and not to require vaccine passes for everyday life[11]. The regions are experiencing the pandemic differently and there is less imperative to be part of the whole.

7. Less adherence to self-isolation will result in the faster spread of COVID-19 and the impact will ultimately be felt by the health sector. Already during this outbreak, testing was overcapacity and our hospital systems are reaching capacity, Auckland is at 80.3%, Capital and Coast are at 90.3% and Canterbury is at 90.5%[12]. There is a perception that government had 2 years to prepare the health sector, vaccinate the public and instil good

[7] Family First New Zealand. Vaccine Mandate Poll February 2022 by Curia Research http://familyfirst.org.nz/wp-content/uploads/2022/02/Vaccine-Poll-Results-February-2022.pdf Accessed 25th February 2022
[8] Attitudes to Self-Isolation February 2022 Final Report by Horizon Research
[9] Stats NZ. Crowded housing highest among Pacific peoples https://www.stats.govt.nz/news/crowded-housing-highest-among-pacific-peoples. Accessed 2nd March 2022
[10] Trading economics. New Zealand – Rural Population https://tradingeconomics.com/new-zealand/rural-population-percent-of-total-population-wb-data.html. Accessed 2nd March 2022
[11] Ibid
[12] Stuff.co.nz New Zealand's hospital and ICU beds in numbers, as Omicron cases rise https://www.stuff.co.nz/national/health/coronavirus/300530304/new-zealands-hospital-and-icu-beds-in-numbers-as-omicron-cases-rise Accessed 2nd March 2022

public health practices so personal freedoms could return[13]. This perception of health sector being "underprepared" and there being less access to healthcare during a health response adds to distrust in government institutions, a salient factor for lowering social cohesion.

8. Across the regions, the health system has varied levels of regional capability, capacity and readiness. New Zealanders are being encouraged to travel domestically, and with Easter fast approaching, people may travel from a health care area that is better resourced, to an under resourced regional area. Tina Ngata, a Ngāti Porou scholar and advocate said "You've just spread it in our community, but you get the ICU bed?"[14]. Insecurity around access to healthcare resource contributes to lower social cohesion. We need to ensure that public feel the health sector is also being supported through the pandemic and therefore there is access to healthcare as a critical part of our response.

Key activities underway to address social cohesion for the COVID-19 response

Area	Agency Responsible	Mitigation	Comment
System Assurance Framework	DPMC	Monthly priority systems update and emerging strategic risks	Refer to the paper
COVID-19 Misinformation / Disinformation	DPMC's COVID-19 Group has a leadership and coordination role working with government agencies in understanding the landscape and responding to COVID-19 false and misleading information. They convene a Working Group with key agencies. Individual agencies remain responsible for addressing false and misleading information issues	Support a whole of society approach Increase the public's resilience to disinformation and online harms Promote credible information through effective communication Prevent the propagation of false and damaging content	Most false and misleading information is legal and there are therefore limited existing policy levers available to reduce the impact on the public and our democratic institutions.

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[13] Scoop News Health system unprepared for a Delta outbreak https://www.scoop.co.nz/stories/PA2109/S00026/health-system-unprepared-for-a-delta-outbreak.htm. Accessed 3rd March 2022
and RNZ Hospital doctors say health system unprepared for new Covid plan https://www.rnz.co.nz/national/programmes/middayreport/audio/2018816377/hospital-doctors-say-health-system-unprepared-for-new-covid-plan Accessed 3rd March 2022
[14] Insecurity around access to healthcare resource contributes to lower social cohesion. The Spinoff. 'The worry is being completely overwhelmed': NZ regions brace for a Covid summer | https://thespinoff.co.nz/politics/23-11-2021/the-worry-is-being-completely-overwhelmed-nz-regions-brace-for-a-covid-summer. Accessed 2nd March 2022

	that relate to their specific portfolio areas.		
Communications and Engagements	DPMC Strategic Communications	Develops and delivers public communication messages regarding the COVID-19 response, including the Unite Against COVID-19 campaign. Engages with COVID-19 response agencies regarding key messages for the public both nationally and regionally.	Social cohesion focus retaining trust and confidence Consideration of how to empower individuals in decision making and take individual ownership of health considerations. Engage with the public on the transparent and democratic processes in New Zealand relating to COVID-19.
Reviewing public health measures in the context of Omicron, including the CPF	DPMC	There is a policy review of health measures underway, including the CPF, with a report back planned for March. This will include a review of My Vaccine Pass and whether any amendments are recommended. The COVID-19 Strategic Public Health Advisory Group have been asked to provide advice on health measures.	The Human Rights Commission issued three briefings (published 24 Nov 2021) outlining conditions that need to be met for human rights and Te Tiriti in relation to the CPF and the use of CVCs. There is a light-touch piece of work underway by DPMC to seek evidence and assurance about what processes are in place to have met and continue to meet these conditions.
Social Welfare support	MSD, TPK	Care in the Community programme and additional funding for Maori and Pacific providers facilitating end-to-end support.	Supports locally led response which fits with local and regional models and needs.

Social Cohesion Work Programme	MSD	The development of a social cohesion strategic framework aims to promote a shared understanding of what social cohesion looks like and how it can be strengthened in Aotearoa New Zealand. This will help government, communities, the business sector and the cultural sector to align their efforts - together and in parallel to strengthen social cohesion. The strategic framework will include a measurement framework that we can use to track our progress and keep us accountable for achieving the change that we want to see. This work will also identify any gaps in the data we collect and how we can collect it. A proactive and committed work programme to strengthen social cohesion, which includes and builds on the actions that have already been agreed.	s9(2)(f)(iv)
Business Support	MBIE	The COVID-19 Support Payment (CSP) is a payment to help support viable and ongoing businesses or organisations which have experienced a 40% or more drop in revenue.	
Self isolation assistance for workers	MBIE	The Short-Term Absence Payment available to employers to pay workers who follow public health guidance. It's also available to eligible self-employed workers.	

Transparency of decisions	All agencies	Public trust and confidence is built through transparency of decisions. This is achieved this through access to media, media stand ups, publishing papers, comms releases.	It is important that independent experts continue to provide commentary that both support and criticise the government's response because it provides an insight into the balance between individual rights and collective wellbeing.

Future settings and challenges

9. The idea that removing CPF settings and public health mandates so that we can have a clean exit from the pandemic is unrealistic "The pandemic is like a doorway. Once you pass through, there is no going back"[15]. Providing stability in the future after an unpredictable time is multifaceted and extremely difficult. Clear communication, a shift to self-management and taking a more community-based approach given the differences in regions is likely to continue to be critical.

10. Addressing misinformation and disinformation requires exploring new and diverse approaches to mitigate the consequences of false information as part of a wider government approach. The current extent of our available policy levers is limited, and all public health messaging must compete in an already overcrowded COVID-19 information space. Building resilience and proactively addressing disinformation and online harms needs dedicated funding and a clear lead agency.

11. We have now moved to a high trust and self-monitored response, this provides an opportunity for community level initiatives that promote participation and inclusion with a strong equity lens, which in turn will hopefully help to build social cohesion.

Recommendations

12. I recommend the COVID-19 Chief Executive Board members:
    a. **Note** that the paper is a high-level overview of the importance of social cohesion for the COVID-19 response.
    b. **Note** Social Cohesion impacts and factors (Annex 1) should be considered when making policy recommendations.
    c. **Note** that there are a number of work programmes underway which may help mitigate the social cohesion risk.
    d. **Agree** to direct additional work if needed.

Prepared by: Jess Gray, Senior Advisor, System Assurance and Continuous Improvement

Approved by: Amber Bill
Head of System Assurance and Continuous Improvement
COVID-19 Group, DPMC

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[15] The economist "The New normal is already here. Get used to it." Printed 18/12/2021

Appendix A – Dimension of Social Cohesion and Factors relating to its breakdown[16]

The dimensions of Social Cohesion
- trust and respect between those who are governed and the institutions and individuals they empower to govern them;
- trust and respect between all members of a society (which by inference reflects a diverse set of identities, worldviews, values, beliefs, and interests) to foster cooperation for the good of the society as a whole;
- Institutions and structures that promote trust and respect between all members of society; and allowing
- Belonging, inclusion, participation, recognition, and legitimacy to be universally possible.

The dimensions of the breakdown of social cohesion are the inverse of the bullet points above. Factors include:

Inequalities
> Inequality of opportunity to access health, education
> Inequalities on wealth/income resulting in greater socioeconomic divisions

Economic insecurity and perception of unfairness
> Job insecurity - changing labour markets, precariousness of work because of self - isolation rules and businesses not being able to keep going.
> Economic grievances and expectations – growth in anxiety/anger about changes to the economy and labour markets.

Information and public discourse
> Changing role of traditional media – distrust in the fourth estate, choosing to act on feelings over reasoning/ logic / factual data.
> Social media impacts – spreading of disinformation and misinformation.
> Declining information reliability – overwhelm of information, uncertainty on the information given.

Social Boundaries and norms
> Sense of collective responsibility – a more individual approach to the pandemic. Less shared values i.e. is public health importance versus economic importance.
> Compliance with civic values – less respect for norms e.g. wearing a mask/scanning in.

Psychological states and stresses
> Sense of personal security and safety – real threat of getting COVID-19.
> Emotional and psychological stress – experience of lifestyle under the current framework; limited gatherings, working from home, self-isolating etc.

Trust in government institutions
> Trust in a representative democracy – declining public trust in government accountability and integrity; perceived lack of voice.
> Trust in government institutions – public trust in the agencies of central and local government, and that government will meet individual and community needs.

Inclusion and community
> Perceptions of minorities – blame and stereotyping of 'out groups'.
> Strength of community groups – community support.
> Sense of nationalism – ties in with the sense of collective responsibility and diminished sense of being in the pandemic together.

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[16] Sustaining Aotearoa New Zealand as a Cohesive Society. Sir Peter Gluckman, Dr Anne Bardsley, Professor Paul Spoonley, Dr Charles Royal, Naomi Simon-Kumar and Dr Andrew Chen. December 2021

20 July 2022

To: Members, COVID-19 Chief Executives Board

DPMC COVID-19 Group Transition: Update

Purpose

1. This paper provides an update on the transition of the functions of the DPMC COVID-19 Group following Cabinet's decision to move to a more enduring decentralised governance and operating model.

Background

2. On 4 July Cabinet agreed to a phased transition of the high-level set of functions currently residing within DPMC's COVID-19 Group to health and border agencies over the course of this financial year (SWC-22-MIN-0118 confirmed by Cabinet).

3. Timing for transition will be driven by the readiness of the receiving agency to take on the functions and completion of a due diligence process. This process is being conducted by DPMC and the agency receiving the function. All aspects of the transfer of each function, including the infrastructure, funding, contracts and people involved will be carefully considered, so we can ensure that transition is successful and seamless from the perspective of Ministers and the public. The process will be transparent and inclusive for those staff affected. It will reflect that we are still operating in a pandemic situation.

4. In addition to the due diligence process, Ministers have directed that before any transfer of functions from DPMC to the health agencies, an exercise be undertaken to ensure system readiness to respond to a new variant of concern (see separate CCB paper on this).

5. Final decisions on the timing and any appropriation changes will be taken by a subset of Ministers. This group is the Prime Minister, Minister of Finance, Minister for COVID-19 Response, and Minister of Health.

Due Diligence Process

6. The due diligence process has commenced with initial meetings held between DPMC and receiving agency nominated contact points.   As part of the discovery phase, information is being collated and exchanged on how each function is delivered, and the people, infrastructure and contractual arrangements involved. Subsequent discussions will cover in detail how DPMC COVID-19 Group functions and people will integrate into the structure of the receiving agency and what further information is required to ensure transition is successful. Knowledge and information transfer will be part of the transition.

7. The extent of the process is expected to vary for each function to take into account the specific characteristics and complexity of the tasks involved, but will follow a standard process. This will include discussions with DPMC staff affected by the transition.

8. DPMC met with Treasury vote analysts for DPMC and Health to develop some guidance for receiving agencies on what might need to be demonstrated to Ministers to meet the very high threshold Cabinet expects for any existing DPMC COVID-19 funding to transfer alongside any functions (noting that any existing funding runs out in June 2023).

9. Given the current fiscal situation and that future budget allowances are tight, the expectation is that costs arising from the transfer of people with functions or new staff to undertake these (salaries and associated overheads) should be able to be absorbed within departmental baselines, especially in larger organisations with greater headroom.

10. Funding transfers may be considered for: 1) significant fixed costs, such as contracts or other infrastructure that are needed to continue the COVID-19 response or 2) bespoke capability or specialist roles not currently resident in the receiving agency that need to be established in order to deliver the function. In both cases, the receiving agency will need to demonstrate they are not in a position to reasonably reprioritise existing funding. This guidance will be shared with contacts in receiving agencies who are working on transition..

11. The outcome of the due diligence discussions occurring over July and August will be presented to each agency for endorsement at Chief Executive level and incorporated into advice to the small group of Ministers who will take final decisions on the timing and appropriation changes (if any). This is expected to be finalised in early September.

Recommendations

12. I recommend the COVID-19 Chief Executive Board members:

   a. **Note** initial due diligence meetings have been held with all agencies who will receive functions currently undertaken by the DPMC COVID-19 Group

   b. **Note** the expectation that the process will be concluded to enable advice to be provided in September to the subset of Ministers who will take final decisions on the timing of the transfer and appropriation changes, if any.

Ruth Fairhall
Deputy Chief Executive, COVID-19 Group
Department of the Prime Minister and Cabinet

COVID-19 Transition – Success and Risk Framework

Level 0:

Ultimate objective is...

Trust and confidence in the new steady state for Government's response to COVID-19

That there is an enduring and effective COVID-19 management system in place that is sustainable and able to manage an endemic COVID-19 response, and able to respond to future variants, with the predominant model devolved into agencies as part of their day-to-day activities

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Level 1:

Success looks like...

(outcomes – 'the end')

Adaptable and prepared
Ability to address (identify and respond to) future variants over time

Workforce
Capability, capacity and wellbeing of the COVID-19 response workforce

Te Tiriti
Alignment with Te Tiriti principles

Planning
Effective planning, surveillance and contingency/continuity arrangements

Governance
Appropriateness and clarity of oversight and coordination mechanisms

Continuous Improvement
Effectively identified insights and mechanism to learn from the last response

Integration
Joined up, aligned and effective system response with information need met

Transition Plan
A clear agreed plan to transition to the future operating model

... underpinned by (enablers – 'the means to the end')

Clear picture of the system
Understanding of the key elements that are needed in the response to and management of COVID-19

Accountabilities
Roles and responsibilities are clearly defined and delineated, including the decision-making powers

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Level 2:

Major areas of risk or uncertainty associated with delivery are...

Funding and Support
Government funding of future levers and public expectations around support

Technology
The readiness of technology and tools to be reactivated for future responses

Stakeholder expectations
The extent to which expectations are understood and met

Information
The extent to which data and information is collected, available, shared and protected

Knowledge Retention
The level of institutional knowledge captured into the ongoing system and business continuity planning

Integration and collaboration
The extent to which an effective All-of-Govt approach is maintained

Legality
The extent to which legislative and regulatory frameworks support future response levers

Reform
The impact of wider reform, eg Health System, Disability and social sector reform

COVID-19 Chief Executives Board
Terms of Reference[1]

Purpose of CCB

1. The role of the COVID-19 Chief Executives Board (CCB) is to provide system leadership in navigating New Zealand through the COVID-19 pandemic over the next two to three years; ensuring that the system is informed; is doing what it needs to, at the pace required; and that risks are identified and mitigated. CCB is accountable for providing system assurance and oversight to Ministers.

2. The establishment of CCB recognises that COVID-19 transcends traditional sector boundaries, and that optimising New Zealand's COVID-19 outcomes requires a joined-up, all-of-government approach to system leadership.

Remit

3. CCB is established as a standing committee of the Officials' Committee for Domestic and External Security Coordination (ODESC) system. ODESC is mandated by Cabinet[2] to provide advice to Government on all matters of national security[3], including pandemics. New Zealand's approach to national security is underpinned by seven key objectives including:

   a. **Ensuring public safety** — providing for, and mitigating risks to, the safety of citizens and communities (all hazards and threats, whether natural or man-made);

   b. **Preserving sovereignty and territorial integrity** — protecting the physical security of citizens, and exercising control over territory consistent with national sovereignty;

   c. **Protecting lines of communication** — these are both physical and virtual and allow New Zealand to communicate, trade and engage globally;

   d. **Strengthening international order to promote security** — contributing to the development of a rules-based international system, and engaging in targeted interventions offshore to protect New Zealand's interests;

   e. **Sustaining economic prosperity** — maintaining and advancing the economic well-being of individuals, families, businesses and communities;

   f. **Maintaining democratic institutions and national values** — preventing activities aimed at undermining or overturning government institutions, principles and values that underpin New Zealand society.

4. CCB's remit is:

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[1] Updated and agreed on 28 June 2022
[2] DES Min (11) 1/1
[3] Cabinet has agreed a broad definition of security that includes civil contingencies and societal risks.

a. **Overall system performance** (including driving system-level collaboration and coordination in respect to the COVID-19 work programme).

b. To **sponsor** and **advise** on the Government's medium-term **COVID-19 strategy** (recognising that this is ultimately subject to ministerial direction).

c. To identify the **system-level risks** and the **system-level priorities** that flow from this strategy.

d. To oversee the associated **work programme** that addresses both the **strategy's priorities** and **risks** and to provide assurance to Cabinet on the same.

e. To provide **a point of escalation for complex decisions**. This is particularly so in circumstances where it is not immediately clear where accountability at the agency level should lie.

f. Overseeing the **development of the COVID-19 system transition plan** to ensure it supports a shift toward a more sustainable mode of operation, while retaining the ability to be responsive to changes in the evolution and characteristics of the virus.

5. To achieve its remit, CCB is expected to:

a. Take a **holistic and strategic view** (encompassing health, economic and social outcomes across reduction, readiness, response and recovery).

b. Aid and promote a **common understanding of the Government's strategy**.

Scope

6. It is expected that CCB will primarily focus on COVID-19-related issues that involve more than one sector or require a system response.

7. CCB will provide advice to Cabinet on system priorities including the relative priority of COVID-19 related work compared to other priorities. CCB will also provide advice on the forward-looking work programme to support the Government's COVID-19 strategy. Decisions on CCB's high level work programme, including the reallocation or prioritisation of resources within or across the public service remain with Cabinet.

8. For the avoidance of doubt, nothing in these terms of reference should be read as affecting or altering any responsibility or accountability for any statutory functions, duty, or power to be performed or exercised by any Chief Executive or department represented on CCB, or by any other Chief Executive or department within the remit of CCB.

Membership

9. Membership is set as described in Annex A. Membership may be amended as New Zealand's COVID-19 situation and strategy changes.

10. Members of CCB are Chief Executives who represent sectors; in most cases, members also chair their corresponding sector governance board(s). Members are expected to represent the views of the sector agencies and wider stakeholders (including iwi, private sector, NGOs and vulnerable communities as appropriate) at CCB, providing assurance to CCB regarding their respective sectors, and keeping sectors and key stakeholders informed about CCB discussions.

11. While each sector is structured differently, most are supported by a range of steering and working groups.

12. If a Chief Executive is unable to attend a CCB meeting, an acceptable delegate is another Chief Executive within the relevant sector or a delegate who is formally acting as a Chief Executive.

13. Additional CEs will be invited to attend CCB if a topic is directly related to their portfolio.

14. CCB is chaired by the Chief Executive, Department of the Prime Minister and Cabinet (DPMC).

Meetings

15. Secretariat support for CCB will be provided by DPMC's COVID-19 Group. The secretariat will ensure the conditions are in place for sound strategic decision-making by CCB, including supporting the Chair to identify and triage issues; working with CCB agencies to manage the Board's work programme and system risks; ensuring that items are framed to facilitate strategic discussions; and maintaining sound board practices (record keeping, etc).

16. The frequency of CCB meetings will depend on the circumstances and will be determined by the Chair in consultation with the members.

17. In the event of a significant resurgence or COVID-19-related crisis, the Chair may request that ODESC convenes rather than CCB.

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Annex A: Membership of COVID-19 CE Leadership Board

CCB member	Sector
CE DPMC (Chair)	Chair ODESC (SIB & HRB)
Public Service Commissioner	Public Service
Deputy DG Health	Health sector
CE MSD (Chair Employment, Education and Training (EET))	Social sector; Employment, Education and Training (EET) CEs
CE Treasury, CE MBIE	Economic Strategy and Impacts, Business sector
Chair, Border Executive Board	Border
CE MFAT	International
CE MoJ	Justice Sector and Enforcement; Chair Justice Sector Leadership Board
CE Te Arawhiti	Crown/Māori relationship
Solicitor-General	Crown Law
CE MPP	Pacific community
In attendance	
DCE COVID-19 Group (DPMC)	COVID-19 Group (DPMC)
By exception	
CE Health New Zealand CE Māori Health Authority	Health sector
CE MoT	Critical Infrastructure and ICT

28 June 2022

To: Members, COVID-19 Chief Executives Board

Future CCB: Amendment to Draft Terms of Reference

Purpose

1. On 14 June, I advised the Board that I would bring a paper outlining the future form of CCB for discussion. This paper proposes frequency of meetings, slight changes to membership, and confirms a focus for CCB commensurate with a less centralised approach, a move away from the emergency response-based arrangements but retaining a preparedness to respond.

Context

2. The Board's Terms of Reference were formulated in September 2020 and circulated to the Board for the first meeting on 17 November 2020. There was a minor amendment in May 2022 to include the Board's oversight role in the transition:

   *Overseeing the **development of the COVID-19 system transition plan** to ensure it supports a shift toward a more sustainable mode of operation, while retaining the ability to be responsive to changes in the evolution and characteristics of the virus.*

3. CCB continues to have an important role to play across the transition. The Success and Risk Framework (standing agenda item) provides a structure for CCB to continue to monitor success and manage major areas of risk about transition.

4. Additionally, there is ongoing Cabinet and Cabinet Committee reporting needed. For example, the Cabinet paper "COVID-19: Confirming New Zealand's Approach to Variants of Concern" requires report-backs including: a system readiness exercise before the COVID-19 Group transitions; Health and Disability system preparedness; measures to support improved ventilation; interim self-isolation at the border. The same paper also notes a National Management Plan update will be prepared to provide a high-level overview of the management of new variants within the context of the post-winter strategy and future institutional structures.

5. There is also ongoing and significant legislative work for the next tranche of COVID-19 legislation which will require an experienced all-of-Government lens.

6. Finally, with the potential disestablishment of the National Response Leadership Team (NRLT), the CCB will also be the primary mechanism to guide an all-of-government COVID-19 response should there be a requirement to convene with urgency. Our future

state COVID-19 system will need to continue to be responsive and able to support the Government's strategic approach to managing COVID-19.

7. In short, our work is not done as a Board, and we continue to have an important role to play, perhaps increasingly so given the demands to deliver on other key Government work programmes.

CCB Terms of Reference Amendments

8. Some minor amendments are proposed to the Terms of Reference, and these are shown as track changes in Appendix 1.

9. **Frequency of Meetings.** As discussed at the meeting on 14 June, the meeting frequency will change from fortnightly to monthly. The Chair will reserve the right to convene a meeting out of cycle if COVID-19 matters arise, and a fortnightly placeholder will be retained for the near-term.

   a. Next meeting to be held on the 26 July.

10. **Chair.** The TOR states 'CCB is chaired by the Chair of ODESC'. This role is held by the Chief Executive, Department of the Prime Minister and Cabinet (DPMC).

   a. The meeting is currently chaired by Peter Mersi, Chief Executive of AoG COVID-19.
   b. I propose that the meeting be chaired by the CE DPMC.
   c. Appendix A, para 18 will be amended to reflect the change in Chair.

11. **Membership.** The following proposal for membership looks towards the future in accordance with the system transition, while also providing assurance to Ministers that a mechanism is in place to provide an All-of-Government system view (in the context of decentralised response functions). The only changes, subject to our discussion, is for membership to extend to the CE Te Arawhiti, and the CE Ministry for Pacific Peoples. The CE Te Puni Kōkiri would no longer be required unless by exception, to reflect the shift from Māori economic and development, to a focus on Māori/Crown relations.

   a. **Membership of COVID-19 CE Board**

CCB member	Sector
CE DPMC (Chair)	Chair ODESC (SIB & HRB)
Public Service Commissioner	Public Service
DG Health	Health sector
CE MSD	Social sector; Employment, Education and Training (EET) CEs

CE Treasury	Economic Strategy and Impacts
CE MBIE	Business sector
Comptroller Customs	Border; Chair Border Executive Board
CE MFAT	International
CE MoT	Critical Infrastructure and ICT
CE MoJ	Justice Sector and Enforcement; Chair Justice Sector Leadership Board
CE Te Arawhiti	Crown/Māori relationship
Ministry for Pacific People	Pacific community
Solicitor-General	Crown Law
In attendance	
DCE COVID-19 Group (DPMC)	COVID-19 Group (DPMC)

b. Health New Zealand and The Māori Health Authority may attend by exception.

12. **Deleted sections** in the TOR are Appendix A para 7, 12 and 15.

13. **Added reference to Senior Officials Committee (SOC):** After the DPMC policy and strategy/cross-agency coordination function has transitioned to the Ministry of Health, the Senior Officials Committee (SOC) ("soft-wiring") will be stood up. The Chair of CCB will maintain a close relationship with the Chair of the Senior Official Committee (SOC) to enable Chair of SOC to raise emerging risks and issues and discuss the need to convene CCB.

8.1 SOC will ensure:
   a. That advice being tendered reflects an All-of-Government perspective.
   b. That appropriate agencies have been engaged.
   c. A system level overview of system risks and issues.
   d. Views of agencies are reflected in Cabinet papers.

Recommendations

14. I recommend the COVID-19 Chief Executive Board members:

   a. **Note** the Board's Terms of Reference were formulated in September 2020 and last revised in May 2022.

   b. **Agree** the Terms of Reference are updated with the contents of this paper or any decisions that come out of the 28 June CCB.

   c. **Agree** the Terms of Reference are finalised.

   d. **Note** the updated and finalised Terms of Reference will be circulated to members.

Peter Mersi
Chief Executive All of Government COVID-19 Response and Chair of the COVID-19 Chief
Executives Board
Department of the Prime Minister and Cabinet

Released under the Official Information Act 1982

Appendix A deleted as it is a draft version of Item 5

26 July 2022

To: Members, COVID-19 Chief Executives Board

Draft paper for Minister for COVID-19 Response: Assurance on System readiness to respond to a variant of conern

Purpose

1. The purpose of this draft paper is to provide the Minister for COVID-19 Response with an update on activities underway to ensure the readiness of the COVID-19 system to respond to a new variant of concern.

Background

2. Recently Cabinet discussed the Government's response to variants of concern that may arise in the future, the changes to our COVID-19 strategy post-winter, and the legal and institutional settings required to ensure our approach for managing COVID-19 is sustainable over the longer term [CAB-22-MIN-0223; CAB-22-MIN-0251].

3. A priority for the Minister for COVID-19 Response is the readiness of the system to respond to a variant of concern. A key feature of the Cabinet papers was a series of report backs to COVID-19 Ministers and Cabinet to give assurance that the system is ready, particularly given the concurrent changes in institutional arrangements.

4. The draft paper attached provides an update on the activities underway to give the Minister for COVID-19 Response assurance that these activities are underway.

Declaration of Readiness for the Catalogue of Measures (National Management Plan)

5. Cabinet also agreed that as part of the readiness assurance, the National Management Plan (NMP) will be updated to reflect the post-winter strategy and any changes to institutional arrangements [CAB-22-MIN-0223].

6. The NMP steps through high-level guidance for the all-of-government COVID-19 response system, agencies' respective roles and responsibilities, and guides the system through the decision-making architecture.

7. A section of the NMP overviews the measures and settings available to manage COVID-19 (including current and latent measures). A companion document, the Catalogue of Measures, contains the operational details (eg, time to operationalise, dependencies, accountabilities) for each of the measures.

8. This catalogue will also be updated to reflect the baseline and response measures in line with the post-winter strategy.

9. As part of the assurance provided to the Minister for COVID-19 Response (see paragraph 24), the COVID-19 Group will seek confirmation from Chief Executives that their agencies are aware of, and ready to activate the measures they are responsible for, as set out in the Catalogue of Measures.

Chief Executives to review and report on readiness

10. In addition, Public Sector Chief Executives are required to keep their variant readiness plans under review and fit-for-purpose across variant scenarios and provide to COVID-19 Ministers regular updates on their variant of concern readiness [CAB-22-MIN-0223 refers].

11. The attached paper proposes a light touch method to support CEs to fulfil those two requirements (see paragraphs 25-29, and below).

    a) *We propose that the lead agency for all-of-government coordination (ie, Ministry of Health) establish regular exercises (eg, twice annually) to provide assurance that the system's readiness is reviewed and informed by up-to-date understanding of current variants of concern. Participation in this exercise could satisfy the requirement to review readiness plans (CAB-22-MIN-0223].*

    b) *Following each exercise, a report could be provided to COVID-19 and serve as the regular report backs to COVID-19 Ministers on readiness, satisfying the requirements for regular reporting [CAB-22-MIN-0223].*

12. I am seeking CCB's views on whether this approach is appropriate and desirable.

Next steps

13. Following this meeting, we will write to Chief Executives setting out the measures they are responsible for and seek their confirmation of readiness by 19 August. This assurance will be included in the report back to the Prime Minister and the Minister for COVID-19 Response [CAB-22-MIN-0223 refers].

14. Assuming the CCB is comfortable with the paper attached, I will send the paper to Minister for COVID-19 Response and the Prime Minister.

Recommendations

15. I recommend the COVID-19 Chief Executive Board members:

    a. **Note** the contents of the attached paper, "Assurance on system readiness to respond to a variant of concern"

    b. **Note** that Chief Executives will soon receive a Declaration of Readiness for the Catalogue of Measures, as part of readiness assurance work, for completion by 19 August.

    c. **Agree** that the proposal to incorporate CE report backs into regular exercising be included in the attached paper

    d. **Note** that the attached paper will be sent to the Minister for COVID-19 Response and the Prime Minister.

Rachel Sutherland
Manager of System Assurance and Continuous Improvement
COVID-19 Group, Department of the Prime Minister and Cabinet

DEPARTMENT OF THE
PRIME MINISTER AND **CABINET**
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

Briefing

ASSURANCE ON SYSTEM READINESS TO RESPOND TO A VARIANT OF CONCERN

To [Name] Portfolio name in bold (Minister's name not bolded in brackets)			
Date	26/07/2018	**Priority**	[Priority]
Deadline	Click here to enter a date.	**Briefing Number**	DPMC-2021/22-2446

Purpose

1. The purpose of this report is to give the Minister for COVID-19 Response and the Prime Minister assurance of work underway to ensure that the public sector is ready to respond to a new variant of concern.

Recommendations

1. **Note** the contents of this report.

Amber Bill **Head System Assurance and** **Continuous Improvement** **COVID-19 Response**	**Hon Dr Ayesha Verrall** **Minister for COVID-19 Response**
...../...../....	...../...../....

Contact for telephone discussion if required:

BRIEFING TITLE	Report No.

Name	Position	Telephone		1st contact
Amber Bill	Head of System Assurance and Continuous Improvement COVID-19 Response	DDI	Mobile s9(2)(a)	✓
Rachel Sutherland	Manager Assurance and Continuous Improvement	DDI	Mobile	

Minister's office comments:

☐ Noted
☐ Seen
☐ Approved
☐ Needs change
☐ Withdrawn
☐ Not seen by Minister
☐ Overtaken by events
☐ Referred to

Assurance on readiness to transition to new COVID-19 Strategy	DPMC-2021/22-2446

ASSURANCE ON SYSTEM READINESS TO RESPOND TO A VARIANT OF CONCERN

Purpose

1. The purpose of this report is to give the Minister for COVID-19 Response and the Prime Minister assurance of work underway to ensure that the public sector is ready to respond to a new variant of concern.

Background

2. Recent Cabinet papers (COVID-19: Confirming New Zealand's Approach to Variants of Concern [CAB-22-MIN-0223] and COVID-19: Strategy for post winter [CAB-22-MIN-0251/SWC-22-MIN-0118]) set out the Government's response to variants of concern that may arise in the future, the changes to our COVID-19 strategy post-winter, and the legal and institutional settings required to ensure our approach for managing COVID-19 is sustainable over the longer term.

Throughout the pandemic our strategy has evolved to respond to changes in the virus.

3. Cabinet recently signalled their intention to shift to a new strategy for managing COVID-19 once we were past the winter stage of the Omicron outbreak [CAB-22-MIN-0086].

4. That approach will be delivered using a set of baseline measures – those that will remain in place all the time and support us to maintain and build resilience and provide protection; and reserve measures, where the risk posed by COVID-19 escalates (eg, there is a new variant of concern) and more restrictive measures are justified.

Our response system continues to move towards decentralisation of functions.

5. Over time, our response system has moved away from a model of centralised decision making to a greater emphasis on responsibility lying with sectors and individuals, leveraging the capability of line agencies to deliver on the Government's COVID-19 strategy.

6. The new strategy proposes a further shift away from an emergency response-based operating model to a more enduring model, in which the Ministry of Health will be responsible for leading the all-of-government response.

7. At the same time as this transition, Aotearoa New Zealand's health and disability system is in the midst of significant structural reform. It is critical that Ministers are assured that the Government's response to COVID-19 will continue to be effectively managed.

System readiness for a variant of concern

8. The National Management Plan (NMP) sets out high-level guidance for the all-of-government COVID-19 response system, should it need to be re-activated to manage future outbreaks or variants of concern.

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9. The NMP outlines how Cabinet decisions are operationalised, how we intend to manage new variants, agencies' respective roles and responsibilities, and coordination arrangements. The NMP guides the system through the decision-making architecture.

10. The NMP has been updated quarterly since December 2020, as the virus and our strategy to manage it has evolved.

11. The Cabinet paper COVID-19: Confirming New Zealand's Approach to Variants of Concern [CAB-22-MIN-0223] set out five hypothetical scenarios to variants of concern to inform high-level health and disability system response planning.

12. Undertaking preparedness activities guided by these scenarios process enhances our readiness to effectively respond to new variants of concern.

Assurance of system readiness

13. To gain assurance that the COVID-19 response is prepared to respond to any future variant of concern, Cabinet has directed a range of report backs by various agencies.

14. The table below sets out the assurance content asked for, and the outputs that will deliver that assurance.

Table 1: Report backs and readiness activities asked of agencies

	Agency	Assurance content	Cabinet Ref	Deliverable
Approaches to Variants of Concern	DPMC	System readiness to respond to a variant of concern	Para 22, CAB-22-MIN-0223	• **8-12 August 2022** System Readiness Exercise • **August 2022** Report to PM and Minister for COVID-19 Response
			Para 24, CAB-22-MIN-0223	• **July-September 2022** Update National Management Plan
	MoH (HNZ, MHA)	Readiness of health and disability system, including testing modality and capacity requirements, contact tracing approach, resource requirements	Para 16, CAB-22-MIN-0223	• **August 2022** Report to Health Ministers
	MBIE, MoH	Further detail of how self-isolation and quarantine of int'l arrivals will be managed as an interim measure	Para 19, CAB-22-MIN-0223	• **August 2022** Report to COVID-19 Ministers
	MBIE, MoH	Potential measures to support improved ventilation	Para 17, CAB-22-MIN-0223	• **October 2022** Report to COVID-19 Ministers
	Public Sector CEs	Public Sector agencies' variant readiness plans under review and fit-for-purpose	Para 21, CAB-22-MIN-0223	CEs provide regular progress reports to COVID-19 Ministers

Assurance on readiness to transition to new COVID-19 Strategy	DPMC-2021/22-2446

		Strategy for managing COVID-19 post-winter	Para 23, CAB-22-MIN-0223	• **Completed July 2022** CAB-22-MIN-0223 Approach to variants of concern CAB-22-MIN-0251 COVID-19 Strategy for Post-Winter
	DPMC			
	DPMC	Readiness to revoke the COVID-19 Protection Framework and move to the new strategy	Para 13, CAB-22-MIN-0251/SWC-22-MIN-0118	• **August 2022** Advice to Cabinet
	DPMC	Further detail to support the legislative transition	Para 22, CAB-22-MIN-0251/SWC-22-MIN-0118	• **August 2022:** Advice to Cabinet
	DPMC	Timing and appropriation changes associated with COVID-19 transition	Para 30, CAB-22-MIN-0251/SWC-22-MIN-0118	• **September 2022** • Report to Ministers with Power to Act

(The leftmost column is labelled vertically: "Implementation of Post-Winter Strategy")

15. As part of the system assurance function of the COVID-19 Group, we will provide you with regular progress reports on the system readiness to introduce the new post-winter strategy.

Progress on readiness activities

System readiness exercise

16. DPMC is preparing to run a system readiness exercise in the week 8-12 August 2022.

17. Participants in the exercise will include representatives from National Response Group (NRG) members and representatives of new health entities.

18. The exercise will be strategy neutral and will determine if the system is ready to respond to Scenario Four - High clinical severity, High immune escape (the worst case) of the Variants of Concern plan.

19. The exercise will review and test the current decision-making architecture as set out in the National Management Plan. It will also determine:

    a) that there is a clear understanding of the roles and responsibilities of the health entities within the system to respond to Scenario Four of the Variants of Concern plan, including in respect of functions they will be assuming from DPMC as per the high-level transition plan described in CAB-22-MIN-0251;

    b) that they will be able to execute those functions, including leadership of the all-of-government response once transition has occurred.

20. Following the exercise, DPMC will provide you and the Prime Minister with a report outlining areas of success and any identified vulnerabilities (and recommended mitigations for these) by the end of August 2022 [CAB-22-MIN-0223 refers].

The National Management Plan and Catalogue of Measures

21. The National Management Plan (NMP) sets out high-level guidance for the all-of-government COVID-19 response system. As described above, the NMP will guide the readiness exercise, and will be updated to capture the changes to the response or roles and responsibilities that occur as a result of the transition.

Assurance on readiness to transition to new COVID-19 Strategy	DPMC-2021/22-2446

22. DPMC has been updating the NMP iteratively as our response adapts to variants of concern. The most recent iteration (May 2022) included a full review and refresh of the tools and measures (including latent measures, such as international border closures) that have been used to respond to COVID-19.

23. As part of that update, a Catalogue of Measures has been developed as a companion resource that contains the operational details for each of the measures. This catalogue will be updated to reflect the baseline and response measures in line with the new post-winter strategy [CAB-22-MIN-0223 refers].

24. DPMC will also be seeking Chief Executives' confirmation that they are aware of the baseline and reserve measures that they are responsible for, and that their agency is ready and able to activate that measure should it be required for a response to a variant of concern.

Public Sector Chief Executives to review and report on readiness

25. Cabinet also agreed that Public Sector Chief Executives keep their variant readiness plans under review and fit-for-purpose across variant scenarios and provide to COVID-19 Ministers regular updates on their variant of concern readiness [CAB-22-MIN-0223 refers].

26. We propose a light-touch method that could be adopted to support Chief Executives to satisfy these Cabinet requirements.

27. We propose that the lead agency for all-of-government coordination (ie, Ministry of Health) establish regular exercises (eg, twice annually) to provide assurance that the system's readiness is reviewed and informed by up-to-date understanding of current variants of concern. Participation in this exercise could satisfy the requirement to review readiness plans (paragraph 20, CAB-22-MIN-0223].

28. Following each exercise, a report could be provided to COVID-19 Ministers in the same format as the report described in paragraph 22, on behalf of Chief Executives. Specifically, that report should confirm system readiness to respond to a variant of concern and identify any vulnerabilities (and recommended mitigations).

29. This post-exercise report could serve as the regular report backs to COVID-19 Ministers on readiness, satisfying the requirements for regular reporting [paragraph 21, CAB-22-MIN-0223].

Consultation

30. The COVID-19 Chief Executive Board has reviewed this report and are comfortable with the proposed approach set out in paragraphs 28-32.

Next Steps

31. Subject to consultation with agencies on methods of report back.

Attachments:	Title
Attachment A:	Timeline