26 January 2022

Ref: OIA-2021/22-0755

Dear

Official Information Act request relating to information re. AoG Readiness Workshops

Thank you for your Official Information Act 1982 (the Act) request received on 13 December 2021. You requested:

I would like to make a request for information relating to three All of Government COVID-19 Readiness Workshops held earlier this year: For these workshops:

- *Queenstown Winter Resurgence (June)*
- *Responding to Multiple Events (July)*
- *Preparing for Delta (August)*

I request copies of the following:

1) *The workshop agenda or programme*
2) *Any presentations or reading materials prepared for participants*
3) *Any minutes or other contemporaneous notes*
4) *Any review of summary of the workshop and its outcomes, including any resultant action plans or work programmes*

Information being released

Please find attached the following requested documents.

Item	Date	Document Description/Subject
1.	15 Jun 2021	Winter Resurgence Readiness Workshop
2.	06 Jul 2021	COVID-19 Group: Update on Winter Resurgence Readiness Workshop
3.	12 Aug 2021	Report back on Delta variant readiness planning workshop
4.	Not Applicable	AOG Readiness Workshop – Recalibrating for Delta
5.	Not Applicable	System Workshop – Recalibrating for Delta
6.	Not Applicable	Initial Summary – Queenstown Winter Readiness Workshop
7.	Not Applicable	Multiple Concurrent COVID-19 Event Contingency Planning

This response will be published on the Department of the Prime Minister and Cabinet's website during our regular publication cycle. Typically, information is released monthly, or as otherwise determined. Your personal information including name and contact details will be removed for publication.

Yours sincerely

Cheryl Barnes
Deputy Chief Executive, COVID-19 Response

Winter Resurgence Readiness Workshop

15 June 2021

Welcome

- Welcome
- Introductions
  - Name
  - Role and how you contribute to the wider system
  - "Feel Good" song
- Scope
  - Scene setting
  - Regional brief and work to date
  - Lessons Learnt / Gap Analysis
  - Scenario
    - Initial response
    - Immediate and sustained response
  - Stocktake
  - Next steps

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Welcome to the Ministerial Meeting Room

The following health and safety procedures must be read to the audience by either the MC or host, before an event commences.

Fire	• Should the fire alarms sound, please evacuate the venue via the same route you entered or via the nearest safe exit. • Please follow the directions of security staff and fire wardens. • The assemble point is outside at the Seddon statue, out on the front lawns.
Medical Emergency	• In the event of a medical emergency, please refrain from calling 111. • Inform security or venue staff immediately. • Security will manage any medical emergency within the Parliamentary complex.
Earthquake	• In the event of an earthquake, drop, cover and hold, until it stops. • Please keep away from windows and other obvious hazard in the venue. • Please remain inside the venue and await instructions from the security staff.
Visitor Stickers	• On arrival you were issued with a visitor's sticker, please ensure it's clearly visible and do not remove or discard it.
Toilets	• The toilet facilities for the ministerial meeting room are located by 2.1 and 2.6 executive wing
Smoking	• All parliament buildings are smoke free. • Guests are only welcome to smoke outside the main gates on Molesworth Street.
Phones	• Please switch your mobile phone to silent for the duration of the event. • Photos are permitted within the ministerial meeting room only. • Please do not take photos anywhere outside of this room.
Division Bells	• Every Tuesday, Wednesday and Thursday during sitting weeks, the division bells will sound for the members in the debating chamber at 1:50pm and 6pm and again at 7.20pm and 10pm on Tuesday and Wednesday. • The division bells may on occasion ring outside of these times, due to voting in the debating chamber.

In the event of an emergency only, contact Parliament's Security Staff on 04 817 7777

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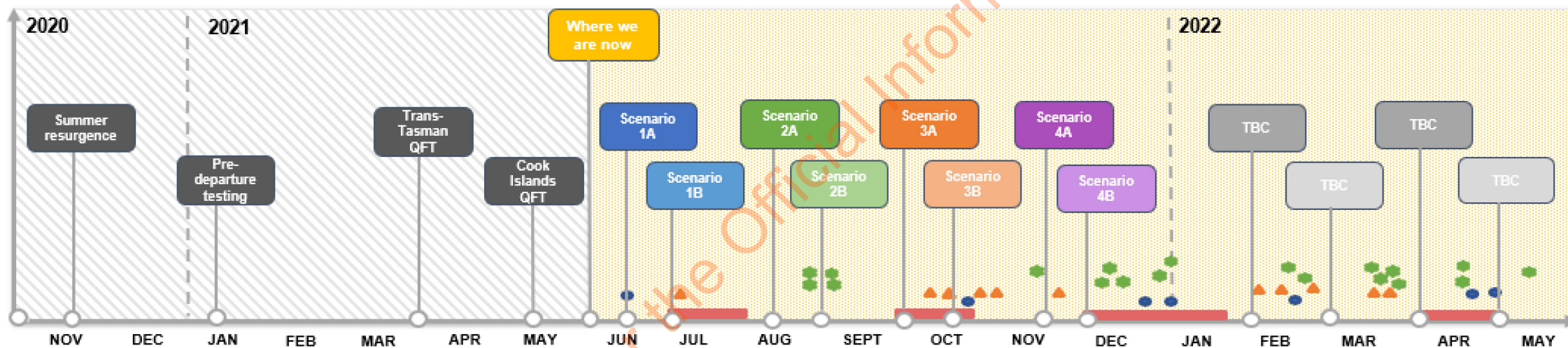Te Kāwanatanga o Aotearoa

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System Readiness
Scene Setting

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DRAFT

COVID-19 Response – Pathway to Readiness

Purpose of this document

To provide an overview of the workplan for scenario planning for the remainder of 2021. DPMC will facilitate a series of planning workshops, focusing on New Zealand's domestic preparedness for a potential COVID-19 response.

Legend:
- Completed workshop
- National workshop
- Regional workshop
- School holidays
- Large event
- Public holiday
- Regional anniversary

Timeline (2020 / 2021 / 2022):
- Summer resurgence
- Pre-departure testing
- Trans-Tasman QFT
- Cook Islands QFT
- Where we are now
- Scenario 1A / Scenario 1B
- Scenario 2A / Scenario 2B
- Scenario 3A / Scenario 3B
- Scenario 4A / Scenario 4B
- TBC / TBC / TBC / TBC

Months: NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC JAN FEB MAR APR MAY

Workshop Principles

- DPMC and Ministers commit to an ongoing work programme which is carried out throughout 2021.
- An important function of the COVID-19 Group Planning and Readiness team is the maintenance of the National Response Plan, and to ensure readiness of the system to respond

- Workshop scenarios will evolve based on Government and health priorities, informed by seasonal and event imperatives.
- Future workshops will continue to build on previous lessons identified.

Workshop Outputs

June / July - Scenario 1
Theme: Winter resurgence in Queenstown

Purpose: To test the NRP and ensure readiness in a popular holiday destination, prior to upcoming winter holidays and events.

Key considerations to work through:
- National outbreak
- Multiple regions impacted

Future focus – Scenario 2, 3, 4 and beyond

Purpose: to continue to explore new scenarios, or where appropriate review previous real time outbreaks (both domestic and international) to ensure lessons identified have been integrated into response plans.

Key considerations to work through:
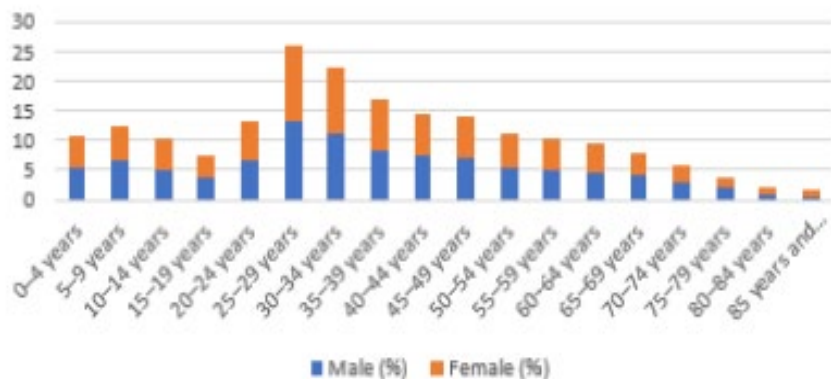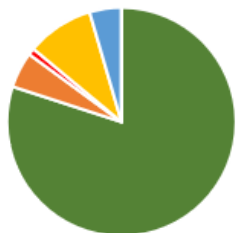
Queenstown Regional Brief

Population

The Queenstown-Lakes District (QLD) is made up of Queenstown and Wanaka townships (including Arrowtown, Glenorchy, Luggate, Cardrona, Makarora and Hāwea), and is home to approximately 39,000 residents. Of these residents, approximately 70% (> 27,000) reside in Queenstown and 30% (> 12,000) reside in Wanaka.*

Population age breakdown

■ Male (%) ■ Female (%)

Population demographic

■ European
■ Pacific peoples
■ Middle Eastern/Latin American/African
■ Māori
■ Asian
■ Other ethnicity

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MIQ and health facilities

Queenstown does not currently have an MIQ facility in close proximity, any positive or probable cases would need to be moved to Christchurch, Approximately 6 hours drive away.

A contract is in place with Johnsons to carry any infected individuals, these vehicles are equipped with onboard WC facilities.

QLD is covered by southern DHB, with 5 major hospitals in the region, Invercargill, Gore, Dunedin, Queenstown and Oamaru. Not including the Queenstown-Lakes hospital the closest major hospital is in Invercargill which is at least 2 hours and 20 minutes away by motor vehicle.

Notable past and upcoming events

Event	Date(s)	Est. Attendance
Luma Southern Light Project	04/06-06/06/21	35,000
Queenstown Winter Festival	2/07 – 04/07/21	40,000+
Winter Games NZ	24/08-07/09/21	20,000-30,000
Winter Pride	27/08-05/09/21	3,000+
Queenstown Marathon	20/11/2021	10,000+

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*Population data sourced from Stats NZ 2018 census

COVID Preparedness – Southern Region

Southern

Southern Health

He hauora, he kuru pounamu

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About Southern DHB

- Based in Dunedin, and covers the bottom of the South Island, including Fiordland, Queenstown, Oamaru and Invercargill.
- It has a population of 344,900 people (2020/21 projection).
- Queenstown is the southern most International airport in New Zealand – with approx. 4 flights a day as part of Quarantine Free Travel
  - **This will be increased to up to 14 flights a day from 1 July 2021**
  - NZ Winter School holidays run from 9-24 July 2021
  - Australia Winter School holidays run from 28 June to 19 July 2021
- Southern DHB have managed positive cases before :
  - The Bluff Wedding
  - The Hereford Conference

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Observations and Issues Raised

- **Observations:**
  - Low Threshold
  - High Sensitivity
  - Rapid Tests
  - Waste-water testing
  - High level of arrival screening

- **Issues**:
  - Capacity
  - No Managed Isolation Facility (MIF)
  - Multi Agency Approach

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What has been done to mitigate identified risks?

- **Outputs:**

  - ✓ 0800 GET MOH (1) (0800 438 664)
  - ✓ SPOC – Single Point of Contact
  - ✓ Interim Transport Solution
  - ✓ Accommodation
  - ✓ NORT – National Outbreak Response Team

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- Any regional PHU that does not have a Managed isolation facility within their catchment will potentially identify with the concerns raised by Southern

- Table-top exercises will be carried out across all regions with The Lakes region to be exercised next (Taupo/Rotorua etc)

- They have been identified as likely to have an influx of visitors both within and outside our border in early July.

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Map of Queenstown

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Map of Queenstown-Lakes District
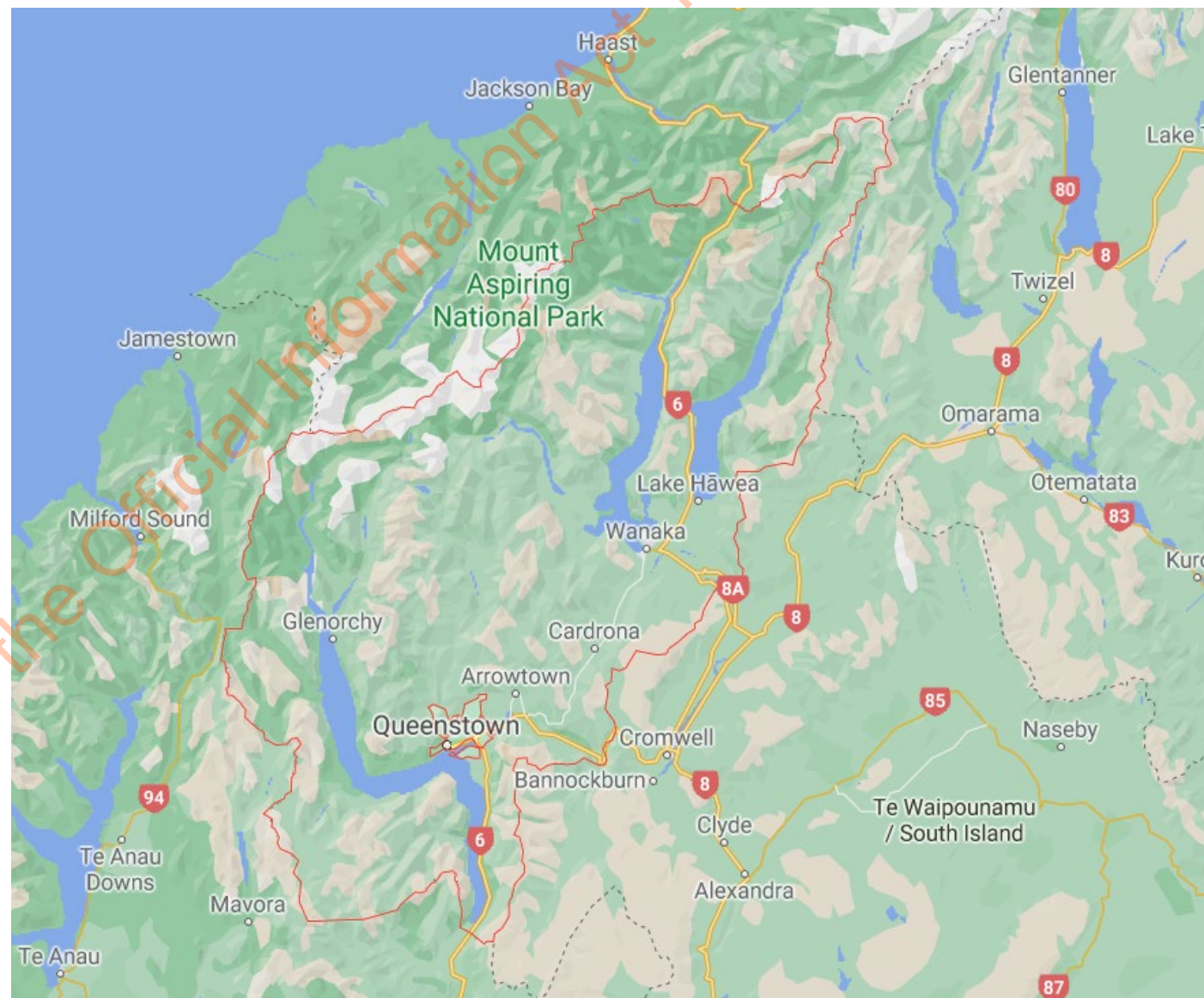
Key Assumptions

- Population will be mostly unvaccinated

- The outbreak most likely originate from Australia, and may also impact the Cook Islands

- Multiple regions impact as domestic tourists return home

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Lessons Learnt/ Gap Analysis

- Lessons from February 21 outbreak

- What does this experience mean for us in this scenario?

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Phase 1 — Notification, risk assessment & readying the system

Phase 2 — Immediate Response

Health Response

Ministry of Health

Initial assessment using
COVID-19 Response Checklist

C-19 Response
Checklist

! Positive result

System Response

Constant flow of information
as discovered

Signal message sent to COVID-19 Response Minister & NRLT Chair

NRG meeting
Review of COVID-19 Response Checklist; consideration of other system factors

NRLT meeting
Consideration of NRG advice

Iterative meetings possible to consider emerging developments

? ?

Ministers meet to decide response
- Activate system
- Monitor and hold
- No response

Cabinet considers options

Public announcement
PM/DG hold press conference to announce response

Order signed and gazetted

Relevant agencies
Response plans activated

NRLT meeting
Task NRG with system activation duties

NRG meeting
System activation

CDEM meeting
Regional coordination of response

PSC engage with Iwi Comms Collective

COVID-19 SOG meeting
Operationalising system activation

Business liaison and provision of feedback

CDEM meeting
Regional coordination of response

Communications and Notifications

NRLT notified

NRG Chair notified

NRG notified

Early notification of emerging advice
COVID-19 Senior Officials Group
CDEM Groups
GIS Central Portal Manager
Caring for Communities
Business (MBIE)
Local Government (DIA)
PCO and Crown Law

Early notification of detail of announcement
CDEM Groups
Caring for Communities
Business (MBIE)
Local Government (DIA)

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National Response Plan – Initial Response

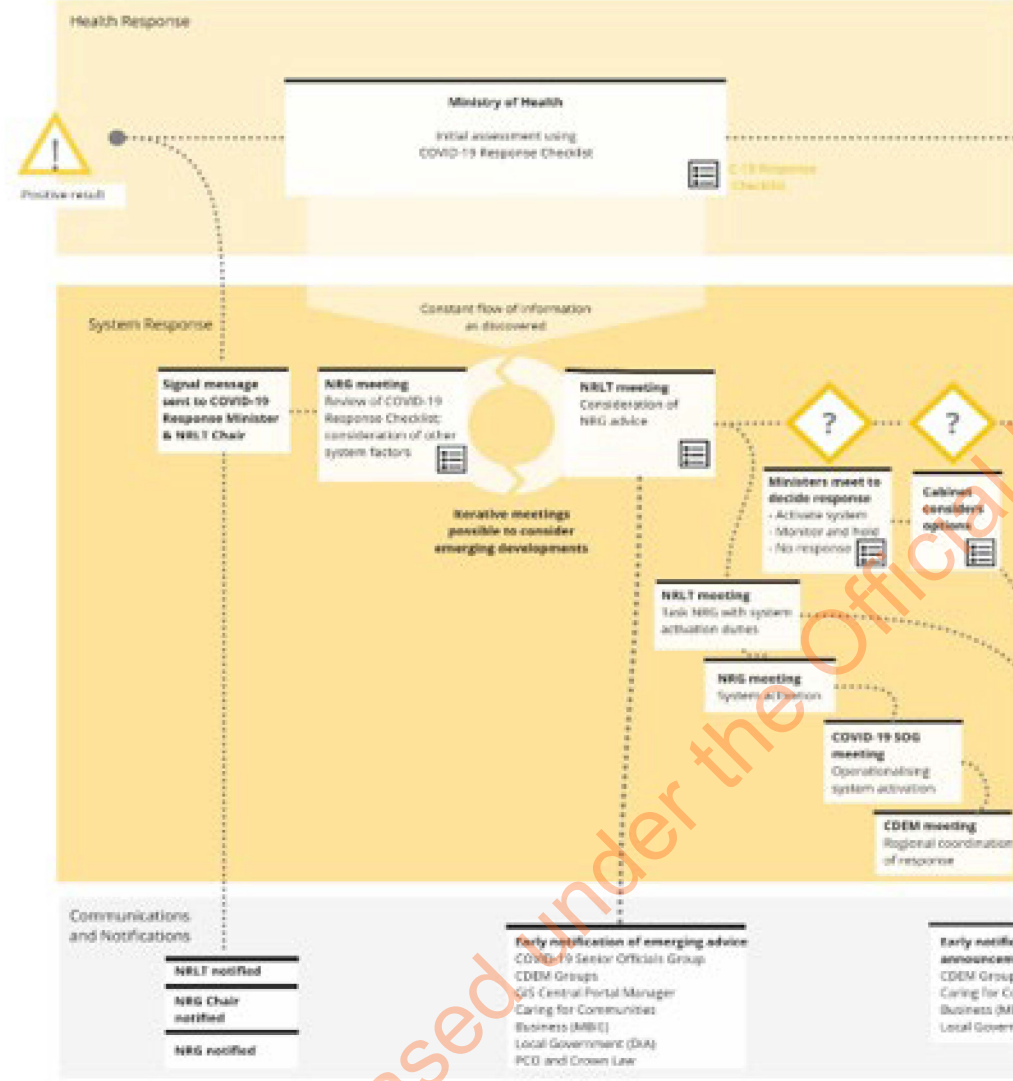| Step #	Responsibility	Actions
0	Laboratory	Suspicious positive case identified; PHU notified of case
		MOH notified
	PHU	
1	MOH	COVID-19 Response Minister and NRLT Chair notified of positive case via signal message
2	NRLT Chair	NRLT and NRG Chair notified of positive case via signal message
3	MOH	Initial assessment using the 'Public Health Assessment' questions in the COVID-19 Response Checklist
4	NRG Chair	NRG notified of positive case and impending meeting time via signal message
5	NRG	NRG meeting to: • Assess the emerging situation against the COVID-19 Response Checklist, building on MoH's initial assessment and including additional system factors 'Key Risk Assessment Indicators for Shifting Alert Levels', as well as other factors such as situational awareness, communications and MIQ assurance • Recommend course of action to NRLT ('activate system', 'monitor and hold'; or 'no response') • If 'activate system' recommended, NRG will provide advice on the strategic direction, including o Changes to local/national Alert Level settings, including changes to the predetermined detailed Alert Level settings (e.g. gathering sizes; education attendance; face coverings; physical distancing including on public transport; at-risk groups (aged care facilities etc.); assurance of relationship management with affected communities (Iwi, health and disability sector, local government, peak business bodies, communities & NGOs etc.) o Changes to locations of boundaries o Considerations to declare a state of local/national emergency under Civil Defence Emergency Management (CDEM) Act 2002 *Further NRG meetings may be appropriate or necessary, depending on risk and time available*
6	NRLT	NRLT meeting to: • Assess the emerging situation against the COVID-19 Response Checklist, building on NRG's assessment • Recommend course of action to Ministers with the Power to Act ('activate system', 'monitor and hold'; or 'no response') - see decision point below • If 'activate system' recommended, NRLT will provide advice on the strategic direction, including o Changes to local/national Alert Level settings, including changes to the predetermined detailed Alert Level settings (e.g. gathering sizes; education attendance; face coverings; physical distancing including on public transport; at-risk groups (aged care facilities etc.); assurance of relationship management with affected communities (Iwi, health and disability sector, local government, peak business bodies, communities & NGOs etc.) o Changes to locations of boundaries o Considerations to declare a state of local/national emergency under CDEM Act 2002 *Further NRLT meetings may be appropriate or necessary, depending on risk and time available*

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Phase #	Responsibility	Action
7	NRLT	Early notification of emerging advice provided to: • GIS Central Portal Manager • C4C • MBIE, to coordinate with business • DIA, to coordinate with local government and Iwi • C-19 SOG • PCO and Crown Law
8	NRLT	NRLT meeting to prepare for decisions from meetings of Ministers with the Power to Act and Cabinet, specifically: • Task NRG with system activation duties
9	NRG	NRG meeting to prepare for decisions from meetings of Ministers with the Power to Act and Cabinet, specifically: • Activate system
10	COVID-19 Senior Officials Group	C-19 SOG meeting to prepare for decisions from meetings of Ministers with the Power to Act and Cabinet, specifically: • Operationalise system activation (including key comms messages, legalities, etc)
11	NRLT, NRG	NRLT and NRG Chair brief Ministers with the Power to Act of recommendation; Ministers with the Power to Act take decision ('activate system', 'monitor and hold'; or 'no response') – *see decision point below*
	Chair and Ministers with the Power to Act	Decision point: Ministers with the Power to Act decide course of action, for endorsement at Cabinet
		Decision point: Ministers with the Power to Act decide course of action, for endorsement at Cabinet
12	Cabinet	Cabinet considers Cabinet Paper, based on the indicators and assessment questions covered in the checklist Cabinet determines course of action ('activate system', 'monitor and hold'; or 'no response') – see decision point below
		Decision point: Cabinet endorses recommended course of action

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Initial Response		Immediate and Sustained Response	
Decision Making		Integration	
Notifications		Capability and Capacity • Contact tracing • MIQ/Isolation/ transport • Vaccination	
Readying the System		Unique Regional Response Measures • Holiday settings • Migrant populations	
		Communications • Iwi • Australians	

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Phase 1 — Notification, risk assessment & readying the system

Phase 2 — Immediate Response

Phase 3 — Sustained Response

Health Response

Ministry of Health
Initial assessment using COVID-19 Response Checklist

C-19 Response Checklist

Ministry of Health
Ongoing assessment

Positive result

System Response

Constant flow of information as discovered

Signal message sent to COVID-19 Response Minister & NRLT Chair

NRG meeting
Review of COVID-19 Response Checklist; consideration of other system factors

NRLT meeting
Consideration of NRG advice

Iterative meetings possible to consider emerging developments

Ministers meet to decide response
- Activate system
- Monitor and hold
- No response

Cabinet considers options

NRLT meeting
Task NRG with system activation duties

NRG meeting
System activation

COVID-19 SOG meeting
Operationalising system activation

CDEM meeting
Regional coordination of response

Public announcement
PM/DG hold press conference to announce response

Order signed and gazetted

Relevant agencies
Response plans activated

CDEM meeting
Regional coordination of response

PSC engage with Iwi Comms Collective

Business liaison and provision of feedback

Constant flow of information as discovered

Relevant agencies undertaking constant information and intelligence gathering
Daily SitRep
Twice daily COVID-19 SOG
Daily NRG and NRLT
Daily Ministers Board
Daily DPMC COVID-19 comms

NRG meeting
Develop advice on sustained response options

NRLT meeting
Consideration of NRG's advice

Ministers meet to decide sustained response

Public announcement
PM/DG hold press conference to announce response

Order signed and gazetted

NRLT, NRG, COVID-19 SOG
Operationalise sustained response

Relevant agencies
Modify response plans

CDEM meeting
Regional coordination of response

PSC engage with Iwi Comms Collective

Business liaison and provision of feedback

Communications and Notifications

NRLT notified

NRG Chair notified

NRG notified

Early notification of emerging advice
COVID-19 Senior Officials Group
CDEM Groups
GIS Central Portal Manager
Caring for Communities
Business (MBIE)
Local Government (DIA)
PCO and Crown Law

Early notification of detail of announcement
CDEM Groups
Caring for Communities
Business (MBIE)
Local Government (DIA)

Information and intelligence will be disseminated across key agencies via the Workstreams function, to build an accurate picture of the evolving situation.

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National Response Plan – Immediate

Phase 2: Immediate response

Sequence	Responsibility	Actions
1	Prime Minister or Minister for COVID-19 Response	Public announcement regarding the case(s) and the details of the immediate response, aligned to DPMC COVID-19 Comms and Legal advice to ensure clarity and correctness
2	DPMC COVID-19 Strategy and Policy, MoH Policy, DPMC COVID-19 Legal and PCO	Policy developed, drafting instructions provided to PCO and new COVID-19 Order drafted In accordance with section 9 of the COVID-19 Public Health Response Act 2020, — • Bill of Rights Act and proportionality checks undertaken • Ministerial consultation undertaken • DG provides Health Report to the Minister
3	Ministry of Transport, Police, AOG Compliance, MBIE, MPI, C4C, MSD, MoE, other agencies as required	Agency response plans activated
4	PSC	Engage with the Iwi Communications Collective to ensure wider community support and activation of intelligence feedback
5	PM business liaison, MBIE, MPI	Business liaison and provision of feedback
6	NEMA/C4C	Engagement with regions

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National Response Plan – Sustained

Phase 3: Sustained response

Sequence	Responsibility	Actions
		Initial activity (prior to development and announcement of sustained response plan)
Ongoing	DPMC, MoH MBIE, MPI, MoT, Police, Treasury, MSD, NEMA, MSD, MoE, NZDF, MFAT, Crown Law, PMO, DIA, TPK, other key agencies as required	Constant information and intelligence gathering to evaluate immediate response and impacts on health, social, legal and economic aspects. Information to be gathered includes: • Health information from testing, contact tracing, genomic and serological information (location of cases, spread of disease) • Non-health information on impacts on social and economic aspects of immediate response Integrated Recovery Team (IRT) to establish reporting requirements and timings for agencies to provide sitreps and produce insight and sentiment reports as tasked by the NRG.
Daily	MoH	1x Situation Report (SitRep) per day and an end-of-day update
Twice daily	COVID-19 Senior Officials Group	Briefing to share updates and coordinate sustained response
Daily	NRG and NRLT	NRG Chair briefs NRG and NRLT on progress of sustained response
Daily	NRLT	NRLT meet to provide further guidance to NRG on progress of sustained response and impacts of immediate response
Daily	NRLT Chair, MoH DG and Ministers with the Power to Act	NRLT Chair and MoH DG brief Ministers with the Power to Act on developing situation

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Stocktake

Have we addressed the issues raised at the start in Lessons Learnt?

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Next Steps

- Key insights captured

- Action items and owners

- Future Readiness workshops

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06 July 2021

To: Members, COVID-19 Chief Executives Board

COVID-19 Group: Update on Winter Resurgence Readiness Workshop

Purpose

1. To provide CCB members an update on the first DPMC COVID-19 readiness workshop in a series of workshops provided by the COVID-19 Readiness Team's 'Pathway to Readiness' work programme.

Background

2. On 22 June, CCB was provided a noting paper on the COVID-19 Group 'Readiness Pathway' work programme. The intent of this body of work is to stress-test the COVID-19 response system through a series of scenario-based, cross agency workshops. This is to enable continual improvement of the system as it adapts to the ever-changing nature of the virus and the global context.

3. The first workshop was held in Wellington on 15 June 2021, and discussion was focused on the strategic and key operational decisions. There was cross agency representation from across the system, with over 30 attendees.

4. The scenario was based on a winter resurgence in Queenstown. It sought to test a range of variables in the response including - a regional outbreak impacting multiple regions in the South Island, highly transient population, new variant (Delta), impact on QFT, access and transport to MIQFs, as well as surge capacity requirements. While the focus of the workshop was based on a regional outbreak, the exercise was a national stress test, with a regional workshop to come.

Key outcomes from the Queenstown Winter Resurgence workshop

5. The workshop highlighted the significant agency planning which has been completed in the region to date, including MoH led scenario workshops with DHB's in early June. Agencies' contingency plans are at varying stages of completion and it was identified that there is a need to enable system-wide, coordinated regional engagement.

6. A number of actions were identified in the workshop, to be completed in the next month. Progress and outcomes against these actions are being monitored. Some actions include:

    6.1 DPMC to complete Post Activity Report and support ongoing regional engagement

    6.2 MoH to connect local agencies to PHU, to support information flow and contingency planning in the region

      6.3 MFAT to engage with QFT partners to understand impacts and triggers when NZ detects community transmission, to assist planning assumptions.

7   An A3 summarising the Winter Resurgence workshop, including key insights, assurance information and next steps has been attached.

Next steps:

8   Ongoing engagement with the region (virtually and in-person), empowering regional stakeholders to progress the outcomes from the national workshop, at the regional level. These DPMC engagements include the Communications and Public Engagement team, the Planning team for regional boundaries, and the Readiness team to facilitate cross-system conversations (in close collaboration with MOH).

9   These are to enhance communications, ensure consistency across all levels of the system, clearly identify roles and responsibilities, understand gaps and mitigate potential risks. As a result, agencies will be more connected, and will have the opportunity to address any areas where further work is required, ahead of a response.

Recommendations

10 I recommend the COVID-19 Chief Executive Board members:

      10.1 **Note** The outcomes from the COVID-19 Planning and Readiness team workshop on a Winter Resurgence, in Queenstown.

      10.2 **Note**   That a scenario summary will be included in the National Response Plan, Quarter 4 edition.

Graham MacLean
Head of Planning and System Readiness, COVID-19 Group
Department of the Prime Minister and Cabinet

Prepared 12 August 2021

To: Members, COVID-19 Chief Executives Board

Report back on Delta variant readiness planning workshop

Purpose

1. The COVID-19 Chief Executives Board (CCB) requested that the CCB remain appraised of significant progress across system readiness planning, as and when planning occurs.

2. The CCB requested that the System Readiness and Planning team report back to the CCB on the Delta variant readiness planning workshop.

3. The purpose of this paper and the appended A3 is to update the CCB on the Delta variant readiness planning workshop, key points discussed, and actions that agencies agreed to progress. Views are sought from CCB members on:

    3.1. If the Delta variant readiness planning workshop addressed the right areas.

    3.2. If the CCB need further information about readiness planning to respond to an incursion of the Delta variant of the virus.

    3.3. If the CCB want assurance that agencies' agreed actions to support system readiness are progressed.

Context

4. The Delta variant presents different challenges for the system to respond to. It has worse clinical outcomes, is significantly more transmissible, and has a shorter incubation time than previous variants. Evidence suggests those infected with the Delta variant are infectious for longer, are likely to be highly infectious, and possibly highly infectious before they are tested and isolated.

5. An AOG readiness workshop was held on 10 August. The objective was to align the system's readiness settings with the latest MOH insights and advice on the Delta variant, validate thinking around the Australian responses in NSW and Victoria, and identify system adjustments to optimise the response to a Delta outbreak.

Key focus areas and developments at the Delta readiness planning workshop

6. Workshop participants agreed that it is critical for our systems to be prepared for a rapid shift to Alert Level 3 or 4 in response to a positive case of Delta in the community.

7. Overall, the response needs to assume the worst-case scenario, and be faster, more stringent, and wider than previous responses.

8. To enable a rapid and bold response, the key focus areas of discussion included:

    8.1. Agencies and organisations prioritising adjusting BCPs for the Delta variant.

    8.2. Alert Level Framework review as a critical enabler to informing preparedness, especially for AL4.

9. Agencies agreed specific actions to enable a swift and effective response, these are reflected on the appended A3.

10. I seek feedback from CCB members that the workshop addressed the right areas and produced the right kinds of actions.

Assurance

11. Agencies will individually progress their own agreed actions. I suggest there is an assurance mechanism across agencies to ensure the right actions are occurring at the right time, so that our system is prepared to respond to Delta when required.

12. I seek confirmation from the CCB that members seek this assurance, and that CCB members discuss a preferred mechanism for them to receive that assurance, such as via an existing assurance mechanism (eg the SAF).

Next Steps

13. The Strategy and Policy team in DPMC's COVID-19 Group is leading a process to confirm Alert Level 4 settings. This is part of a wider process to confirm that all Alert Level settings are fit for purpose in light of more transmissible variants and consider how best the different Alert Levels would be used in a response. The process will not revisit policy settings unless there is an obvious need, however it will include "essential services" and "essential personal movement". This will result in advice to the Minister on 27 August, seeking confirmation of key policy settings.

14. The process will involve working with PCO to prepare a template Alert Level 4 Order (drafting of this has already begun). Workshops are being held to confirm pervious Alert Level 4 settings on 16 and 17 August with key agencies (MPI, MBIE, PCO, CLO, DPMC, MOH) and the Unite Against CVOID Communications team.

15. In the event we have to move to Alert Level 4 before 27 August, the current Alert Level 3 template Order would be used and quickly amended to reflect previous Alert Level 4 settings. This would be broadly effective but could be untidy as some arbitrary calls would be required without specific details. As the Alert Level review progresses from now until 27 August, our ability to respond would improve and be tidier.

16. To further the Delta readiness planning across the system, DPMC will lead a stress test exercise in sequence with Alert Level policy work and updated Ministry of Health IPC protocols and guidance. This will occur within two weeks, and an update will be reported back to the CCB.

Recommendations

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

   17.1. **Note** the key focus areas of the workshop.

   17.2. **Note** the agency actions to strengthen readiness planning to an incursion of Delta that arose out of the workshop.

   17.3. **Inform** the Readiness Manager of further information sought on readiness planning to an incursion of Delta.

   17.4. **Agree** assurance across readiness planning to Delta is important to strengthening our system response.

   17.5. **Discuss** if the CCB would like assurance across readiness planning to Delta, and what the appropriate mechanism for this might be.

   17.6. **Note** DPMC will lead a system wide stress test exercise within two weeks and will report back to the CCB.

Emma Broederlow
Readiness Manager, COVID-19 Readiness and Planning Group
Department of Prime Minister and Cabinet

AOG Readiness Workshop – Recalibrating for Delta

What's Different About Delta?

"The virus has got fitter. The virus has got faster. The game plan still works, but we need to implement and execute our game plan much more efficiently and much more effectively than we've ever done before"

Michael Ryan, WHO Director of Emergencies

Delta is becoming the dominant global variant of COVID-19. It is more transmissible, has a shorter incubation period (from 6 days to 4), most cases are likely to be asymptomatic and infectious in the community before they are tested and isolated, cases will infect significantly more people, and are infectious for longer.

To maintain an elimination strategy, we will need to assume the worst-case scenario, that all cases are Delta. Health and economic outcomes are better served by short, sharp, lockdowns that are proportionate, appropriate and effective.

Learnings from Australia

- NSW approach of incremental shifts in AL, while conducting case investigation and contact tracing, has not worked with the Delta variant
- Victoria imposed significant restrictions on day three of their community cases (Sharp), across the whole state. Lockdowns have tended to be of shorter duration, with 16 days between two different lockdowns. An appropriate and effective duration for an NZ outbreak will need to be considered
- Essential for messaging to align with actions taken in order to maintain social licence
- Due to the likelihood of a significant increase in close contacts, contact tracing and testing systems will need to scale up effectively and at pace. Of note, if New Zealand was to test to the same scale as NSW's current testing rates, it would require capacity for up to 60,000 tests per day – more than 4 times previous testing rates

Health System Readiness

MOH has been working across DHBs and Public Health Units using scenario based workshops to ensure readiness for a Delta outbreak. In order to optimise the health system settings for Delta, reviews have commenced on the following components: the role of the vaccination programme, policy settings, IPC protocols, response plans, testing and contact tracing capacity and isolation and quarantine options.
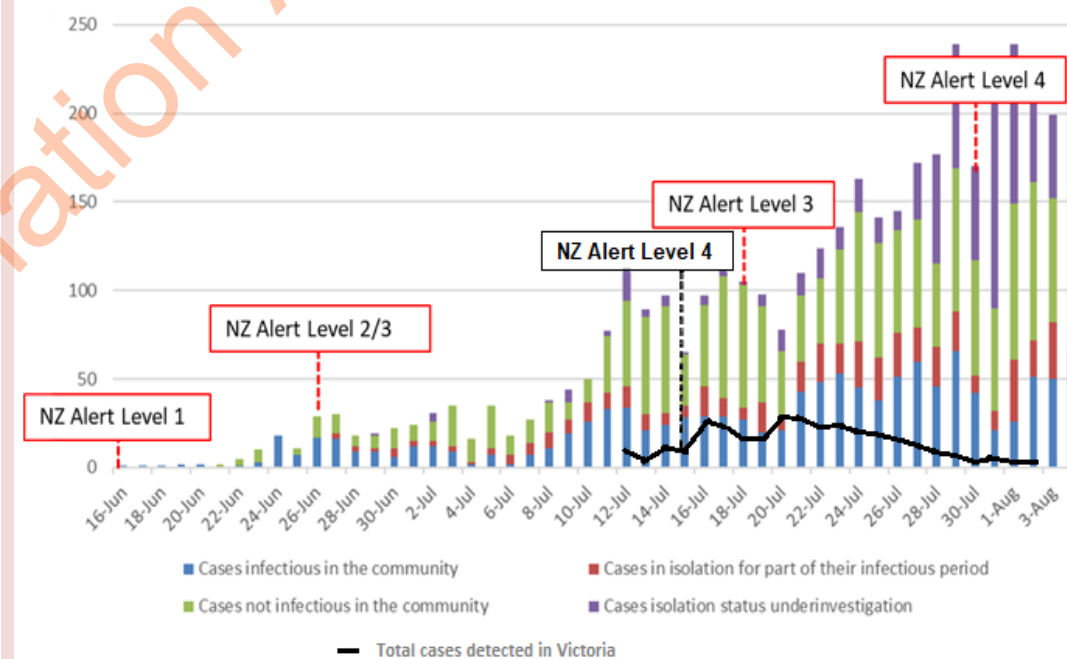
ACTIONS FOR AGENCIES

Agency	Action
Pacific Islands QFT (*DPMC, MOT, MFAT, MOH, BEB*)	Understanding triggers and thresholds for QFT settings with Pacific nations
Decision Support Matrix (*DPMC*)	DPMC to create a Decision Support Matrix, intended to articulate critical, strategic decisions, by time, for decision makers
Regional Leaders engagement (*MSD, NEMA, DIA and DPMC*)	Work is underway to clarify the various regional leadership arrangements, and to provide assurance on regional response planning
Organisational planning updates (*MOH and Organisations*)	Formal advice from MOH to organisations on IPC protocols for Delta. All agencies are to review staff and facility plans, and agency COVID-19 Response plans. DPMC will update NRP for Q4 publication
Classification of contacts (*MOH*)	Review of the classification of contacts to ensure the appropriate steps are taken to isolate and test those contacts appropriate to the characteristics of the Delta variant
AL4 Policy Settings (*DPMC*)	Finalise Alert Level 4 settings under the COVID-19 Act 2020 including settings for essential/lifeline services.
Messaging for New Zealand on adjusting for Delta (*UAC Comms, NEMA, DIA, TPK, MPP*)	Agree on terminology and key messaging across the system. Develop a communications plan using a variety of channels to prepare individuals, whanau, households, community leaders, businesses and organisations for a delta outbreak
Organisational priorities (*CCB and PSC*)	All organisations are to revise their BCPs. CEs to support prioritisation of critical agency functions in order to meet Government's priorities and determine the key workforce capacity needed to deliver priority work during AL3/4. PSC will work with agencies to gain visibility of any possible workforce capacity to support system requirements
Maritime Public Health controls (*MOH, MNZ and BEB*)	Review public health requirements to strengthen protections at the Maritime border, whilst maintaining the national supply chain

Key

Within 1 week	Requires 2-3 weeks	Longer term ~1 month	Trade-off / needs a decision by Government on priority

NSW and Victoria response

The graph below illustrates the decisions made by NSW (bar graph) and Victoria (black line) over time and the impact on positive cases. The decisions highlighted in red and black boxes are an approximation of the equivalent NZ alert level, rather than exact replicas. <u>NZ alert levels are objectively more stringent than those of Australia</u>. This reinforces that a stepped approach (as taken by NSW) is not effective against the Delta variant.

Graph showing variation in case numbers and Alert Level response in both NSW and Victoria

Legend:
- Cases infectious in the community
- Cases in isolation for part of their infectious period
- Cases not infectious in the community
- Cases isolation status under investigation
- Total cases detected in Victoria

Complexities and Interdependencies

The following complexities and interdependencies have been identified:

- Essential workers can become vectors of transmission
- Concurrent emergencies will complicate a national response, with recovery from the emergency impacted under Delta conditions
- Risk of waning social licence in a more stringent response (AL4), including potential for protests/demonstrations, without appropriate welfare mechanisms established
- The need to continue vaccinations at AL3 and AL4
- AL4 has not been implemented under the COVID-19 Act 2020
- Limited capacity in MIQ facilities creates an imperative to identify community isolation and quarantine options
- Maritime Border is currently the biggest risk to NZ, however it is critical to NZ's supply chain
- AL4 exemptions are a high priority to articulate, especially in light of a swift response with less time to prepare (i.e. Animal welfare)
- The need to continually evaluate welfare and equity impacts of response decisions (including the ability to isolate at home, support to vulnerable or isolated people, and access to health and support resources)

Considerations for CCB

The following considerations are provided:

- Chief Executives communicate strategic priorities to own agencies, to enable clear prioritisation of critical agency functions at AL3 and 4
- Chief Executives feed back to the CCB the impacts and trade-offs of the above prioritisations
- Agencies report to the CCB, through their CEs, confirming a review of BCPs, work prioritisation, and workforce surge capacity at AL3 and 4

AOG Readiness Workshop – Recalibrating for Delta

What's Different About Delta?

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Learnings from Australia

- NSW approach of incremental shifts in AL, while conducting case investigation and contact tracing, has not worked with the Delta variant
- Victoria imposed significant restrictions on day three of their community cases (Sharp), across the whole state . Lockdowns have tended to be of shorter duration, with 16 days between two different lockdowns. An appropriate and effective duration for an NZ outbreak will need to be considered
- Essential for messaging to align with actions taken in order to maintain social licence
- Due to the likelihood of a significant increase in close contacts, contact tracing and testing systems will need to scale up effectively and at pace. Based on NSW's current testing rates, it is possible we could need to conduct up to 60,000 tests per day

Health System Readiness

MOH has been working across DHBs and Public Health Units using scenario based workshops to ensure readiness for a Delta outbreak. Key adjustments for the health system to optimise settings for a Delta outbreak will be summarised in separate correspondence provided to CCB by DPMC.
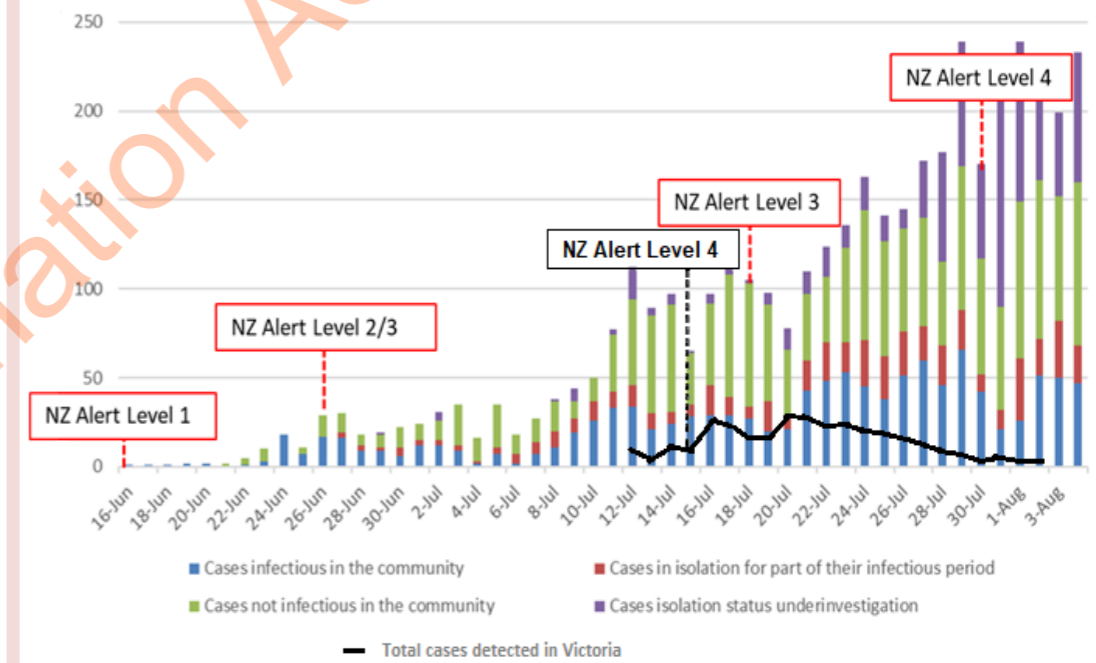
ACTIONS FOR AGENCIES

Agency	Action
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Decision Support Matrix (*DPMC*)	DPMC to create a Decision Support Matrix, intended to articulate critical, strategic decision by time for decision makers
Community Leaders engagement (*MSD, NEMA, DIA and DPMC*)	Further work is required to confirm the role and expectations of regional and community leaders to support the national response
Organisational planning updates (*MOH and Organisations*)	Formal advice from MOH to organisations on IPC protocols for Delta. All agencies are to review staff, facility plans and agency COVID-19 Response plans. DPMC will update NRP for Q4 publication
Classification of contacts (*MOH*)	With the increased transmissibility of the Delta variant, it is necessary to review the classification of contacts to ensure the appropriate steps are taken to isolate and test those contacts
AL4 Policy Settings (*DPMC*)	Articulate Alert Level 4 settings under the COVID-19 Act 2020 including settings for essential/lifeline services.
Messaging for New Zealand on Adjusting for Delta (*UAC Comms*)	Agree on terminology and key messaging across the system. Develop a communications plan using a variety of channels to prepare individuals, community leaders and organisations for a delta outbreak
Organisational Priorities (*CCB and PSC*)	All organisations are to revise their BCPs. CEs to support prioritisation of critical agency functions in order to meet Government's priorities and determine the key workforce capacity needed to deliver priority work during AL3/4, PSC will work with agencies to gain visibility of any possible workforce capacity to support system requirements
Maritime Public Health Controls (*MOH, MNZ and BEB*)	Review public health requirements to strengthen protections at the Maritime border, whilst maintaining the national supply chain

Key	Within 1 week	Requires 2-3 weeks	Longer term ~1 month	Trade-off / needs a decision by Government on priority

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Graph showing variation in case numbers and Alert Level response in both NSW and Victoria

Complexities and Interdependencies

The following complexities and interdependencies have been identified:

- Essential workers can become vectors of transmission
- Concurrent emergencies will complicate a national response, with recovery from the emergency impacted under delta conditions
- Risk of waning social licence in a more stringent response (AL4), including potential for protests/demonstrations, without appropriate welfare mechanisms established
- The role of the vaccination programme in AL3 and AL4
- AL4 has never been implemented under the COVID-19 act 2020
- Limited capacity in MIQ facilities creates an imperative to identify community isolation and quarantine options
- Maritime Border is currently the biggest risk to NZ, however it is critical to NZ's supply chain
- AL4 exemptions are a high priority to articulate, especially in light of a swift response with less time to prepare (i.e. Animal welfare)
- The need for C4C to continually evaluate welfare and equity impacts of response decisions (including the ability to isolate at home, support to vulnerable or isolated people, and access to health and support resources)
- Officials prefer geographically wide boundaries at alert level 3 or 4, such as an entire island or the whole of New Zealand
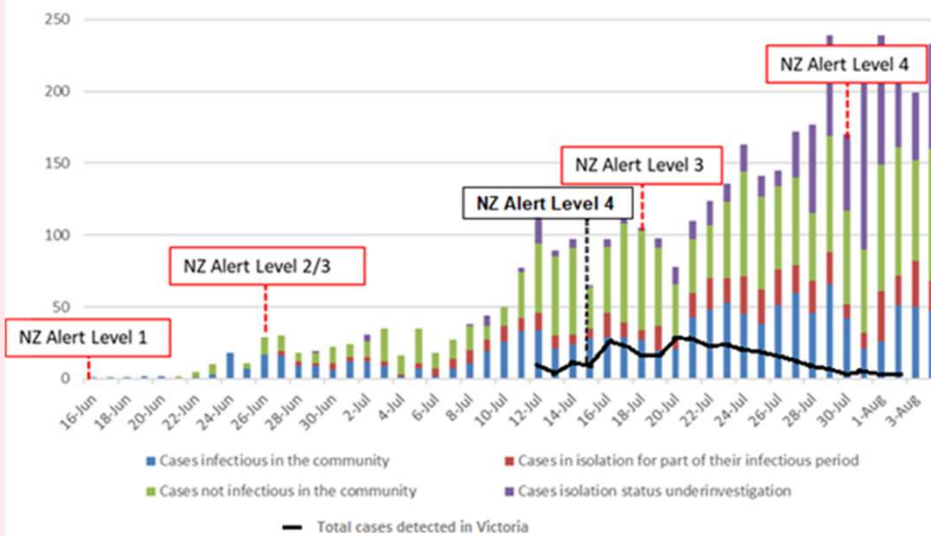
Recommendations for CCB

The following recommendations are made to the CCB:

- Chief Executives communicate strategic priorities to own agencies, to enable clear prioritisation of critical agency functions at AL3 and 4
- Chief Executives feed back to the CCB the impacts and trade-offs of the above prioritisations
- Agencies report to the CCB, through their CEs, confirming a review of BCPs, work prioritisation, and workforce surge capacity at AL3 and 4
- Chief Executives confirm to the CCB when their agencies have completed the relevant actions listed in the "Actions for Agencies" section

System workshop - Recalibrating for Delta

CONTEXT

Graph showing variation in case numbers and Alert Level response in both NSW and Victoria

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NZ Alert Level	NSW Restrictions	MEL Restrictions
1	• Mask wearing on public transport	
2	• Mask wearing in public • limitations on gatherings both in homes and public • a ban on singing and dancing in indoor venues	
3	• 14 lockdown • Allows funerals up to 100 attendees • Essentials shopping (10km radius) • Outdoor exercise limited (10pax) • All employees work from home unless not reasonably practicable	
4	• Lockdown continues • Work from home • Limited travel (5km) • Exercise within 5km radius	5 reasons to leave home: • Food and essential supplies • Exercise up to 2hrs (within 5km) • Provide care / caregiving • Go to work or education (if they could not do so from home), • Be vaccinated at the nearest location

Emerging science around Delta variant shows it has a higher viral load earlier on in infection; is generally more transmissible than other variants of concern; and vaccination may not prevent infection or reduce transmission as effectively.
This means, to maintain elimination, our response will need to:

- Act Faster   **- Last Longer**   **- Be Harder**   **- Start Wider**

SCENARIO

Day 1: Monday PM – Case A: A 55 year Māori women tests positive for COVID-19, in Rotorua.
DG advised immediate shift to AL3 for North Island for 7 days (reviewed every 24 hrs), and South Island shift to AL2

Day 3: Wednesday – Her husband (Case B) and 2 of her 3 children (Case C & D) return positive results

DG advises North Island shift to AL4 for 14 days (review in 7 days), South Island shift to AL3. NZ to suspend all domestic travel immediately, with limited exemptions
Symptomatic testing in North Islands ~ 30% and; South Island ~ 15%

Case details:
- Case A: Moana, (Māori; 60 yrs old). Occupation: home carer for an elderly lady
- Case B: Husband, John (Māori; 60 yrs old). Occupation: Freezing worker
- Children:
- Case C: John Jr, 20 yrs old, studying
- Richard, 21 yrs old, personal trainer
- Case D: Aroha, 18 yrs old, Yr 13 student

Background situation:
- Case A: Worked Saturday. Felt ill Sunday morning, went to church (AM) and Countdown (PM). Did not leave house Mon/ Tuesday, except to get tested Monday.
- Case B: tested positive Wednesday AM. Case B has worked Sat/ Sun and attended a sports match Saturday PM.
- Case C & D return weak positive results. Case C was at polytechnic while infectious; Case D was at school while infectious.
- Genome sequencing shows Case A & B have the Delta strain, linked to an Auckland isolation facility case from two weeks ago The isolation facility is yet to receive a ventilation upgrade.

SCOPE

IN

- Variant: Delta / Lambda
- NRLT Checklist / Questions
- Identification of tool & order we use them in
  - Snap lockdown;
  - Border settings;
  - MIQF, freeing spaces;
  - Alert Levels
- Maintaining social licence
  - Compliance policy settings
- Comms cascade (public + stakeholders)
- System information flows
- Test 'Go hard, go fast, go wide, for longer'
- Identifying vaccinated asymptomatic people
- System capacity and capability to respond
  - what's different   - Resources available?

OUT

- Vaccine resistant variants
- Regional plans
- Reconnecting New Zealand
- Maritime border review
- Different MIQF solution.
- Governance structure national response
- AL boundary setting
- AL review (informed by)
  - Financial support policy
  - Categories for essential business
- Legal (BORA)
- Equity, Tiriti o Waitangi and Pasifika impacts
- Business continuity requirements
- Business/community engagements findings

Initial Summary - Queenstown Winter Readiness Workshop

AREA FACTS

Date: Jul – Sep 21
Region: Queenstown Lakes District
Area: 8,719 km₂
Population: 39,000 local *(QT and Wanaka)*
Townships: Queenstown, Wanaka, Wakatipu, Arrowtown
Governance: 5 local councils, 1 regional council *(NB: Small government footprint)*

Key industry: Tourism
Winter Tourist #s: 2-3,000 people p/day *(winter)*
DHB: Southern DHB, 5 hospitals, services 345,000 people
Airport: Domestic and Int'l flights from Australia
International Flights: 14 flights p/day
MIQF access: Nil. Closest is Chch, 450+km (6hrs)
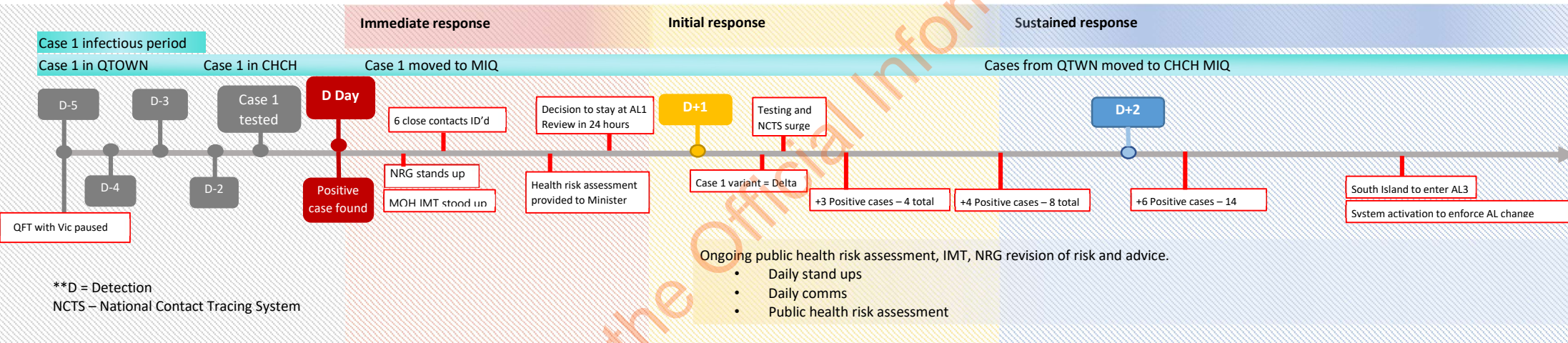**Mayor**: Jim Bolt

REGIONAL ASSURANCE INFORMATION

- 97% airport border staff vaccinated; general popn, largely unvaccinated
- MoH secured temporary isolation accommodation for 6 people from Jul-Sep
- MoH confirmed SDHB ability to rapid test in 4 locations with results ~2hrs
- Contractual arrangement between MBIE and Johnsons Bus to relocate people to an MIQ
- All bus, taxi and ride share drivers vaccinated

SCENARIO TESTED

- Regional outbreak
- Highly transient popn
- High event schedule
- New variant (Delta)
- Impact on QFT partners
- Outbreak across multiple regions in South Island
- MIQF transport requirements
- Surge capacity requirements

SCENARIO TIMELINE

Immediate response | Initial response | Sustained response

Case 1 infectious period

Case 1 in QTOWN | Case 1 in CHCH | Case 1 moved to MIQ | Cases from QTWN moved to CHCH MIQ

D-5 | D-3 | Case 1 tested | **D Day** | 6 close contacts ID'd | Decision to stay at AL1 Review in 24 hours | **D+1** | Testing and NCTS surge | **D+2**

D-4 | D-2

Positive case found

QFT with Vic paused

NRG stands up
MOH IMT stood up

Health risk assessment provided to Minister

Case 1 variant = Delta

+3 Positive cases – 4 total | +4 Positive cases – 8 total | +6 Positive cases – 14

South Island to enter AL3
System activation to enforce AL change

**D = Detection
NCTS – National Contact Tracing System

Ongoing public health risk assessment, IMT, NRG revision of risk and advice.
- Daily stand ups
- Daily comms
- Public health risk assessment

KEY READINESS INSIGHTS

- Significant agency planning in the region completed to date, including MoH led local workshops. Agencies contingency plans are at varying stages of completion. Enabling system-wide, co-ordinated regional engagement is the future focus
- Lessons from past responses have identified key areas for development, including roles and responsibilities, welfare support and resource allocation
- Local businesses and tourist operators advocate COVID-19 health behaviours for people accessing their services
- Tourists bring a challenge with compliance and education, and the question of how to support foreign nationals caught in a regional response
- National Outbreak Response Team (NORT) will be on the ground within 24hrs to support DHB on-the-ground activities, including standing up regional IMT
- Due to the demographic and dispersed nature of the Southern District, agencies favoured approach is to "go wide" with establishing regional boundaries
- Need for time between decisions being made and decisions being operationalised. All agencies highlighted early communication enables co-ordinated, robust local responses, with enough lead-in time – with consideration of QFT travel impacts
- Clear, timely communication on decisions is essential for successful response outcomes

NEXT STEPS

- DPMC to complete Post Activity Report, and conduct regional follow up
- DPMC to co-ordinate and facilitate regional boundary considerations for Queenstown
- MoH to link government agencies to DHB in region
- DPMC / MFAT engage with QFT partners to understand impacts when NZ detects community transmission, including decision making timeframes, national response and QFT impact

Multiple Concurrent COVID-19 Event Contingency Planning

IN CONFIDENCE

Released under the Official Information Act 1982

BACKGROUND / CONTEXT

NZ commenced two-way QFT travel with the Commonwealth of Australia (AUS) 19 April 2021 and the Cook Islands (CKI)17May 2021.QFT has been predicated on the principle of managing risk offshore where possible and underpinned with a high trust model. In response to outbreaks in the Commonwealth of Australia, NZ has paused QFT with all or part of AUS on six occasion and has currently paused QFT with the States of New South Wales and Victoria.

The virus has mutated with a number of these proving more transmissible and infectious. To date, no country has been able to contain variants of concern (particularly the Delta variant) through contact tracing.

RISK

Opening up NZ borders to returning NZ'ers has been an exercise in strategic risk tolerance and has been managed using a number of tools. QFT presented a different set of risks but until recently has largely been able to be managed with the same tools.

Previous commentary around MIF capacity used to manage the risk of inbound travellers has been focused on the number of rooms (either available or occupied). This has not considered that there is a complex multi-agency system that is now operating near (facilities) or at capacity (workforce). Contingency that has previously been used to manage domestic outbreaks has been committed and not expected to be reconstituted in a meaningful manner until the end of Jul 21.

Australian states are large with porous borders and it is possible for people to circumnavigate these. 'Border Breachers' have become a new risk. Since 05 July, there have been 55 border breaches identified, with many placed in MIF, putting additional capacity constraints on a system close to capacity.

Two fishing vessels that have experienced outbreaks have created additional demand on the system occurring concurrently with the Australian QFT pause. This concurrency has created additional pressure across the system that would face issues in the event of a domestic outbreak or other event of national significance.

Further QFT arrangements (either one or two way) will create additional pressure that may recalibration of the system. This may require more comprehensive system advice generated in parrellel to health advice to advise government of any recommended actions or adjustment to settings.

The New Zealand Bill Of Rights Act, 1990 (BORA) has significant impact on the application of tools to mitigate risks to NZ. Particularly consideration of suspending QFT, proportionality of actions to restrict NZ citizens entering NZ and self-isolation need to be framed within a BORA lens.

OFFSHORE

Guiding principles
- Manage risk offshore where possible through limiting demand.

Tools
- Green versus Red zone flights
- QFT versus rest of world approach based on risk profile
- PDT
- Additional checks at airports

Limitations and considerations
- Limited legal authority offshore
- Airport staff are not trained to assess COVID-19 risk, high dependence on none government agencies
- Cannot monitor interstate travel
- Human centric

ONSHORE

Guiding principles
- Other measures such as self-isolation could be implemented but limited assurance without alert level changes.
- MIQ capacity can be increased as a temporary measure however this model is not sustainable long term due to personnel (Health and security) constraints as well as system set up.
- Any change to MIQ facility operation model such as new MIF or shorter stay, has a lead in time of 3 months.
- New Zealand is at increased risk of the virus until there is a wide uptake of the vaccination.

Limitation and considerations
- Policy and legal considerations under pin all decisions and take time to enact.
- Boosting MIQ and DHB isolation is not a sustainable solution long term.
- Any option needs to align to the reconnecting NZ risk appetite to manage COVID-19 across the border, prior to the vaccine roll out completion. This will likely entail interim trade-offs (4-6 months).
- Another significant outbreak would see the system under a high pressure both resourcing but also sustainability (burnout), this introduces different types of risk to manage.

Tools
- **Alert Level** — Alert Level changes remain the most effective tool
- Standing up MIQF's or decreasing length of stay based on risk
- Self-isolation is a high trust model which presents increased risk
- Regional DHB isolation has limited capacity and is not sustainable long term

Timeline of events

- **14/1** Cook Island one-way QFT commences
- **Feb 2021** Group 1 vaccinations: Border, MIQ staff and household members
- **March 2021** Group 2 vaccination: High-risk frontline workers and those living in high-risk places
- **25/3** Niue one-way QFT commences
- **18/4** Trans-Tasman QFT commences
- **23/4** QFT pause WA
- **28/4** QFT recommence with WA
- **6/5** QFT Pause with NSW
- **9/5** QFT recommenced with NSW
- **May 2021** Group 3 vaccination: People aged 65 and over and those at risk of getting sick
- **17/5** Cook Islands two-way QFT commence
- **25/5** QFT pause with Victoria
- **8/6** Melbourne managed return flight commence
- **17/6** QFT recommenced with Victoria
- **22/6** QFT pause with NSW
- **26/6** **QFT pause with All Australia**
- **Wellington AL2 23/06 – 29/06**
- **4/7** QFT recommenced with ACT, SA, Tasmania and Victoria
- **5/7** Viking Bay 2 positive cases. WGS confirms Delta variant
- **Viking Bay docks Wellington** 15 of 20 crew positive. 2 strains of Delta
- **9/7** QFT recommenced with NT and WA — Queensland managed return flights commenced
- **12/7** QFT recommenced with Queensland
- **12/7** Playa Zahara berthed Port Taranaki.
- **13/7** NSW manged return flights commenced
- **14/7** Playa Zahara 16 of 18 Positive crew. Planning underway for vessel to go to Lyttleton Port.
- **16/7** QFT pause with Victoria
- **28/7** Group 4 vaccination: General population
- **1/9** Samoa, Tonga and Vanuatu one-way QFF proposed to commence
- **20/9** Niue two-way QFT commences

1/01/2021 — 1/2 — 1/3 — 1/4 — 1/5 — 1/6 — 1/7 — 1/8 — 1/9 — 1/10/2021