



30 September 2022

Ref: OIA-2021/22-1549

Official Information Act request for the COVID-19 Chief Executive Board and National Response Leadership Team meeting minutes

Thank you for your Official Information Act 1982 (the Act) request received on 28 July 2022. You requested:

Copies of the minutes of all COVID-19 Chief Executive Board meetings held since 24 November 2021
Copies of the minutes of all National Response Leadership Team meetings held since 29 November 2021

The time frame for responding to your request was extended under section 15A of the Act by 30 working days because of the consultations needed before a decision could be made on the request. Following this extension, I am now in a position to respond.

Information being released

I have decided to release the relevant parts of the documents listed below, subject to information being withheld as noted.

Item	Document Description/Subject	Dates
1.	COVID-19 Chief Executive Board Meeting Minutes (CCB Minutes)	24 November 2021 – 28 July 2022
2.	National Response Leadership Team Meeting Minutes (NRLT Minutes)	29 November 2021 – 28 July 2022

Please note that the NRLT Minutes were not formally approved by the NRLT members. The minutes were drafted as an informal capture of the discussion to enable a set of key actions out of each meeting. The CCB Minutes were approved by CCB members.

The relevant grounds under which information has been withheld are:

1. section 9(2)(c), to avoid prejudice to measures protecting the health or safety of members of the public
2. section 9(2)(f)(iv), to maintain the confidentiality of advice tendered by or to Ministers and officials
3. section 9(2)(g)(i), to maintain the effective conduct of public affairs through the free and frank expression of opinion
4. section 9(2)(h), to maintain legal professional privilege.

In making my decision, I have taken the public interest considerations in section 9(1) of the Act into account.

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.

You have the right to ask the Ombudsman to investigate and review my decision under section 28(3) of the Act.

Yours sincerely



Ruth Fairhall
Deputy Chief Executive
COVID-19 Response Group

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National Response Leadership Team meeting

Date: 29 December 2021, 1500hrs

Member attendance: Una Jagose (NRLT Chair), Ashley Bloomfield, Carolyn Tremain, Christine Stevenson, Caralee McLiesh, Dave Gawn, Debbie Power, Lil Anderson, Andrew Crisp, Dave Samuels.

Other attendance: Martin Rodgers (NRLT Secretariat), Glenn Dunbier (for Andrew Coster), Bronwyn Turley (for Peter Mersi), Deborah Geels (for Chris Seed), Tania Ott (for Peter Hughes), Mac Leauanae, Darryn Webb, Amber Bill (for Cheryl Barnes), Aaron Wright, Bridget White, Sacha O'Dea, Liam McNamara, Ben White, Carl Crafar.

Purpose

This briefing records the discussion at the National Response Leadership Team meeting regarding two cases in the community of the Omicron variant of COVID-19.

Next steps

1. NRLT will provide advice to (Duty) Minister Hipkins on an approach to communication and the circumstances under which decisions may need to be made on the COVID-19 Protection Framework settings.

Minutes

2. Una Jagose, (Acting) Chair of the National Response Leadership Team (NRLT) opened the meeting.
3. The Chair invited Ashley Bloomfield to provide a situation update.
 - 3.1. s9(2)(a) [REDACTED]
 - 3.2. Members were also informed about an s9(2)(a) [REDACTED] who has also tested positive with the Omicron variant, but who had limited exposure events, and whose close contacts have currently returned negative tests.
4. Aaron Wright informed the meeting that the Ministry of Health has not provided any advice that would necessitate a revisiting of the decision to shift the COVID-19 Protection Framework settings for Auckland, Taupō, Rotorua Lakes, Kawerau, Whakatane, Ōpōtiki, Gisborne, Wairoa, Rangitikei, Whanganui and Ruapehu districts, which is due to take place on 30 December 2021.
5. It was noted that both cases are believed to be from the border and are currently back in isolation. There is no evidence of transmission in the community as yet, with close contacts currently returning negative test results. Contact tracing and testing is being undertaken as priority.

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6. Members discussed the communications approach in relation to these cases. It was agreed that Health and DPMC officials would provide advice on an approach following this meeting, taking into account the latest information in relation to the cases.
7. It is noted that there was insufficient information about the close contacts of the [REDACTED] s9(2)(a) case, and their movements, to determine further steps.
8. It was agreed that Ashley Bloomfield would provide NRLT with updates and the group may need to meet again later in the day or tomorrow.
9. Members agreed that Ashley Bloomfield will brief Minister Hipkins, as Duty Minister, following this call.
10. The Chair closed the meeting.

Signed

Una Jagose
National Response Leadership Team

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National Response Leadership Team meeting

Date: 7 Jan 2022, 1100hrs

Member attendance: Peter Mersi (NRLT Chair), Una Jagose, Carolyn Tremain, Christine Stevenson, Caralee McLiesh, Dave Gawn, Lil Anderson, Andrew Crisp, Dave Samuels, Mac Leauanae,

Other attendance: Natasha Dcosta (NRLT Secretariat), Vik Rickard, Glenn Dunbier, Ben King, Tania Ott, Grace Smit, Lisa McPhail, Stephen Harris, Robyn Shearer, Caroline McElnay, Hayden Glass, Darryn Webb, Katrina Casey, Bridget White, Liam McNamara, Ben White, Carl Crafar.

Purpose

This briefing records the discussion at the National Response Leadership Team meeting regarding Managed Isolation and Quarantine (MIQ) capacity challenges and work being carried out to prepare for OMICRON cases in the community.

Next steps

NRLT secretariat worked with the Chair, DPMC and MoH to draw a note together to inform Ministers Robertson and Verrall of the current MIQ challenges, contingency planning for community cases of OMICRON. The memo signalled the intention to bring to Ministers in the week of 10 January a proposal around the high-level messaging to signal to the AoG system and the wider public the shift from management of the Delta variant to that of OMICRON.

Minutes

1. Peter Mersi, (Acting) Chair of the National Response Leadership Team (NRLT) opened the meeting.
2. The Chair invited Carolyn Tremain to provide a situation update in MIQ.
 - 2.1. Carolyn Tremain briefed members on the ongoing pressure on the MIQ system as a result of OMICRON, and if positive cases at the border continue at similar rates as currently and or increase further, additional measures will be needed for quarantine
 - 2.2. Members were informed that MIQ is investigating additional measures to shore up the quarantine capacity of MIQ. Other measures under consideration include allocating isolation space based on arrival of high-risk flights, feasibility of dual use facilities for both isolation and quarantine and considering other isolation options for several large groups due into the country, for example Defence personnel, sports teams, Antarctic workers, and refugees that are travelling as cohorts.
 - 2.3. While these measures will provide temporary capacity to manage cases at the border, the stress on the system will remain significant as does the inevitable leaking of OMICRON into the community at some point.

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3. The chair noted that any contingency plan would be based upon a broad set of options that included a plan of action for cases, a revised definition of MIQ and an understanding of the risk appetite with regard to OMICRON.
4. Representatives from the Ministry of Health provided an update on contingency planning for OMICRON in the community
 - 4.1. Robyn Shearer informed the meeting that a Public Health Risk assessment has been conducted that suggests delaying the relaxation of isolation requirements for air crew due to the risk of rising border cases. Another public health risk assessment is scheduled for 27 January 2022 to align with the review of Reconnecting New Zealanders settings by the end of February.
 - 4.2. Bridget White noted that The Ministry of Health is currently progressing work on managing OMICRON in the community. The current Omicron strategy is to keep it at the border, detect and rapidly respond to any Omicron cases in the community, strengthen protection through vaccination with a focus on vulnerable populations. However once Omicron is seeded in the community it is likely the strategy will become one of protecting the most vulnerable from severe disease and / or death, ensuring equity, and limiting the impact on society through the protection of critical infrastructure and workforces.
 - 4.3. The Ministry of Health is reviewing the testing, tracing, isolation and quarantine paradigm (TTIQ) in light of Omicron. They are using three scenarios to develop the proposed TTIQ model, based on international evidence and experience to date. The scenarios are:
 - a. Low-incidence (current state): up to 1,000 cases per day
 - b. Medium-incidence: 1,000-5,000 cases per day
 - c. High-incidence: 5,000-50,000+ cases per day
 - 4.4. Draft planning assumptions based on international evidence include factors such as
 - a. Incubation period for Omicron is on average 3- 4 days but can vary with some reports up to 8 days
 - b. Omicron case numbers will grow rapidly, and the variant will be predominant in New Zealand with 2-4 weeks of being seeded in the community. A 10-case outbreak would reach 1000 new cases per day in 6-12 days.
 - c. The need for hospitalisation as a proportion of Omicron cases might be lower than for Delta but in absolute terms, due to increased numbers of cases, there could be similar or more daily hospitalisations and deaths.
 - d. Vaccine effectiveness can be assumed to still offer some protection but is expected to be lower than compared with Delta. A booster shot restores protection against hospitalisation and symptom severity, but it is unclear for how long.
 - 4.5 The meeting was informed that The TTIQ model for Omicron will be provided to Minister Verrall and the Director-General of Health mid-late next week for feedback and discussion. Once approved, the TTIQ model will be shared across agencies and inform agencies planning, and communications.
5. The chair agreed that there is a need to understand the implication of OMICRON on the system at large and what a corresponding response would look like.

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6. Katrina Casey informed the meeting that DPMC will lead the development of all-of-Government communications post the approval of the TTIQ model to ensure the public and businesses understand what to expect at the medium and high incidence levels where a higher degree of self-management is required in response to an outbreak. A proposal on high level messaging will be presented to duty ministers by 13 January.
7. It was agreed that the Chair, DPMC and MoH officials would draft an aide memoire on behalf of NRLT for a 4PM meeting on 7 January to duty Ministers on the key issues of MIQ capacity, contingency planning and indicate the development of high level messaging based on a “no regrets” approach.
8. This approach would include booster vaccinations, vaccinations for 5-11-year olds and acknowledgement that OMICRON is very different from Delta as well as signalling the work underway.
9. It was agreed that it would be desirable to have specific messaging available for businesses and industries within the fortnight. It will be important to learn from the experience of other countries where critical services (such as health, food supply and essential services) have been disrupted because the systems didn't respond fast enough to the fact Omicron works differently. However, this will depend on decisions and when these are made. It should still be possible to at least provide some form of messaging prior to that which would give business and industries a basis for their own preparations and planning.
10. The Chair closed the meeting.



Signed

Peter Mersi
National Response Leadership Team

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National Response Leadership Team meeting

Date: 16 January 2022, 1430hrs



Member attendance: Carolyn Tremain (acting NRLT Chair), Robyn Shearer (for Ashley Bloomfield), Katrina Casey (for Cheryl Barnes), Zoe Juniper (for Aaron Wright), Caralee McLiesh, Andrew Coster, Christine Stevenson, Peter Mersi, Chris Seed, Una Jagose, Dave Gawn, Viv Rickard (for Debbie Power), Lil Anderson, Grace Smit (for Dave Samuels), Andy Coster, Caralee McLiesh, Darryn Webb (for Air Marshal Kevin Short), Rebecca Kitteridge, Anne Shaw (for Andrew Crisp)

Other attendance: Rae Nathan (NRLT Secretariat), Chloe Thompson, Tania Ott, Mac Leauanae, Richard Schmidt, Bryan Dunne, Liam McNamara, Ruth Fairhall

Purpose

This briefing records the discussion at the National Response Leadership Team meeting regarding an intra-managed isolation facility transmission of the Omicron variant, preparedness more generally, the tsunami in Tonga, and updates from parts of the response system (eg managed isolation and quarantine capacity, Care in the Community, rapid antigen testing).

Minutes

1. The Chair of the National Response Leadership Team (NRLT) opened the meeting.
2. The Chair invited Robyn Shearer to provide a situational update:
 - 2.1. s9(2)(a)

And the locations of interest in Auckland have been published. At this stage the close contacts have returned negative tests. s9(2)(a)

3. The Chair invited Zoe Juniper, Acting Chair of the National Response Group (NRG) to provide an update on what the NRG discussed earlier today.
 - 3.1. Zoe acknowledged the hard work of agency representatives on the NRG as this preparation work across the system this previous week prepared the response system well in this circumstance.
 - 3.2. Zoe reported that the NRG discussed concurrent events, domestically and internationally, and the upcoming papers to Ministers this week.
4. The Chair debriefed the Ministers meeting that was held this morning, noting the Prime Minister will do a stand-up today at 3pm. The Chair debriefed that the areas of focus during the meeting were on the current situation, booster vaccinations, and availability of rapid antigen tests.

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5. The Chair invited Robyn Shearer to update the NRLT on rapid antigen test (RATs) availability. Robyn noted that there will be prioritisation of RATs to critical and essential workers. Robyn noted that New Zealand, like many other countries, is facing supply chain issues to import RATs. Robyn noted that orders of RATs are being continually reviewed and the Ministry of Health will develop a central distribution model.
6. The Chair invited Katrina Casey to debrief on the public messaging and communications approach for the upcoming week.
 - 6.1. Katrina reported that the communications messaging will be a continuation of what we currently have in place (eg mask, scan, pass) and to encourage people to be prepared for Omicron. This upcoming week there will be an increase in communications around booster vaccines and paediatric vaccines. Katrina reported some recent public sentiment themes that are emerging across Unite Against COVID-19 social media channels.
 - 6.2. Katrina noted the upcoming papers due to Ministers this week on the COVID-19 Protection Framework settings across the country and on Reconnecting New Zealanders.
7. The Chair asked a few questions on the work within the Ministry of Health regarding the interval between the second vaccine dose and booster vaccine and the availability of the paediatric vaccines across the country for the upcoming rollout.
8. The Chair provided an update on managed isolation and quarantine (MIQ) capacity. The Chair noted that there will be further quarantine rooms available soon and that the MIQ system is feeling pressure due to the higher number of positive cases within facilities. The Chair discussed that there may be a review of, and changes to, the testing approach for MIQ workers.
9. The Chair invited Viv Rickard to update the NRLT on the Care in the Community supports for individuals isolating in the community. Viv noted that the demand for the Care in the Community supports is relatively low at the moment. Viv noted that most of the individuals that the Ministry of Social Development (MSD) is supporting through the Care in the Community work is a similar population group that MSD typically interact with and a common support needed is around food access.
10. The Chair invited Dave Gawn and Chris Seed to update the NRLT on the tsunami in Tonga and associated response.
 - 10.1. Dave reported that the volcanic eruption occurred yesterday around 5pm. The disrupted communication, particularly to the outer islands, is making it difficult to discern the damage so far. A flyover is likely to occur tomorrow, provided the conditions allow, which will help ascertain the scale and nature of the damage. There are some effects from the tsunami observed on the coast of Northland and an advisory will remain in place until at least tonight.
 - 10.2. Chris reported that the undersea cable that links Tonga to the world was damaged during the tsunami and other critical infrastructure has been damaged, including some access to drinking water. Chris reported that the Emergency Coordination Centre at the Ministry of Foreign Affairs and Trade has been stood up to organise the response effort.

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10.3. Darryn Webb noted that the New Zealand Defence Force is working closely with Australia, and is preparing to be ready to dispatch support and supplies, depending on how the situation evolves.

11. The Chair noted that no further NRLT will be called today and the next acting Chair of the NRLT is Christine Stevenson.

12. The Chair closed the meeting.

Signed

Carolyn Tremain
Acting Chair, National Response Leadership Team

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National Response Leadership Team meeting

Date: 22 Jan 2022, 21:00 hrs

Member attendance: Christine Stevenson (Chair), Peter Mersi, Carolyn Tremain, Caralee McLiesh, Dave Gawn, Lil Anderson, Mac Leauanae, Chris Seed, Andrew Coster, Andrew Crisp

Other attendance: Natasha Dcosta (NRLT Secretariat), Viv Rickard, Karl Woodhead, Geoff Short, Sacha ODea, Anna Cassie, Richard Schmidt, Aaron Wright, Katrina Casey, Liam McNamara, Ruth Fairhall, Hamish Rogers.

Purpose

This briefing records the discussion at the National Response Leadership Team meeting regarding an emerging incident of secondary transmission of the OMICRON variant in the community.

Next steps

DPMC Policy will send through a briefing which, aligned with the public health risk assessment, will support and advise a shift to the Red setting with additional measures and tightened restrictions under the COVID-19 Protection Framework. Feedback is sought from members of the NRLT by no later than 08:30 AM on Sunday 23 January 2022. The briefing will be then be submitted to Ministers at 09:00 AM

Acknowledging the importance of business continuity in an outbreak, DPMC Planning, Readiness and Response will work with agencies to finalise critical workers across the public sector.

Embargoed briefings will be provided to key sectors between ahead of the 11:00AM media standup on Sunday 23 January 2022 to inform the move to red settings in the CPF framework

Minutes

1. Christine Stevenson, (Acting) Chair of the National Response Leadership Team (NRLT) opened the meeting.
2. The Chair invited Ashley Bloomfield to provide a situation update.
 - 2.1. Ashley briefed members on an emerging situation where following whole genome sequencing, 10 cases of the OMICRON variant of COVID-19 have been detected in a family in the Nelson Motueka. These cases have no known link to the border or border-workers.
 - 2.2. s9(2)(a) [Redacted]
 - 2.3. s9(2)(a) [Redacted]

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- 2.4. Early stages of contact tracing have indicated that contacts are located across the country.
- 2.5. Considering the known virulence of Omicron, it is expected that the number of confirmed cases will grow over the coming days.
- 2.6. A public health risk assessment has been held and it recommends New Zealand move to the red setting under the COVID-19 Protection Framework.
3. Aaron Wright, Head of Planning, Readiness and Response at DPMC then provided a system update.
 - 3.1. Aaron informed members a written brief on the movement of the country to the red setting in the COVID protection framework along with tightened public health measures will be provided to Ministers at 09:00 AM on 23 January 2022 with an official zoom meeting at 10:00AM before the media stand up at 11:00AM on the same day.
 - 3.2. The legal implementation of this setting once approved can be implemented by midnight 23 January 2022
 - 3.3. National Response Group has agreed that work would be prioritised in terms of what needed to be done in the next 24 hours. The group has recommended that in the window post the 10:00AM officials meeting embargoed briefings are provided to key stakeholders likely to be affected. These stakeholders were identified as the National Iwi Chairs, Regional public service commissioners, the Fast-moving consumer goods (FMCG) sector and potentially road transport operators.
4. Ruth Fairhall added that DPMC Policy is producing a briefing paper which, aligned with the public health risk assessment, will support and advise a shift to the Red setting with additional measures and tightened restrictions under the COVID-19 Protection Framework.
 - 4.1. The briefing will seek approval to reduce capacity requirements in indoor and outdoor settings and the use of medical grade masks for those under the mandatory vaccination order
 - 4.2. The draft of this paper will be distributed to attendees in the evening of 22 January 2022 and, after feedback is incorporated, will be submitted to Ministers tomorrow at 09:00am 23 January 2022.
5. Members of the group discussed critical workers and agreed that more work was needed across the public sector to ascertain numbers. It was agreed that agencies would respond to Aaron Wright to collate numbers at a system level.
6. Members questions if there would need to be changes to isolation requirements and vaccination sequence,
 - 6.1. Ashley Bloomfield clarified that isolation periods would be longer at 10 days for cases and 7 for contacts in the manage phase of the outbreak. As the outbreak grows the focus would shift to enabling the critical workforces to function.

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- 6.2. He also clarified that currently the booster vaccination sequence was fit for purpose given the supply in the country.
- 6.3. The sequence for tamariki vaccinations will be reviewed by the Health Vaccines technical advisory group in early February.
7. The group then discussed the current Tongan mission and agreed that Tonga would be informed on Sunday 23 January and could adjust their posture accordingly.
8. The chair acknowledged that across the system Business continuity plans were being updated and reviewed. It was discussed that further guidance would be forthcoming once the scale of community transmission was confirmed.
9. The chair then thanked members and requested the CE of the Ministry of Transport, the CE of Ministry for Foreign Affairs and Trade and the Director General of Health to stay on to discuss responsibilities to the Cook Islands travel bubble and the sequence of informing them of the outbreak.
 - 9.1. Members discussed that Air New Zealand had a flight due to depart at 10:30AM on Sunday 23 January and it would need to be indicated to the government of the Cook Islands and the airline of the potential risk of infection via passengers given the outbreak.
 - 9.2. Ashley Bloomfield agreed to speak to the Prime Minister at 09:00AM on 23 January and post her approval provide an update to Air New Zealand and the Cook Island government
10. The Chair closed the meeting.

Signed



Christine Stevenson
National Response Leadership Team

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National Response Leadership Team meeting

Date: 2 February 2022, 1000hrs

Member attendance: Christine Stevenson (acting NRLT Chair), Ashley Bloomfield, Cheryl Barnes, Aaron Wright, Caralee McLiesh, Glenn Dunbier (for Andrew Coster), Peter Mersi, Chris Seed, Una Jagose, Dave Gawn, Debbie Power, Lil Anderson, Dave Samuels, Paul Stocks (for Carolyn Tremain), Andrew Crisp, Bill Perry (acting for Christine Stevenson as Chief Executive of New Zealand Customs Service)

Other attendance: Rae Nathan (NRLT Secretariat), Peter Hughes, Hamish Rogers, Ruth Fairhall, Mac Leauanae, Paul Stocks, Glenn Dunbier, Liam McNamara

Purpose

This briefing records the discussion at the National Response Leadership Team meeting regarding the phased approach to managing Omicron in the community (system readiness for phase 2), an operational roundtable related to Omicron approach and response planning, and to hear a situational update.

Minutes

1. Christine Stevenson, acting Chair of the National Response Leadership Team (NRLT), opened the meeting.
2. The Chair invited Ashley Bloomfield to provide a situational update:
 - 2.1. Ashley reported that case numbers are increasing and similar with previous outbreaks, Auckland is most-affected. Ashley reported that there are many cases in South Auckland.
 - 2.2. Ashley reported that the outbreak has grown but not at a significantly high rate of increase in comparison to previous outbreaks. Ashley noted that the protections we have in place under the Red setting of the COVID-19 Protection Framework is likely the reason for the slower rate of increase we are observing.
 - 2.3. Ashley summarised the advice that he provided to Ministers yesterday:
 - 2.3.1. Advised that New Zealand remain at the Red setting of the COVID-19 Protection Framework (CPF).
 - 2.3.2. Advised that at this stage there is not a need to move to Phase 2 of the Omicron approach.
 - 2.3.3. Advised that at this stage there is not a need to change the settings of the Red colour of the CPF beyond the advice provided around mask-use, but that if the outbreak outlook changes materially then the Ministry of Health would reconsider and advise accordingly.
 - 2.4. Ashley noted that with the reported hospitalisation rate of Omicron internationally, we anticipate not seeing cases appearing unexpectedly at the hospital like we observed in other outbreaks.

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- 2.5. Ashley noted that on Friday 4 February the Ministry will conduct a readiness assessment workshop across the health system.
- 2.6. Ashley noted that while we have the CPF in place and the Omicron phased plan, Phase 3 is not inevitable and we are trying to flatten the curve. At this stage, the Red settings of the CPF, and the vaccination rate and progress with boosters, puts us in the best-possible position to keep Omicron case numbers as low as possible which is critical for protecting our vulnerable populations, protecting the health system and critical infrastructure.
3. The Chair opened for a roundtable discussion.
4. Ashley discussed that some of the modelling available looks at what has occurred overseas and applies that to the New Zealand population, but the current case numbers we are observing now are not as large, or increasing at the same rate, as what was predicted by some modelling.
5. Peter Hughes noted that he released public service workforce guidance recently that stated that while we are in Phase 1 staff in the Public Service should work as normal (eg normal operating rhythm predominantly in-offices or including flexible working arrangements). Peter noted that the caveat applies that if the public health measures around distancing prevents the office from operating as normal then offices should work from home to follow public health advice. Peter noted that on moving to Phase 2, when that occurs, he would provide guidance to the public service that they should work from home, barring the approach for critical workforces. Peter noted that the Public Service Commissioner has draft guidance ready for consultation with Chief Executives at the Public Service Leadership Team (PSLT) advance tomorrow 3 February.
 - 5.1. Members noted that some Chief Executives are considering 'bubbles' under Phase 2 and 3 and queried if that is a reasonable approach. Peter Hughes noted that this will be discussed at the PSLT advance tomorrow.
6. Caralee McLiesh queried how Omicron may impact health care capacity and how the Omicron phases may impact on planned surgeries or procedures. Ashley noted that contrary to the Alert Level framework approach to hospitals, the approach under the CPF is that hospitals maintain business as usual practice, but as Omicron cases increase they may reduce planned care. Ashley noted that considerations like this are monitored closely and regularly. Ashley noted that if case numbers increase significantly, there would be about a two-week delay before we observe how that impacts on the health care system capacity and this delay gives the hospitals time to prepare for changes needed in advance.
7. The Chair invited Paul Stocks to debrief on the Test to Return scheme and the critical workforce approach.
 - 7.1. Paul noted that businesses are thinking about Test to Return as if it were a license to operate (eg similar to the Alert Level Framework essential services approach) which it is not, and that the Ministry of Business, Innovation and Employment (MBIE) is leading this work between businesses and Ministers to design the scheme and understand its implications.

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- 7.2. Paul Stocks noted to the NRLT that for MBIE to process the distribution of RATs to critical workforces a self-registered approach (by businesses) under the Test to Return scheme is most viable.
- 7.3. Paul noted that Health and Safety at Work Act would still apply in employer obligations in the Test to Return approach.
- 7.4. Paul noted that engagement with business on this approach has been productive.
- 7.5. Paul noted that for business readiness itself there are some concerns around absenteeism in distribution centres (eg supermarkets) that may not be alleviated by the Test to Return approach.
- 7.6. Debbie Power noted that the Ministry of Social Development has staff that could be redeployed to support supermarket infrastructure to help keep the supermarkets running and that existing policy settings could possibly be applied to this approach (eg supporting local people to support supermarkets). Debbie noted that this will need to be discussed and considered by Ministers. Debbie noted that they would also need to consider how the funding to support this possible solution might work.
8. The Chair invited Peter Mersi to provide an update on critical areas of risk in the transport-space.
 - 8.1. Peter Mersi debriefed that there will be pinch points in some sectors (eg aviation refuelers who have the technical ability to refuel a plane). Peter noted that the Ministry of Transport will host a workshop this week to understand the vulnerabilities in some sectors. Peter noted this work with sectors will be based on public health advice and focus predominantly on the critical workforces in the sector where staff is limited.
9. The Chair invited Debbie Power to provide an update on Caring the Community.
 - 9.1. Debbie noted that the model put in place between health care and welfare before Christmas has embedded further over this period.
 - 9.2. Debbie noted that the three-phase approach to Omicron will change some of the settings of the Caring in the Community model.
 - 9.3. Debbie and the Caring in the Community governance group will look to provide a paper to Ministers possibly next week to give Ministers choices around the supports available within the Caring in the Community model and how that might look under the Omicron phased approach.
10. The Chair noted that the Unite Against COVID-19 communications will need to be tailored and ready for subsequent Omicron phases.
 - 10.1. Cheryl Barnes confirmed that the COVID-19 Group communications team are well-prepared and engaging across agencies to prepare for this. Cheryl invited Aaron Wright to provide anything further updates on readiness and planning for Omicron phases.

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- 10.2. Aaron Wright noted that agencies are working closely together to understand what phase 2 and 3 will look like across agencies, and noted the communications plan is a critical piece to this.
11. Paul Stocks noted that MBIE is working with the Treasury, the Ministry of Health, and the Ministry of Social Development on how the individual and business support schemes will apply in the Omicron phases.
12. The Chair invited Lil Anderson, Dave Samuels, and Mac Leauanae to debrief to the NRLT on what they are hearing from communities.
- 12.1. Lil Anderson noted that there was an Iwi Chairs Forum call yesterday hosted by Minister Davis. Lil noted that Te Arawhiti is drawing engagements together around the COVID-19 response to allow for more-efficient engagements between multiple departments and Iwi into one forum. Lil Anderson expressed the importance of public messages that reaffirm the public health measures in place are critical to a slower increase in case numbers.
- 12.2. s9(2)(g)(i) [REDACTED] Dave Samuels noted that next week Te Puni Kōkiri will provide a paper to Ministers on funding supports needed to mitigate impacts of Omicron on Māori who are disproportionately at risk of both infection and severe health outcomes from COVID-19.
- 12.3. Mac Leauanae noted that consistent messaging that is accessible to Pacific peoples will remain important to communities. Mac Leauanae noted that Pacific providers are stretched, similar to Māori providers, in providing COVID-19 related supports to communities (eg support with kai, self-isolation, and support to communities to comply with the public health requirements). Mac Leauanae noted that there is also a mindset shift that possibly has not yet occurred in communities (eg from the Alert Level framework to the CPF approach) which makes it critical that clear communications are provided to ensure people understand why government is making certain choices and what the impacts of those choices are.
13. The Chair noted that our systems need to remain prepared to pivot if needed.
14. The Chair invited any closing comments for the meeting.
- 14.1. Una Jagose noted that with the impending order announcements and changes to border settings will impact significantly on the self-isolation model and supports and that the communications around border changes should anticipate this.
15. The Chair closed the meeting.

Signed

Christine Stevenson
Acting Chair, National Response Leadership Team

COVID-19 Chief Executives Board Minutes

Date 23 November 2021
Time 0800 to 0930hrs
Venue Microsoft Teams

Attendance

CCB Members

Brook Barrington (Chair)	DPMC	Ashley Bloomfield	MOH	Caralee McLiesh	TSY
Christine Stephenson	NZCS	Peter Mersi	MOT	Andrew Kibblewhite	MOJ
Rebecca Kitteridge	NZSIS	Dave Samuels	TPK	Tania Ott	PSC
Una Jagose	CLO	Chris Seed	MFAT	Debbie Power	MSD
Cheryl Barnes	DPMC	Chris Bunny	MBIE	Rob Fyfe	Business Forum

Apologies

Carolyn Tremain	MBIE	Peter Hughes	PSC	Kevin Short	NZDF
Sir David Skegg	SPHAG	Sir Brian Roche	CICRIAG	Sarah Sparks	Community Panel

In attendance

Amber Bill	DPMC	Hamish Rogers	DPMC	Carl Crafar	DPMC
Graham MacLean	DPMC	Ruth Fairhall	DPMC	James Correia	DPMC
Rob Huddart	DPMC	Rachel Sutherland	DPMC		

Agenda and apologies

1. Brook Barrington, Chair of the COVID-19 Chief Executives' Board (CCB), welcomed participants to the discussion.

Chair Updates

2. The Chair invited Rob Fyfe to update members on international approaches to COVID-19, building on his practical experiences in several countries. He highlighted significant uptake of rapid antigen testing; the effective operation of the New Zealand COVID-19 travel pass; widespread consideration of reactivating vaccine mandates and the relatively isolated nature of protests against these; and varying restrictions across countries. Rob also noted his sense of an easing of domestic pressure and business uncertainty in Aotearoa.
3. The Chair responded that as pressure eases internally, the international border is likely to increasingly become the point of tension.

Immunisation and Response Update

4. The Chair invited Ashley Bloomfield to provide a situational update, who noted:

- 4.1. Increasing numbers of DHBs reaching 90% vaccination threshold for first doses;
 - 4.2. Easing pressure on Auckland healthcare facilities due to high vaccination rates;
 - 4.3. Growing concentration of cases in vulnerable and marginalised communities;
 - 4.4. Considering extension of vaccination to 5-11 age group, to expand coverage and advance equity; and
 - 4.5. Shifting focus toward administering booster shots and registering these within vaccine passes, to address waning immunity and increasing infectiousness.
5. The Chair highlighted the dynamic relationship between increasing case numbers as public health restrictions are eased, and decreasing pressure on healthcare facilities as vaccination efforts proceed. He mentioned the need to refocus efforts on addressing future waves of infection as borders reopen, protecting vulnerable communities, and delivering boosters.

Impacts of Shift in Strategy on Pacific Partners

6. Chris Seed presented the international implications of the domestic shift from elimination and protection for Pacific partners, which included:
- 6.1. Increasing likelihood of transmission from New Zealand to the Pacific;
 - 6.2. Integrating this risk into Pacific partners' plans, supported by a dedicated paper on reconnecting under development;
 - 6.3. Addressing constraints in New Zealand's ability to extend support, as a result of workforce strains, travel bottlenecks, and economic difficulties;
 - 6.4. Acknowledging the different risk perceptions, vaccination coverage, and socioeconomic status across Pacific partners; and
 - 6.5. Recognising New Zealand's special and strengthened obligations to the Pacific.
7. Members reaffirmed that these issues will require concerted and continued attention, and noted the need to strike a balance between domestic and international concerns.

Concurrency Planning for Parallel Challenges

8. Marika Hughes, Director of National Security Systems, provided an overview of concurrency planning for parallel challenges. She underlined ongoing work in:
- 8.1. Entering a 'new normal' in which every event now coincides with COVID-19;
 - 8.2. Aligning concurrency planning with the COVID-19 Protection Framework (CPF);
 - 8.3. Building an interagency response architecture across DPMC and NEMA;
 - 8.4. Addressing crises which overwhelm designated agency in scale and intensity;
 - 8.5. Reaffirming principles of preserving life and safety from direct threats, seeking culturally competent responses, and pursuing appropriate escalation pathways;
 - 8.5. Ensuring contingency capacity during the holiday period, through a dedicated working group and CE roster; and
 - 8.6. Focussing on virtual responses and scaling up to physical presence as needed.
9. Over the holiday period, Tony Lynch will Chair the Officials Committee for Domestic and External Security Coordination (ODESC) in the event non-COVID-19 activation of the national security system. The National Response Leadership Team (NRLT) will continue to convene for COVID-19 related matters (roster and revolving Chair tbc). If responses run concurrently over the holiday period, Brook will maintain strategic oversight over both responses.
10. MOH will establish a National Health Coordination Centre (NHCC) from mid-December to mid-January, led by Ashley Bloomfield and Robyn Shearer. While operations will be primarily virtual, MOH may require support in the initial stages.

11. **Action:** DPMC will clarify NRLT roles and responsibilities under the CPF settings, and confirm the roster over the holiday period.

Disinformation and Harmful Content

12. Rachel Sutherland updated the CCB on several key developments in the COVID-19 disinformation landscape, including:
 - 12.1. Increasingly divisive and extreme content;
 - 12.2. Growing scale and significance of disinformation;
 - 12.3. Intensifying concentration among a small but firm anti-vaccination population;
 - 12.4. Approaching trigger points and security risks, including implementation of vaccine mandates and offering vaccination to 5-11 year olds; and
 - 12.5. Establishing interagency coordination group to minimise gaps, share information, and maximise coverage of disinformation work.
13. Members welcomed the paper and presentation, and underscored that:
 - 13.1. Far-right groups coexist with a diversity of anti-vaccination actors which share a common antipathy towards authority;
 - 13.2. Isolated individuals represent a threat to which is difficult to respond effectively;
 - 13.3. Dissemination of disinformation raises several risks which cut across agency responsibilities, including non-compliance, threats of violent protest, extremism and terrorism, and challenges to social cohesion and stability;
 - 13.4. COVID-19 provides only one sphere of disinformation, which will endure beyond the current focus on the pandemic and present threats to democracy at large;
 - 13.5. Focus is shifting from anti-vaccination and anti-lockdown toward anti-mandate, and is now broadening to encompass wholesale opposition to government;
 - 13.6. International influences are central to proliferating disinformation domestically, with extremist groups using COVID-19 as a 'trojan horse' to advance their perspective and build support in New Zealand;
 - 13.7. Content is highly gendered, with a disproportionate focus on the Prime Minister and female journalists;
 - 13.8. A robust and careful process is central to managing the trigger points involved with vaccinating 5-11 year olds, and to setting a precedent for effectively tackling disinformation in future; and
 - 13.9. Disinformation will present difficulties to ensuring compliance with the CPF.
14. Members raised questions regarding the coordination arrangements underpinning the interagency response to disinformation, and the mechanisms to capture and address material that does not reach a statutory threshold. Rachel responded that the a virtual team would be established in the coming days, followed by the allocation of agency responsibilities and development of a scenario paper on grey area cases.
15. **Action:** members agreed to elevate disinformation within the assurance framework, NRLT checklist, and CPF, as it will gather pace and scale throughout the new year. DPMC was encouraged to establish a dashboard of key metrics and leading indicators to shape more regular reporting to Ministers.

Transition to the COVID-19 Protection Framework

16. The Chair invited Cheryl Barnes to provide members with an updated on the COVID-19 Protection Framework (CPF). This encompassed:
 - 16.1. Establishing a date of 3 December for triggering the CPF;
 - 16.2. Focussing decision-making on assigning colours to regions;

- 16.3. Stepping up communication efforts and the public information campaign;
- 16.4. Coordinating the delivery of sector guidance through DPMC;
- 16.5. Ensuring system workforce capacity;
- 16.6. Building the compliance and enforcement approach; and
- 16.7. Shifting tempo towards more systematic and regularised exchanges, setting out the CPF institutional landscape, enabling the regional leadership groups in concert with Carl Crafar and Debbie Power, and bolstering testing and tracing capacity.
17. Members were informed of the paper outlining key milestones to be reached in the coming months, and expressed their gratitude to Graham Maclean for his role in supporting the COVID-19 response over the past 18 months.
18. **Action:** DPMC will distribute an email outlining key steps to be pursued this week, in preparation for meeting with Ministers.
19. Members underlined the importance of shifting to a fortnightly cadence, supporting compliance and enforcement, clarifying commissioning for regional leadership groups, and forging pathways to government for raising regional risks and advice.
20. DPMC highlighted that RLGs are in the process of establishing clear roles and responsibilities, and noted that the occurrence of a compliance workshop later this week represents a moment to shift focus toward local concerns. While the responsibility to reflect advice is centralised, responsibilities for implementation and communication need to be devolved.
21. **Action:** members agreed to address issues of compliance and enforcement over the coming weeks, underpinned by a paper from DPMC.

Summer Readiness

22. Carl Crafar provided a brief overview of the mandate, communication channels, advice, and decision-making for the summer readiness framework.
23. He highlighted that the Care in the Community comprises several pipelines, which will apply differentiated approaches to those who are required to i) self-isolate, ii) self-isolate with welfare support, iii) self-isolate in the community. Housing presents a key question, particularly where emergency, transitional, and MIQ facilities are needed.
24. Preparedness will also be critical going forward, both nationally and regionally. Carl noted that the holiday period beginning on 15 December poses a greater concern in this regard than the shift of framework on 3 December.
25. Members affirmed the need for an integrated focus on Care in the Community, and to resolve questions and risks related to accommodation. The possibility of a testing alternative to vaccine mandates, applicability of such mandates to court proceedings, and potential for rapid antigen testing in some settings were also discussed.

CCB Cadence

26. Members agreed to conduct shortened verbal sessions of the CCB, on a fortnightly basis alternating with the regular format, until the holiday period.

Reconnecting New Zealanders

27. Cheryl Barnes provided a shortened intervention on Reconnecting New Zealanders, noting her expectation that pressure on the border will increase following the transition in domestic settings toward minimisation and protection. She highlighted that work is progressing on several fronts, and a paper on the medium term risk pathway will be delivered to Cabinet this week.

28. **Action:** Acknowledging the time constraints surrounding the Reconnecting New Zealanders item, members agreed to allocate greater time and advance this in the agenda for the next CCB.

Minutes and Action Points

29. **Action:** the Chair moved to include an agenda item on workforce at the next CCB. Members recognised the broad pressures on staff, widespread fatigue, and short-term contracts, and the need for further attention to these issues.

30. The CCB minutes from November 9 were confirmed, with minor amendments to the wording of Paragraph 10 and list of participants.

Action Log #	Mtg date	Action	Due date	Responsibility
78	23-Nov-21	Clarify the roles and responsibilities of the National Response Leadership Team (NRLT).	Dec-21	DPMC
79	23-Nov-21	Integrate a focus on disinformation within the assurance framework, NRLT checklist, and CPF, and establish a dashboard to shape regular reporting to Ministers.	Dec-21	DPMC
80	23-Nov-21	DPMC will distribute an email outlining key steps to be pursued in relation to the CPF this week.	Nov-21	DPMC
81	23-Nov-21	Explore issues of compliance and enforcement at the next CCB.	Dec-21	DPMC
82	23-Nov-21	Establish an item to address Reconnecting New Zealanders, and raise this in the agenda.	7-Dec-21	DPMC
83	23-Nov-21	Discuss key workforce challenges and concerns at the next CCB meeting on 7 December, supported by an agenda item and working paper.	7-Dec-21	DPMC

COVID-19 Chief Executives Board Minutes

Date 7 December 2021
Time 0800 to 0930hrs
Venue Microsoft Teams

Attendance

CCB Members

Brook Barrington (Chair)	DPMC	Ashley Bloomfield	MOH	Cheryl Barnes	DPMC
Christine Stephenson	NZCS	Peter Mersi	MOT	Andrew Kibblewhite	MOJ
Rebecca Kitteridge	NZSIS	Dave Samuels	TPK	Tania Ott	PSC
Una Jagose	CLO	Chris Seed	MFAT	Nic Blakeley	MSD
Sir David Skegg	SPHAG	Sir Brian Roche	CICRIAG		

Apologies

Debbie Power	MSD	Peter Hughes	PSC	Kevin Short	NZDF
Una Jagose	CLO	Rob Fyfe	Business Forum	Sarah Sparks	Community Panel

In attendance

Amber Bill	DPMC	Hamish Rogers	DPMC	Carl Crafar	DPMC
Graham MacLean	DPMC	Ruth Fairhall	DPMC	James Correia	DPMC
Rob Huddart	DPMC	Rachel Sutherland	DPMC	Aaron Wright	DPMC

Agenda and apologies

1. Brook Barrington, Chair of the COVID-19 Chief Executives' Board (CCB), welcomed participants to the discussion.

Chair Updates

2. The Chair invited David Skegg and Brian Roche to provide an update on their respective Groups' activities.
3. Brian Roche underscored the importance of system planning and preparedness in the coming period, in a phased approach, with monthly review points. He noted that the transition to the COVID-19 Protection Framework (CPF) has progressed smoothly, pointing to widespread compliance and supportive public sentiment.
4. David Skegg echoed these points, underlining that New Zealand is well-placed to manage the next phase of the response. Recalling that the Strategic Public Health Advisory Group (SPHAG) will shortly deliver future-focussed advice for the first half of 2022, he mentioned that:

- 4.1. The emergence of Omicron demonstrates that we may be closer to the beginning of the pandemic than the end, and serves as a reminder that Delta was never going to be the final variant;
- 4.2. Initial evidence suggests that the virulence of the new variant is not causing severe illness, but that it looks far more transmissible than its predecessors;
- 4.3. Vaccines remain effective in reducing the likelihood of severe illness and death but may be less equipped to substantially limit transmission, according to early studies;
- 4.4. Omicron has illustrated the global nature of the pandemic, and that international cooperation is needed to better distribute vaccines worldwide. Stockpiling vaccines in high-income countries will not be effective in addressing the virus.
5. The Chair highlighted that limiting the spread of cases beyond Auckland will be crucial over Christmas, and that the reproduction rate falling below 1 in the city provides a strong foundation for the transition to the CPF. He welcomed recent progress in vaccine equity, with the first dose gap between Pakeha and Maori narrowing to 10% and Pakeha and Pacifica falling to 4%.

Immunisation and Response Update

6. The Chair invited Ashley Bloomfield to provide a situational update, who noted:
 - 4.1. Decreasing R value reflects the effectiveness of increasing vaccination rates and public health measures, despite lowering of restrictions;
 - 4.2. Focus should be placed on Omicron in Europe, and lessons should be gathered to inform our own response;
7. The Chair noted DPMC will circulate summer resurgence packs and NRLT instructions this week, which will cover the period from 21 December to Wellington Anniversary. He also noted that Brian Roche will address the select committee in the coming days.

System Assurance Framework (SAF)

8. The Chair outlined the core aspects of the system assurance framework, which brings together CE concerns and key risks:
 - 8.1. **Self isolation** – discussions centred on transport options to move cases to facilities and the development of a national plan between DPMC, MOH, and MOT; the importance of supporting hard-to-reach communities; the central role of localised responses from DHBs, regional leadership groups (RLG) and iwi; and the necessity of addressing accommodation constraints.
 - 8.2. **Care in the Community readiness** – consideration was devoted to an initial framework recently distributed to RLG and DHBs, which is due for finalisation by Christmas; and that the welfare response is currently being rolled out.
 - 8.3. **RLG roles and responsibilities** – participants noted the recent agreement to publish guidelines on roles and responsibilities following a number of requests for terms of reference, agreeing that RLG has oversight of Care in the Community and is clear on the traffic light system.
 - 8.4. **Clear communications** – discussions canvassed the ongoing implementation of public information campaigns to support CPF transition, public compliance, and deliver regionally-tailored messaging; that disinformation remains a key concern and is being progressively integrated into the SAF and

addressed by MOH, Police and an interagency team run by DPMC; and the need to monitor and report on social cohesion during key transition points into the COVID-19 Vaccine Certificate and employer vaccine mandates.

8.5. **Maori engagement – Action:** members raised that this needs to be supplemented with a tailored approach to self-isolation and accommodation arrangements; underlined the importance of adequate resourcing and preparation; and agreed to revisit the issue at the next CCB.

8.6. **Reconnecting New Zealanders timeline** – participants noted ongoing work in preparation for reopening on 17 January, including border, testing, isolation, compliance arrangements, and the maintenance of the current timeline.

8.7. **International connectivity, airlines and supply chains** – several concerns were raised regarding the potential impact of COVID-19 spreading to workplaces and critical infrastructure, and the consequences for service delivery if stand down arrangements are triggered. **Action:** Members agreed that DPMC will log and address this alongside MOH, MOT, and MBIE, and to update participants at next week's CCB.

8.8. **Compliance and enforcement – Action:** Members agreed to update CVC compliance and enforcement at the subsequent CCB.

8.9. **Public health decisioning** – discussions clarified that work is underway to ensure that people are not stood-down wholesale when cases are identified, and additional capacity is gradually being made available.

8.10 **Legal orders – Action:** Members agreed to revisit this item next Tuesday, with CLO to lead discussions.

8.11 **Vaccine mandates and service provision** – participants noted that service provision is yet to be substantially disrupted by vaccine mandates and highlighted the importance of continued monitoring in this space.

9. The Chair concluded discussions by underlining that DPMC will ensure that duplication of efforts is being minimised and coordination facilitated, with a view to supporting the systematic implementation of this package of programmes. He called upon DPMC to progress coordination in the new year, and keep the CCB updated on key developments and challenges.

Workforce

10. The Chair called upon Tania Ott to provide an overview of current developments in the workforce. She noted:
 - 10.1. Systemic and structural challenges have been exacerbated by Delta;
 - 10.2. Early notice of changes to settings is vital in maintaining workforce capacity and the continuity of core operations;
 - 10.3. **Action:** Prioritising and acquiring capacity continues to be central in workforce resilience, and PSC and PSLT plan to address this in the new year;
11. The Chair welcomed the overview of key areas of impact identified in the workforce paper, as a way to frame ongoing work taking place between PSC and PSLT. He highlighted the importance of granting agencies the capacity to better plan for workforce needs, identifying where input will be required in the short- to medium-term, ensuring that operational agencies are involved early in policy development, and communicating changes as rapidly as possible.
12. DPMC reaffirmed these points, and mentioned the need to remain cognisant of the wider system of providers in addition to government agencies. MBIE and

NZCS reported that retention issues are key, particularly in MIQ and with regard to border workers, and will come under strain as changes are implemented and concurrent events take place throughout 2022.

13. The Chair endorsed these interventions, noting the broader context of low unemployment and the constraints of a relatively small public workforce. He highlighted that leave arrangements will be critical in the shorter-term, that the development of practical guidance and approaches at the PSC-held PSLT retreat in early January will provide a longer-term outlook, and that DPMC will continue to assist agencies by granting visibility of timelines toward upcoming changes.

Reconnecting New Zealanders

14. Cheryl Barnes outlined the changes to the structure of the programme, and members accepted these.

Readiness for CPF

15. Members reaffirmed the importance of providing avenues for engagement with iwi, particularly in view of introduction of traffic light system and review points, recalled ongoing work towards lifting internal travel restrictions on 15 December, finalising Care in the Community arrangements, and installing an incident management team from mid-December to mid-January. A number of agency workshops are taking place to ensure summer readiness, and advice to Cabinet on sector engagement is forthcoming.

Compliance and Enforcement

16. The Chair invited Phil Knipe (MOH) and Barry Taylor (NZP) to provide an overview of compliance and enforcement arrangements, and steps towards their revision. They noted:
 - 16.1. The COVID-19 Compliance System (CCS) has been in place since August;
 - 16.2. The changing nature and quantity of complaints, as well as the need to transition away from manual triaging, provide the rationale for revising the CCS;
 - 16.3. The request for CCB oversight and support of these changes arises from 95% of these coming from the business sector, the reception of over 37,000 complaints in 14 weeks, and the temporary nature of the platform;
 - 16.4. The Compliance Working Group supports these changes, and the movement from a Police-centred toward an interagency approach;
17. DPMC agreed on the need for a more sustainable solution, but noted that questions have been raised regarding whether the UAC website provides the right docking station for compliance. MBIE underlined that the issue is less the IT interface than the triaging architecture that underpins it, mentioned that a variety of options have been compiled on this, and that clarity of commissioning for the next phase of work will be key going forward.
18. The Chair commented upon the broad agreement on the need to shift, and that this will need to be supplemented by good intelligence and an escalation pathway for when behaviour on the ground gathers pace and scale.
19. **Action:** DPMC, MBIE and MOH agreed to advance this work, submit a paper to Minister Hipkins by the end of this week, and update the CCB at the next meeting on 14 December.

Action Log #	Mtg date	Action	Due date	Responsibility
84	7-Dec-21	Discuss Maori engagement, resourcing and preparation for Omicron at the next CCB.	8-Feb-22	TPK
85	7-Dec-21	Present an overview of planning for the prioritisation and acquisition of workforce capacity in the event of an outbreak.	25-Jan-22	DPMC, PSC, MBIE, MOT, MOH.
86	7-Dec-21	Provide an update on changes made to COVID-19 compliance and enforcement arrangements.	14-Dec-21	DPMC, MBIE
87	7-Dec-21	Review ongoing issues and challenges with respect to legal orders.	14-Dec-21	CLO

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COVID-19 Chief Executives Board Minutes

Date 25 January 2022
Time 0800 to 0930hrs
Venue Beehive Conference Room 8.5 / Zoom

Attendance

CCB Members

Rebecca Kitteridge (Chair)	DPMC	Ashley Bloomfield	MOH	Caralee McLeish	TSY
Christine Stephenson	NZCS	Cheryl Barnes	DPMC	Andrew Kibblewhite	MOJ
Rebecca Kitteridge	NZSIS	Geoff Short	TPK	Tania Ott	PSC
Kevin Short	NZDF	Peter Mersi	MOT	Carolyn Tremain	MBIE
Una Jagose	CLO	Chris Seed	MFAT	Peter Hughes	PSC
Rob Fyfe	Business Forum	Sir Brian Roche	CICRIAG	Sarah Sparks	Community Panel

Apologies

Brook Barrington	DPMC	Sir David Skegg	SPHAG	Debbie Power	MSD
Una Jagose	CLO			Nic Blakeley	MSD

In attendance

Amber Bill	DPMC	Hamish Rogers	DPMC	Katrina Casey	DPMC
James Correia	DPMC	Aa on Wright	DPMC	Sija Robertson-Stone	DPMC
Ruth Fairhall	DPMC	Andrew Coster	NZP	Andrew Crisp	HUD
Dave Gawn	NEMA	Lil Anderson	TA		

Agenda and apologies

1. Rebecca Kitteridge, Chair of the COVID-19 Chief Executives' Board (CCB), welcomed participants to the discussion. She recalled that the CCB will conclude at 9.15, to account for several participants' subsequent meeting at 9.30.

Chair Updates

2. The Chair called upon the independent chairs to provide their insights on recent developments in their Groups and the pandemic more broadly. They highlighted:
 - 2.1. Brian Roche informed participants that today would be the first CICRIAG meeting of 2022, and that the Group was actively scoping areas in which it could add greater value in the next phase of the response. He noted ongoing efforts to ensure readiness for a challenging few months ahead.
 - 2.2. Rob Fyfe mentioned that testing is at the forefront of business concerns, and that the private sector is stepping up contingency planning for the red setting of the COVID-19 Protection Framework (CPF) as well as the

anticipated labour shortages Omicron is likely to bring. He noted contacts abroad had counselled caution on the application of rapid antigen tests (RATs), which have not been as proved highly effective in limiting outbreaks in Australia, the United States, Canada, and the United Kingdom.

- 2.3. Sarah Sparks spoke to the positive collaboration between the public and private sectors in the Māori response, particularly among agencies and providers. She underscored the continued importance of tailored strategies for self-isolation and vaccination for Māori in light of existing vulnerabilities.

Update on COVID-19 Developments and Programme

3. The Chair invited Ashley Bloomfield to update members on recent developments and ongoing programming with respect to COVID-19. He underlined that:
 - 3.1. Decreasing Delta caseload despite increasing mobility over summer reflects the effectiveness of the response, and places New Zealand in a strong position to face Omicron in the coming months;
 - 3.2. Identifying positive cases and contacts in Auckland, Palmerston North, and Nelson represents a central focus of ongoing efforts;
 - 3.3. Omicron is highly transmissible, and the core emphasis is to understand the extent of current cases and flatten the curve while this is manageable;
 - 3.4. Vaccination continues to provide strong protection, particularly with booster uptake increasing; and
 - 3.5. A dedicated Omicron strategy is under development, and will be released in the coming days.

Omicron Strategy Update

4. The Chair welcomed these contributions, and invited Ashley Bloomfield to move to the item on the Omicron strategy itself. Recalling the importance of working with business to apply the full suite of public health actions, he outlined:
 - 4.1. MOH is maintaining focus on PCR testing in the first phase, and have doubled capacity in recent weeks;
 - 4.2. In subsequent phases and larger outbreaks, PCR tests will be reserved for priority populations such as healthcare workers and RATs will apply more widely to individual self-diagnosis;
 - 4.3. Significant challenges are emerging in accessing RAT supply;
 - 4.4. A reduced period of isolation of 10 days for positive cases and 7 days for contacts will be adopted, and supported by allowances for people to return to work following the reception of a negative test;
 - 4.5. Greater emphasis will be placed on primary care in tackling Omicron, though hospital capacity continues to be bolstered and a larger proportion of cases are expected to recover at home than in prior outbreaks;
 - 4.6. Booster uptake will be a critical element of success in managing Omicron – 1,000,000 doses have now been delivered and this is expected to double in the next 10-14 days, while MOH is assessing whether to reduce the period between second and third doses to three months; and
 - 4.7. Childhood vaccination continues to broaden in coverage, with 20% of the 5-11 age group having received a first dose in the last week.

Current System Preparedness for Omicron

5. The Chair invited Aaron Wright to speak to current preparedness for Omicron across the system. He noted:
 - 5.1. A series of workshops were held in mid-January to confirm the timeline, decision-making architecture, and phases in planning for Omicron, though circumstances continue to evolve rapidly;
 - 5.2. Early assessments suggest that agencies are generally well-equipped to face the next phase of the response; and
 - 5.3. Work is underway to designate and define 'critical' roles and responsibilities, with a view to developing a test-to-return to work strategy for close contacts.
6. The Chair requested that Carolyn Tremain update participants on ongoing efforts in MBIE to advance preparedness. She mentioned:
 - 6.1. The scale of absenteeism observed internationally is shifting focus toward ensuring economic resilience and labour force sustainability;
 - 6.2. The development of a definition of critical workers, a mechanism for exemptions, a data collection infrastructure to track workforce availability, and arrangements for sectoral oversight is progressing;
 - 6.3. The eligibility criteria for exemptions should foreground health status, and workforce representatives have endorsed efforts to align the testing framework with the CPF; and
 - 6.4. A dedicated preparedness page for Omicron has been published, and broader efforts are underway to support business with clear and concise messaging.
7. Members raised questions regarding the recent decision to centralise the supply of RATs, the effectiveness of publicly-run distribution mechanisms, and whether a similar approach would be adopted for protective masks. Ashley Bloomfield underlined the importance of consolidating the supply of RATs due to considerable global bottlenecks and to channel their distribution to where they are most needed – noting that the absence of these constraints with respect to masks rendered a similar approach unlikely in this area.
8. Members reaffirmed that the definition of close contacts will remain the same and that a negative test to return to work measure will be adopted, highlighted that businesses are facing considerable challenges in ensuring public compliance with health measures and staff safety, and recalled that worker confidence in new business continuity measures would be central to the effective management of the next phase of the pandemic.

Workforce Capacity and Adaptability

9. Members confirmed that business planning is well-advanced, and that those involving critical infrastructure provide a recent focus of activity. Concerns were raised regarding businesses downward in the supply chain, small- and medium-sized enterprises, and primary industries.
10. Members noted that the definition of critical public sector workforces aligns with that adopted for the private sector, and that dedicated guidance continues to be regularly updated – including most recently in relation to workforce behaviour under different settings. Members expressed confidence in the progress of

planning in the public sector, mentioned that efforts are underway to gather information on those designated as critical workforces, and that more work is needed with respect to preparing providers.

11. Members heard that the NZDF has limited capacity to bolster workforce capacity and address shortfalls, as personnel and systems are largely allocated to addressing issues in Tonga, Antarctica, and the air transport sector.

Reconnecting New Zealanders Update

12. Members highlighted that COVID-19 risks are emerging across the Pacific, and present challenges that will accelerate quickly. Kiribati, the Solomon Islands, and Samoa are all experiencing outbreaks, Tonga is responding to the concurrent challenge of addressing the recent volcanic eruption, and all are facing issues with regard to food security and supply. Members were informed that New Zealand will be called upon to provide funding and other modes of support, with a particular focus on the Cook Islands and Niue. MFAT is working with Ministers to engage and adequately protect those jurisdictions.
13. Members heard that a paper is due for delivery to Cabinet today (25 January), with a decision to be made next Thursday, on the options for recalibrating the timing of Reconnecting New Zealand.

International Lessons and Experiences with Omicron

14. Members welcomed the paper, and underlined the importance of continuing to monitor the international environment with respect to Omicron developments and lessons for New Zealand.

Minutes and Action Points

15. Members confirmed the minutes and actions from 7 December 2021, and agreed to discuss the issue of Maori engagement, resourcing and preparation for Omicron at the next CCB.
16. The Chair thanked participants for their insights, and closed the meeting.

Action Log #	Mtg date	Action	Due date	Responsibility
84	7-Dec-21	Discuss Maori engagement, resourcing and preparation for Omicron at the next CCB.	8-Feb-22	TPK

COVID-19 Chief Executives Board Minutes

Date 8 February 2022
Time 0800 to 0930hrs
Venue MS Teams

Attendance

CCB Members

Christine Stevenson (Chair)	NZCS	Ashley Bloomfield	MOH	Chris Seed	MFAT
Debbie Power	MSD	Cheryl Barnes	DPMC	Andrew Kibblewhite	MOJ
Rebecca Kitteridge	NZSIS	Struan Little	TSY	Chris Bunny	MBIE
Kevin Short	NZDF	Peter Mersi	MOT	Peter Hughes	PSC
Una Jagose	CLO				

Apologies

Brook Barrington	DPMC	Caralee McLeish	TSY	Carolyn Tremain	MBIE
Dave Samuels	TPK				

In attendance

Mac Leauanae	MPP	Tania Ott	PSC	Sarah Sparks	Community Panel
Sir David Skegg	SPHAG	Sir Brian Roche	CRIAG	Ruth Fairhall	DPMC
Amber Bill	DPMC	Hamish Rogers	DPMC	Rob Huddart	DPMC
James Correia	DPMC	Aaron Wright	DPMC	Annaliese Parkin	DPMC

Agenda and apologies

- Christine Stevenson, Chair of the COVID-19 Chief Executives' Board (CCB), welcomed participants to the discussion.

Chair Updates

- The Chair invited the independent chairs to share their insights on recent activities in their Groups and reflections on the pandemic more broadly.
 - David Skegg spoke to the present Strategic Public Health Advisory Group's (SPHAG) focus on examining international experiences in managing Omicron outbreaks, endorsed government progress in delivering the booster programme, and noted that new variants of the virus are likely to emerge in the months ahead.
 - Brian Roche mentioned that pressure on social support systems, the Care in the Community and testing to return to work programmes, and labour and supply chain constraints will be critical in the next phase.

Action: noting Continuous Review and Improvement Advisory Group's (CRIAG) pivot to weekly discussions and reporting, he suggested that the latest advice note will be made available to the CCB.

- 2.3. Sarah Sparks discussed ongoing collaboration to prepare for Omicron among non-governmental organisations, the public service, and the private sector in Auckland. She highlighted that Maori participation in these efforts will be crucial going forward, and that workforce fatigue will present a central challenge.

Update on COVID-19 Developments and Programme

3. The Chair called upon Ashley Bloomfield to update members on recent developments and ongoing work programmes with respect to the COVID-19 response. He raised:
 - 3.1. Outbreak impacts continue to be concentrated in the northern regions of New Zealand;
 - 3.2. Case numbers are increasing but less quickly than anticipated, due to the recent vaccination of the population, the implementation of the booster programme, the shift to the red setting of the COVID-19 Protection Framework (CPF) and uptake of public health behaviours, and summer;
 - 3.3. Movement to Phase 2 of the Omicron response is expected in the coming week, and work is underway to prepare for this; and
 - 3.4. MOH is establishing a cross-agency group to advance work on ventilation arrangements to slow the spread of COVID-19 indoors, and will spearhead the technical aspects with support from agencies in other areas.
4. Participants reaffirmed that the outbreak is currently contained in particular locations, underscored the need for practical and context-specific solutions to ventilation issues, noted that ventilation arrangements should remain cognisant of supply chain constraints on equipment, and highlighted that MBIE has circulated guidance to government agencies on ventilation.

Preparedness for Omicron

5. The Chair invited Aaron Wright to inform participants of ongoing work to prepare for Omicron and the phases of the Omicron response plan. He noted:
 - 5.1. Preparedness work is underway, with a central focus on reducing isolation time and alleviating labour shortages;
 - 5.2. Stress testing of different phases is ongoing, and the system will foreground critical infrastructure, supply chains, and vulnerable communities;
 - 5.3. The National Response Group (NRG) is conducting a workshop tomorrow on the social and economic impacts of Omicron. **Action:** the key insights that arise from the workshop will be presented at the next CCB meeting;
 - 5.4. DPMC and MOH are commencing planning for the winter season this week, building on health work in relation to measles, influenza, and other seasonal ailments;
 - 5.5. Review of the CPF settings will be pursued throughout the coming weeks, with particular attention to how social and economic factors are considered under the CPF;
6. Members welcomed these updates, adding that rapid antigen tests (RATs) are gradually being integrated into certain settings and distributed to critical workforces.

7. DPMC highlighted that the identification of critical workforces will involve conducting a self-assessment and applying an agreed definition, with the key criteria being that work must be performed on-site and central to the operation of the business. MBIE will maintain a registry, rather than conduct an approval process. DPMC is recalibrating reporting and compliance settings to support these arrangements.

System Assurance Framework (SAF)

8. The Chair invited Amber Bill to outline key risks in managing Omicron as captured by the System Assurance Framework (SAF). She highlighted:
 - 7.1. The core focus on international connectivity, business continuity, and supply chain resilience;
 - 7.2. The ongoing question of the scalability of the response;
 - 7.3. The uncertainty surrounding the process of testing to return to work in the specific cases of health and welfare workers;
 - 7.4. The need for responsiveness and clarity surrounding the supply of RATs;
 - 7.5. The importance of remaining agile around recalibrating public health measures to account for emerging developments in the coming weeks, with particular attention to new variants and adjusting the CPF; and
 - 7.6. Ongoing work progressed by the CRIAG on the compatibility between health and welfare programmes, RATs and testing to return to work, and transitioning between home isolation and medical care, and the continued emphasis of SPHAG on strategic and future-oriented considerations.
9. Members discussed the need to appropriately support and bolster capacity among providers, facilitate international connectivity and account for Australian arrangements in this area, and provide clear and consistent planning for reopening to marine and air transport operators.

Reconnecting New Zealanders

10. The Chair invited Rob Huddart to update members on recent announcements and forthcoming milestones for the Reconnecting New Zealanders portfolio. He raised:
 - 9.1. Five steps to reconnect have been conveyed to the public on the overarching strategy, but more remains to be pursued in terms of operational detail;
 - 9.2. NZCS is working on pre-border arrangements and traveller declaration system, while MBIE is spearheading post-border settings such as self-isolation and MIQ;
 - 9.3. DPMC focus is returning to providing a system-wide perspective;
 - 9.4. Following step 1 on 27 February, the primary focus will be on scaling reconnecting arrangements with DPMC and MOH monitoring key risks;
 - 9.5. Reconnecting New Zealanders website will be updated with FAQs tomorrow;
 - 9.6. Costing assessment to support the allocation of funding to communications and engagement for Reconnecting New Zealanders to be delivered to the Minister for the COVID-19 Response today;

- 9.7. Logistical arrangements to direct RATs where they are needed and create a registry to record results are being established;
 - 9.8. Ensuring clarity to various sectors involved in maintaining and building international connectivity remains a core priority.
11. Members reaffirmed the need to provide a clear pathway of future steps to businesses and transport operators, to avoid dampening demand and the perception that arrangements may change, and to transition from manual and uniform traveller declaration settings to more scalable arrangements.

Pacific Engagement, Resources and Readiness

12. The Chair invited Mac Leauanae to set out the state of play on Pacifica engagement, resourcing, and response work related to COVID-19. He underlined:
- 9.9. Strong community engagement, particularly with churches, has been a central element of success and remains critical in the next phase;
 - 9.10. Tailored communications to support the vaccination rollout has been effectively advanced, in collaboration with DPMC and MOH;
 - 9.11. Broadening awareness of various CPF levels and Omicron planning phases among communities is underway;
 - 9.12. Many Pacifica stakeholders have offered assurance that they have protocols and plans in place to prepare for Omicron, which supports readiness;
 - 9.13. Building on encouraging collaboration across agencies to shift emphasis toward the booster programme and childhood vaccination; and
 - 9.14. Principal focus remains on the longer-term socioeconomic impacts for Pacific communities, given that existing vulnerabilities have been exacerbated by the pandemic.
13. Members endorsed the approach pursued by MPP, which has helped deliver high vaccination rates and supported communities throughout the pandemic.

Pacific Partners: Key Challenges and Developments

14. The Chair invited Chris Seed to set out key developments across Pacific partners. He mentioned:
- 12.1. The Pacific region encompasses a broad spectrum of pandemic circumstances, from high-risk settings such as Papua New Guinea, recent arrivals of positive cases in Solomon Islands and Kiribati, and ongoing containment strategies in Samoa and Tonga;
 - 12.2. New Zealand's support will be stepped up in the coming months in concert with Australia, with emphasis shifting from technical assistance and equipment to personnel and funding;
 - 12.3. Engagement between domestic agencies and counterparts across the region have facilitated the transmission of key lessons and delivery of existing support;
 - 12.4. Flights continue to various Pacific countries, supporting the in-bound movement of RSE workers from Vanuatu and Samoa; and
 - 12.5. The MFAT system will manage upcoming issues as these arise, on a tailored basis depending on the country impacted.

15. Members reiterated the importance of maintaining air and maritime transport links across the Pacific, sharing practices and exchanging experiences in the coming months, and addressing limitations in personnel at home and abroad.

Minutes and Action Points

16. The Chair approved the minutes from 25 January, noted that TPK will address Maori engagement and resourcing next week, and closed the meeting.

Action Log #	Mtg date	Action	Due date	Responsibility
85	8-Feb-22	Share latest CICRIAG Advice Note to the COVID-19 Response Minister with the CCB.	22-Feb-22	DPMC
86	8-Feb-22	Present members with key insights on the socioeconomic impacts of Omicron, arising from an NRG workshop on 9 Feb.	22-Feb-22	DPMC

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COVID-19 Chief Executives Board Minutes

Date 22 February 2022

Time 0800 to 0930hrs

Venue MS Teams

Attendance

CCB Members

Christine Stevenson (Chair)	NZCS	Ashley Bloomfield	MOH	Chris Seed	MFAT
Caralee McLeish	TSY	Cheryl Barnes	DPMC	Andrew Kibblewhite	MOJ
Rebecca Kitteridge	NZSIS	Una Jagose	CLO	Chris Bunny	MBIE
Bronwyn Turley	MOT	Tony Davies	NZDF	Helene Quilter	PSC
Viv Rickard	MSD				

Apologies

Brook Barrington	DPMC	Carolyn Tremain	MBIE	Debbie Power	MSD
Peter Mersi	MOT	Kevin Short	NZDF	Peter Hughes	PSC

In attendance

Lil Anderson	TA	Tania Ott	PSC	Sarah Sparks	Community Panel
Sir David Skegg	SPHAG	Sir Brian Roche	CRIAG	Ruth Fairhall	DPMC
Amber Bill	DPMC	Hamish Rogers	DPMC	Rob Huddart	DPMC
James Correia	DPMC	Aaron Wright	DPMC	Annaliese Parkin	DPMC

Agenda and apologies

1. Christine Stevenson, Chair of the COVID-19 Chief Executives' Board (CCB), welcomed participants to the discussion.
2. The Chair informed participants that their priorities and concerns would be collected within the coming days, to shape the development of the System Assurance Framework for 8 March.

Chair Updates

3. The Chair invited the independent chairs to provide an update on their respective workstreams, and to reflect on recent developments with respect to COVID-19.
 - 3.1. David Skegg underscored the importance of the continuing booster programme in managing the impacts of Omicron, and that ensuring an adequate supply of rapid antigen tests (RATs) will be crucial in the coming weeks. He highlighted that the Strategic COVID-19 Public Health Advisory Group is currently considering the medium-term applicability of public health measures, and mentioned that their ongoing effectiveness depends on social license.

- 3.2. Brian Roche echoed these sentiments, noting that the system is under pressure with respect to testing and isolation, the need to advance on Reconnecting New Zealanders, and the importance of clear and consistent communication in the next phase of the response.
- 3.3. Rob Fyfe underlined the need to remain agile and proactive, increasing staff absenteeism among businesses, and the impending move to Phase 3 of Omicron management. He reiterated earlier emphases on the importance of public communications.
- 3.4. Sarah Sparks reaffirmed the role of clear communication and connectedness with community stakeholders in fostering social cohesion and commented on the public focus on isolation planning, housing, and the psychosocial impacts of the pandemic. Welcoming recent funding disbursed to social service providers, she highlighted that resources remain stretched.

Update on COVID-19 Developments and Programme

4. The Chair called on Ashley Bloomfield to present recent COVID-19 developments and programming. He noted that the:
 - 4.1. Outbreak trajectory is now following the anticipated pathway, with an exponential rise in cases expected toward a peak in late March.
 - 4.2. Movement between phases is spurring shifts in the testing approach, with a greater focus on symptomatic cases and increasing supply of RATs.
 - 4.3. Vaccination and boosters remain vital in curbing death and severe illness, with 50% of children aged 5-11 vaccinated, 60% of eligible citizens boosted, and rates among Maori and Pacifica continuing to climb.
 - 4.4. Shift to Phase 3 is envisaged in the coming days.

Planning for Omicron Phase 3

5. The Chair invited Aaron Wright to canvass agency preparedness for Omicron Phase 3 and the socioeconomic impacts of the virus. He highlighted:
 - 5.1. Response to date has been health-led, and recent workshops and discussions have foregrounded the social and economic lens.
 - 5.2. Impact of isolation orders for workplace absenteeism and business continuity represents the central economic focus.
 - 5.3. Social support and food access provides the core social focus.
 - 5.4. **Action:** the A3 supporting this item within the CCB Meeting Pack will be used to monitor impacts going forward, particularly on self-isolation. Members agreed to note the paper as a model for future monitoring, rather than endorsing this particular iteration.
 - 5.5. Daily cross-government check-ins are ongoing, to ensure that RATs are directed to areas where they would best facilitate test-to-return to work.
 - 5.6. Critical nature of supply chain resilience has been visible across the globe, and national priority areas include seaports, the freight sector – particularly truck drivers, and the primary sector workforce.
 - 5.7. The system has been assessed as ready to enter Phase 3, though workforce absenteeism remains an ongoing concern.
 - 5.8. A map to monitor the status of food distribution networks is under development.

6. Discussions encompassed the need to ensure adequate supplies of RATs - which will be progressively rolled out in the coming weeks, the role of isolation timeframes in preserving business continuity, the decommissioning of some managed isolation and quarantine facilities, the management of ongoing Omicron cases at the regional level and during winter, the upcoming shift in the definition of close contacts to focus on household contacts, and the dynamic relationship between the health, social, and economic aspects of the current phase of the response.
7. **Action:** Going forward, the need to review the COVID-19 Protection Framework (CPF) and public health measures, and maintain oversight on workplace absenteeism were indicated.

Maori Engagement, Resources and Readiness

TPK - Resourcing

8. The Chair invited Dave Samuels to provide a review of recent work on resourcing for the Maori response. He highlighted:
 - 8.1. Community involvement has been a core feature of the Maori response.
 - 8.2. Overall, the response is tracking well and the focus is progressively shifting to delivering Care in the Community for Maori in the next phase.
 - 8.3. Clear communication will be critical in facilitating understanding of relevant public health measures going forward.
 - 8.4. Changes in funding for Maori initiatives are currently under consideration, and four distinct pathways are proposed: direct funding injections through MOH to Maori providers, channelling funding through Whanau Ora agencies building on previous fund in October – which was administered and coordinated by TPK and TA, mobilising resources through MPP for the Pacific community, and a pathway to support Care in the Community and post-isolation needs.

TA – Engagement

9. The Chair called on Lil Anderson to provide an overview of Maori engagement efforts. She noted:
 - 21.1. The vital role of engagement in preventing and tackling discontent, and fostering buy-in among stakeholders.
 - 21.2. A dedicated strategy with iwi on identifying and managing disinformation has been central in curbing its spread.
 - 21.3. Continued engagement is facilitating the delivery of services nationwide.
 - 21.4. This has been critical in managing internal borders and checkpoints, as well as ensuring adequate social support coverage across regions.
 - 21.5. The new approach is marked by a central focus on population needs as a basis for engagement, rather than agency priorities, reflecting lessons learned from previous work.
 - 21.6. Ministers Hipkins and Davies have regularly joined weekly discussions with a pandemic response group, comprising 76 iwi chairs.
 - 21.7. The importance of locking-in prior gains in engagement, and mobilising these in the next phase of the response.

10. Members welcomed this presentation, underscored the achievements of Maori engagement to date, and highlighted that the focus on advancing Maori vaccination should be supplemented by a stronger emphasis on broadening uptake of public health measures.

Reconnecting New Zealanders

11. The Chair called upon Ruth Fairhall to provide a brief update on readiness for Reconnecting New Zealand. She highlighted that reopening remains on track for the first stage on 27 February, that operational arrangements will be ready by the end of the week; and that continuing attention is being devoted to ensuring the proportionality of border settings going forward.
12. Participants underscored the centrality of Trans-Tasman travel in Reconnecting New Zealanders, and the importance of clear and consistent communications to ensure public understanding of border measures.

Minutes and Actions

13. The Chair confirmed the minutes from 8 February, closed relevant actions, and concluded the meeting.

Action Log #	Mtg date	Action	Due date	Responsibility
87	22-Feb	Maintain a watching brief on social and economic impacts, using the A3 enclosed in the 8 February CCB Meeting Pack as a model.		DPMC, all agencies.
88	22-Feb	Review COVID-19 Protection Framework (CPF) and suite of public health measures continually to ensure that this remains fit for purpose.		DPMC, all agencies.
89	22-Feb	Maintain oversight on workplace absenteeism, with a view to ensuring business continuity.		DPMC, all agencies.

COVID-19 Chief Executives Board Minutes

Date 8 March 2022
Time 0800 to 0930hrs
Venue MS Teams

Attendance

CCB Members

Carolyn Tremain (Chair)	MBIE	Robyn Shearer	MOH	Chris Seed	MFAT
Caralee McLeish	TSY	Cheryl Barnes	DPMC	Andrew Kibblewhite	MOJ
Brook Barrington	DPMC	Mark Bryant	CLO	Debbie Power	MSD
Peter Mersi	MOT	Peter Hughes	PSC	Tony Davies	NZDF

Apologies

Ashley Bloomfield	MOH	Christine Stevenson	NZCS	Rebecca Kitteridge	NZSIS
Una Jagose	CLO	Kevin Short	NZD	Dave Samuels	TPK

In attendance

Sir David Skegg	SPHAG	Sir Brian Roche	CRIAG	Sarah Sparks	Community Panel
Amber Bill	DPMC	Hamish Rogers	DPMC	Ruth Fairhall	DPMC
James Correia	DPMC	Aaron Wright	DPMC	Rob Huddart	DPMC

Agenda and apologies

1. Carolyn Tremain, Chair of the COVID-19 Chief Executives' Board (CCB), welcomed participants to the discussion.

Chair Updates

2. The Chair invited independent chairs to provide an overview of their respective workstreams, and their impressions of recent developments in the response.
 - 2.1. David Skegg underscored the need to monitor the Omicron outbreak and its dynamics, noted the likely emergence of new variants and winter challenges, and highlighted recent and ongoing work on self-isolation of incoming travellers and employee vaccine mandates.
 - 2.2. Sarah Sparks spoke to emerging discrepancies between government data and lived experiences among Maori, and the need to strengthen connections and support to disabled communities.

COVID-19 Developments and Programme

3. The Chair called on Robyn Shearer to update members on the current Omicron outbreak and relevant COVID-19 programming. She noted:
 - 3.1. The national Omicron peak is approaching, with projections suggesting mid-to late-March;
 - 3.2. Workforce challenges are mounting;

- 3.3. Length of hospitalisation has proved shorter than in previous outbreaks, but the overall number is climbing;
 - 3.4. DHBs are coping currently, and workforce is being mobilised toward areas in which needs are most pronounced;
 - 3.5. COVID-19 will continue to circulate in the community, but high vaccination rates are providing significant protection;
 - 3.6. Mechanisms involved in managing the response will be continually adjusted depending on variant in question and public needs;
 - 3.7. MOH is conducting future-focussed research to assess the six-nine month time horizon;
 - 3.8. Winter planning represents one of the key focus areas going forward;
 - 3.9. RAT distribution has expanded over the last week, and DHBs are working to increase this in the coming week;
 - 3.10. Over 5,000 GPs are working actively to support patients at home, but many continue to turn to the emergency department when positive cases are detected;
 - 3.10. Emphasis is shifting to how results are recorded in the system, to establish coherent oversight of pandemic impacts.
4. Members highlighted the need to ensure sufficient supply of RATs and therapeutic treatments, and to facilitate the transition from an emergency reaction to positive cases toward a self-management model in the majority of instances.

Managing Omicron Impacts: Workforce Absenteeism and Business Continuity

5. The Chair invited Aaron Wright to outline key challenges and priorities with respect to managing workforce absenteeism and ensuring business continuity. He highlighted:
 - 5.1. Close contact exemption scheme and the bubble of 1 have been the core tools to manage absenteeism to date;
 - 5.2. The Director-General of Health can now approve returns to work for individuals otherwise required to self-isolate;
 - 5.3. A proposal to shorten isolation times from 10 to seven days is currently under consideration s9(2)(g)(i)
 - 5.4. Behavioural factors such as caution and caring for family are prompting absences from work, alongside formal requirements for positive cases;
 - 5.5. Work is underway to ensure the resilience of logistics and transport networks, with key pinch points being felt at supermarkets, courier drivers, and emergency services;
 - 5.6. **Action:** DPMC will share an A3 providing greater detail around ongoing work to tackle absenteeism after this meeting;
6. Members discussed ongoing disruptions to business continuity despite robust planning and preparedness, and the need to strike an effective balance between preserving public health and ensuring socioeconomic resilience. Examples were raised from across the transport and logistics network, and members noted projections of 660,000 employees in isolation at the Omicron peak. Members highlighted the differential impacts of employee absenteeism across sectors and regions, and called for greater attention to redistributing capacity across the system.

Strategic Work Underway towards the New Normal

7. The Chair invited Cheryl Barnes and Ruth Fairhall to present strategic work underway in post-peak planning and ongoing reviews of COVID-19 policy settings. They raised:
 - 7.1. The key focus on devoting strategic consideration to future issues to ensure a systematic approach to policy settings after the Omicron peak;
 - 7.2. The need to maintain sufficient system capacity to respond effectively to new variants and changing circumstances, while preserving proportionality;
 - 7.3. DPMC is engaging with interagency policy leads to formulate options;
 - 7.4. Papers are due for delivery to SWIC on 16 March and Cabinet the following Monday.
8. Members highlighted the importance of focussing efforts around needs, ensuring pragmatic consideration of system capacity, prioritising the protection of the most vulnerable and devoting attention to pressure points as these arise. Broad agreement was established on the key focus areas of public health settings and equity in the next phase, and that independent advice should inform considerations. **Action:** DPMC will pursue consultations with independent advisory groups throughout the week, and these groups will consider the suite of public health measures in parallel.
9. Members underlined that differences of experience between returnees and the host population may contribute to tensions in the coming months, the need for a root and branch review of the existing COVID-19 architecture, that residual and structural needs in terms of psychosocial wellbeing and socioeconomic protection will become increasingly evident in the next phase, and the importance of balancing the health response with social and economic elements. **Action:** DPMC called for a discussion of considerations that require attention in the longer-term, to ensure an adequate weighting of current and future needs.

Supporting Social Cohesion in the COVID-19 Response

10. Members welcomed the timing and delivery of the social cohesion paper, and underscored the need to maintain public license within the COVID-19 response.

System Assurance Framework: Current Risks and Issues

11. The Chair called on Amber Bill to provide an overview of the key elements of the System Assurance Framework (SAF). Members discussed:
 - 11.1. Reports on equity and data emerging from the Roche Group are prompting the Minister to seek system assurance on these points. **Action:** members proposed the establishment of a feedback loop to ensure that CEs have access to the assurance received.
 - 11.2. The current SAF gathers key CE concerns and priorities;
 - 11.3. That where possible, issues and mitigations raised in the SAF should be framed in concrete and practical terms;
 - 11.4. Ensuring the proportionality and proactiveness of the response was a central focus;
 - 11.5. Facilitating the clarity of communications also represented a key theme;
 - 11.6. Roche Group focussed on aligning system communications with people's lived experiences;

- 11.7. Shift in communications is ongoing, with an increased emphasis on signposting on Unite Against COVID-19 and decentralising messaging to responsible agencies;
- 11.8. Increased consideration is required for strategic and future thinking;
12. Members commented that the coherence, clarity, and consistency of communications remains key, particularly in light of the shift toward self-management of the majority of positive cases from a prior emergency stance. The need to maintain public confidence and social licence was also raised.

Reconnecting New Zealanders

13. The Chair called on Rob Huddart to provide brief update on recent activities in relation to Reconnecting New Zealanders. He highlighted changes to the reporting framework to embed a greater focus on readiness, and identified four key issues in maintaining compliance, ensuring eligible passengers cancel redundant MIQ vouchers, lifting decision-making out of airports toward pre-travel arrangements to reduce friction and queues, and tackling disruptions to service delivery. Ruth Fairhall added that revised arrangements for Australian travellers, visa waivers, and unvaccinated travellers will be presented to SWIC tomorrow.

Minutes and Actions

14. The Chair confirmed the minutes and actions outlined in the meeting pack, thanked participants for their contributions, and closed the discussion.

Action Log #	Mtg date	Action	Due date	Responsibility
87	22-Feb; 8-Mar	Maintain a watching brief on social and economic impacts, using the A3 enclosed in the 8 February CCB Meeting Pack as a model.	Ongoing	DPMC
88	22-Feb; 8-Mar	Review COVID-19 Protection Framework (CPF) and suite of public health measures continually to ensure that this remains fit for purpose.	Ongoing	DPMC
89	8-Mar	Produce a list of considerations that require attention in the longer-term, to ensure an adequate weighting of current and future needs.	Ongoing	DPMC
90	8-Mar	Establish a feedback loop between i) Ministerial requests for assurance based on CICRIAG advice, ii) the assurance received, and iii) CEs.	Ongoing	DPMC

COVID-19 Chief Executives Board Minutes

Date 8 March 2022
Time 0800 to 0930hrs
Venue MS Teams

Attendance

CCB Members

Peter Mersi (Chair)	DPMC	Ashley Bloomfield	MOH	Ben King	MFAT
Caralee McLiesh	TSY	Cheryl Barnes	DPMC	Carolyn Treman	MBIE
Christine Stevenson	NZCS	Peter Hughes	PSC	Debbie Power	MSD
Bryn Gandy	MOT	Una Jagose	CLO		

Apologies

Brook Barrington	DPMC	Kevin Short	NZDF	Rebecca Kitteridge	NZSIS
Chris Seed	MFAT	Dave Samuels	TPK		

In attendance

Sir David Skegg	SPHAG	Sir Brian Roche	CRIAG	Sarah Sparks	Community Panel
Amber Bill	DPMC	Hamish Rogers	DPMC	Tania Ott	PSC
Ruth Fairhall	DPMC	Julie Knauft	DPMC	Rob Huddart	DPMC
Anneliese Parkin	DPMC	Aaron Wright	DPMC		

Agenda and apologies

1. Peter Mersi, Chair of the COVID-19 Chief Executives' Board (CCB), welcomed participants to the discussion.

Chair Updates

2. The Chair invited independent chairs to provide an overview of their respective workstreams, and their impressions of recent developments in the response.
 - 2.1 Sarah Sparks underscored the importance of continuity in the supply of social and support services, and ensuring the clarity of public communications. **Action:** raising the economic contribution of ethnic communities during the pandemic, she noted that a supporting study would be circulated to members.
 - 2.2 Brian Roche highlighted that CICRIAG will meet Minister Verrall this afternoon to discuss testing and surveillance arrangements following the Omicron peak, with particular attention to the border. He also mentioned the weekly CICRIAG reports circulated to members, and ongoing considerations on whether to maintain, disband or reconfigure the Group as it approaches the end of its current mandate on 1 June.
 - 2.5 David Skegg noted the latest SC19PHAG report on vaccine mandates circulated last week, and that the Group was now turning to the question of post-peak planning. He emphasised that this will signify a transition toward a 'new

normal' rather than a return to business as usual, that a new variant will likely emerge in the coming months, and that the effects of the pandemic on the economy, education, social cohesion and trust will outlast the health impacts.

3. The Chair concluded by underlining that the response is being decentralised to the responsible line agencies, while maintaining capacity to respond rapidly should new circumstances emerge.

COVID-19 Developments and Programme

4. The Chair informed members of the new format of updates on COVID-19 developments and programming, and opened the discussion to the agencies responsible for managing the health, social, and economic impacts of the pandemic.

4.1. Ashley Bloomfield canvassed the key aspects of the health response, noting that:

- Cases and hospitalisations are beginning to recede, though severe cases will remain for some time and continue to diffuse throughout the country;
- It is reasonable to anticipate 3-5,000 cases per day for the medium term, ongoing hospitalisations, and coincidence between COVID-19, flu and other respiratory illnesses in winter;
- MOH will provide advice on modelling winter impacts, to inform public health settings;
- High vaccination rates and increasing immunity from natural infection have increased resilience to date, as well as robust advance planning;
- Vigilance needs to be maintained in relation to the continuing evolution of the virus, as a new variant may emerge at any time and arrangements need to be in place to adequately respond to it.

4.2. Debbie Power outlined the social support dimensions, including:

- MSD has received 75,000 requests for support in this phase, and 25,000 in the last week alone;
- Wait times for contacts at call centres are approximately two minutes, and responses are usually delivered within 24 hours;
- Under the leave support scheme, 83,000 applications have been dispensed amounting to \$86 million;
- Report back is due shortly on the transition to the new operating normal for social support after the Omicron peak, while retaining surge capacity;
- Continued investments and programmes are required to respond effectively to the educational, psychosocial, and community impacts of COVID-19.

4.3. Carolyn Tremain initiated discussion on the economic elements, highlighting:

- Work underway to bring business up to date with key rule changes;
- Clarifying communications around changing requirements;
- Businesses will need to pursue risk assessments to determine workplace vaccination requirements under the new settings;
- Reworking border settings with exemptions in key sectors and 19,500 working visa holders due to enter from April under the working holiday scheme, which will partly alleviate critical labour shortages;

- Reopening tourism to Australia will provide a significant economic boosts, though workforce, operational capacity, and demand are expected to remain below pre-pandemic levels in the near term;
- Reactivating Auckland following the Omicron peak, though cost escalations in key supply chains and employee absenteeism continue to be concerning.

3.4. Caralee McLiesh continued the discussion of economic elements, with a core focus on macroeconomic factors. She mentioned that:

- Macroeconomic impacts are unfolding largely as expected, with largescale disruption on labour supply due to isolation requirements, reduced demand and behavioural impacts bearing on the economy;
 - Auckland is bouncing back, with a return toward regular levels of economic activity expected post peak;
 - Job Seeker applications continue to decline amid tight labour market conditions, though uptake of economic supports has been high with more than 100,000 applications received and \$1 billion of support approved;
 - Some firms report a 90% drop in revenue, though it is important to note that many of these are sole traders;
 - Leave support payments are high but declining;
 - Overall, there is little evidence of economic scarring despite short term pain, uneven impacts at the micro level and potential for lagging effects;
 - Significant shifts have occurred in the composition in the economy, with the shift from services to goods for example, and considerations are ongoing regarding whether this is temporary or permanent;
 - Fiscal constraints underline the need to move from broad-based support to a more targeted approach in the endemic environment, focussed on supply side factors where impacts are most pronounced.
5. Members discussed the progress of winter planning and its coincidence with health transition reforms, noted that primary care and hospitals will remain under pressure in the near term, highlighted the importance of clear communication and the need to bridge the gap between public expectations and the 'new normal', mentioned that flexible working arrangements will be helpful in managing pandemic impacts over the coming months, and underlined the need for bottom-up and targeted approaches that tap into community providers.

Future Steady State Considerations

5. The Chair opened discussions by noting that the future steady state should be designed for endemicity but plan for the possibility for a surge response to a new variant; consider which functions should be devolved, maintained, and disbanded in the next phase; and tackle key questions of resourcing and timing. **Action:** He proposed that the CCB should have oversight of this, supported by a reframing of its terms of reference.
6. Members highlighted ongoing discussions around how long MIQ will be needed in the midst of rapid shedding of facilities, and that reactivation plans are being developed to respond in the event of a new variant that requires this. Members noted that staff secondments for COVID-19 functions end in June, and canvassed the possibility of extending these to ensure an orderly transition. It was also raised that endemic COVID-19 is not endemic flu, that yearly deaths in

comparative countries are roughly 3,500 per year as opposed to 500 from influenza, and that vulnerable communities will bear the brunt of this burden. This reaffirms the need to convey that we are recalibrating to a new normal, rather than returning to business as usual.

Readiness: Regional Responses to Omicron

7. The Chair invited Aaron Wright to speak to the regional responses to Omicron. He mentioned:
 - 7.1. Regional leads held a workshop to share experiences last week;
 - 7.2. Many signalled their support for the Regional Leadership Group (RLG) to endure going forward, capturing key lessons from recent months and providing a worthwhile connection between central and local government;
 - 7.3. Discussions highlighted the uneven impact of COVID-19 across regions, with cities recovering as impacts are beginning to be felt in rural settings;
 - 7.4. Indications suggest that regions will request additional support in the coming months; and
 - 7.5. A strong sense of integration between DHBs and regional leads was conveyed, supported by the adoption of dedicated NEMA guidelines.

Policy: s9(2)(g)(i)

8. s9(2)(g)(i)
 - 8.1. Retaining vaccine mandates for some groups of workers, and removing them for educational workers from 4 April;
 - 8.2. Removing the COVID-19 Vaccine Certificate (CVC) from the traffic light framework while maintaining ability to reactivate if needed, and adding boosters to CVC will be announced tomorrow, in effect from 4 April;
 - 8.3. Maintaining mass gathering requirements in the red setting, removing outdoor capacity limits, and increasing indoor limits from 100-200;
 - 8.4. Transitioning from requirements to recommendations under orange;
 - 8.5. Removing QR code requirements but retaining businesses' right to display and use these under their discretion;
 - 8.6. Engaging with key groups and updating communications channels to facilitate transition, while MBIE and PSC are working on guidance for employers; and
 - 8.7. Remaining under the red setting of the COVID-19 Protection Framework (CPF) for now, with the next review to be held on 4 April.
9. Members highlighted that MOH and DPMC will report back shortly on triggers to move between colours in the COVID-19 Protection Framework (CPF), the criticality of boosters particularly for vulnerable communities, and that workplaces and courts will have to consider the arrangements that are best suited for them going forward.

Reopening: Reconnecting New Zealanders Updates

10. The Chair called on Rob Huddart to provide brief update on recent activities related to Reconnecting New Zealanders. He highlighted:

- 10.1. Borders reopened to unvaccinated travellers over the preceding weekend;
 - 10.2. Roughly 90-100 people are entering the country in per day;
 - 10.3. New Zealand Traveller Declaration (NZTD) will be launched on 25 March, and go live on 31 March – this represents a significant adjustment for inbound travellers, vis-à-vis pre-COVID arrangements;
 - 10.4. **Action:** an overview of key changes at the border has been drafted, which will be circulated to CCB members in the coming days.
11. Members underscored that several Pacific partners have raised questions regarding their role in Reconnecting New Zealanders and that active work is underway to accelerate reopening to the region in the next week, s9(2)(g)(i) and that discussions are ongoing regarding reducing complexity at the border and setting out a timeline for travellers from high risk countries to enter New Zealand.

Review: Quarterly Report on the Recommendations Tracker

12. The Chair called on Amber Bill to review the recommendations from the quarterly report. She:
 - 12.1. Recalled the function of the report, which is to provide quarterly summaries of high level reviews at Minister Hipkins' request;
 - 12.2. Highlighted the central focus on clarifying and closing historic and outstanding recommendations;
 - 12.3. Noted that the document summarises progress across the system as a whole; and
 - 12.4. Mentioned that the next iteration will focus on key insights and overarching themes emerging from these reviews and recommendations.
13. The Chair reaffirmed the value of assessing and clearing recommendations, to ensure due diligence across the system.

Minutes and Actions

14. The Chair confirmed the minutes and actions outlined in the meeting pack, thanked participants for their contributions, and closed the discussion.

Action Log #	Mtg date	Action	Due date	Responsibility
91	22-Mar	Circulate study outlining economic contributions of ethnic communities throughout the pandemic to members.	25-Mar	DPMC
92	22-Mar	Reframe the CCB Terms of Reference to include a focus on managing the COVID-19 transition, beyond the immediate response.	Ongoing	DPMC
93	22-Mar	Distribute overview of key changes in Reconnecting New Zealanders to members.	25-Mar	DPMC

COVID-19 Chief Executives Board Minutes

Date 5 April 2022
Time 0800 to 0930hrs
Venue MS Teams

Attendance

CCB Members

Peter Mersi (Chair)	DPMC	Ashley Bloomfield	MOH	Ben King	MFAT
Caralee McLiesh	TSY	Cheryl Barnes	DPMC	Carolyn Treman	MBIE
Christine Stevenson	NZCS	Peter Hughes	PSC	Debbie Power	MSD
Bryn Gandy	MOT	Una Jagose	CLO		

Apologies

Brook Barrington	DPMC	Kevin Short	NZDF	Rebecca Kitteridge	NZSIS
Chris Seed	MFAT	Dave Samuels	TPK		

In attendance

Sir David Skegg	SPHAG	Sir Brian Roche	CRIAG	Sarah Sparks	Community Panel
Amber Bill	DPMC	Hamish Rogers	DPMC	Tania Ott	PSC
Ruth Fairhall	DPMC	Julie Knauf	DPMC	Rob Huddart	DPMC
Anneliese Parkin	DPMC	Aaron Wright	DPMC		

Agenda and apologies

1. Peter Mersi, Chair of the COVID-19 Chief Executives' Board (CCB), welcomed participants to the discussion.

Chair Updates

2. The Chair invited the independent chairs to share their perspectives and recent developments in their respective Groups' discussions.
 - 2.1. Brian Roche highlighted that the COVID-19 Independent Continuous Review, Improvement and Advice Group (CICRIAG) continues to liaise with Ministers and public officials to ensure that lessons and innovative approaches are being integrated into the health response and at the border and work underway to review the system response to date.
 - 2.2. David Skegg noted that the Strategic COVID-19 Public Health Advisory Group's (SC19PHAG) recent advice on vaccine mandates has been accepted by government and published in the New Zealand Medical Journal, ongoing considerations regarding the future evolution of the virus and how to respond to the emergence of new variants, and the need to preserve public health capacity to continue to manage pandemic impacts.
 - 2.3. Rob Fyfe mentioned uncertainty in the business landscape with particular emphasis on the upcoming shift from red to orange settings, ongoing

efforts to facilitate a return to the office and alleviate labour shortages, and regional variations in consumer behaviour and economic activity.

COVID-19 Developments and Programmes

3. The Chair opened the discussion to the agencies responsible for managing the health, social, and economic impacts of the pandemic.
 - 3.1. Ashley Bloomfield canvassed the key aspects of the health response, including:
 - Our current COVID-19 and Omicron outbreak has largely peaked, but will continue to be central to considerations and activities over the next 2-3 months;
 - Planning for the July-September period is underway, which signifies a broader focus on respiratory illnesses alongside COVID-19, the ongoing use of masks and stay at home advice, and shifts in current health and social supports toward a 'new normal' model of care;
 - Public communications will be key in managing public expectations and confidence, as we remain in a largescale outbreak; and
 - Scenario-planning is in development for the potential emergence of a new variant, and sets out tailored responses depending on its characteristics.
 - 3.2. Carolyn Tremain spoke to the economic elements, highlighting:
 - Lack of understanding of the relevant rules on rehiring unvaccinated workers and how to implement post COVID-19 Vaccine Certificate (CVC) arrangements is producing an unsettled business outlook;
 - MBIE is reaching out to a diversity of stakeholders to communicate changes and reviewing the 'bubble of one' setting;
 - Work is underway to kickstart tourism programmes, in concert with border agencies;
 - Activity is subdued with respect to events transition payment scheme, due to the changing requirements;
 - Worker shortages remain a core concern, as Australia has experienced a 50% increase in job vacancies compared to pre-pandemic levels;
 - Formalised processes are needed for business continuity in critical industries;
 - Bottlenecks and disruptions continue to beset global supply chains; and
 - Accredited employer work visa arrangements go live on 1 May and the supporting information is already online, which will facilitate in-bound movement of skilled migrants and carve out exceptions for workers in critical industries.
 - 3.3. Nic Blakeley set out the key considerations in the social sector. These encompassed:
 - Care in the Community continues to face falling demand, with pressure easing in recent weeks;
 - Food security represents the most pressing current need, with additional funding proposed for food banks over the next year;
 - Proposals are being raised for a gradual movement from providing social support for all families self-isolating toward those who are directly infected with COVID-19; and

- Longer term recovery issues are moving to the forefront of considerations, including food security, school attendance, social cohesion, psychosocial wellbeing, and community resilience.

Adapting our Approach to Manage COVID-19

4. The Chair opened discussions on initial considerations for adapting our approach to pandemic management in the next phase. He underscored the importance of designing a system to account for a transition toward a steady state while retaining the capacity to scale up efforts if required, progressively decentralising responsibilities to agencies while maintaining centralised oversight as needed, and for responding effectively to a variety of scenarios. He prompted participants to consider the role of the CCB in this process.
5. Members highlighted that it is critical to maintain clarity on accountability structures and decision rights in the next phase, enabling agencies to manage the operationalisation of plans and the identification of areas needing cooperation. Members added that Ministerial expectations, roles, responsibilities, and rhythms will be key in defining those of the CCB and agencies.
6. s9(2)(g)(i) [REDACTED]
7. It was agreed that the CCB has offered an agile clearing house for issues to date, supported discussions of concerns and priorities, and facilitated the examination of the structure and effectiveness of response arrangements to ensure that these are fit for purpose. Broad support was indicated for a lower cadence of CCB discussions, a reconsideration of membership, the potential for a supporting group of officials to underpin the CCB's work, and the recent deactivation of the National Response Leadership Team (NRLT). **Action:** Members noted that the CCB will continue to be vital in managing connections and information flows across agencies - particularly in view of the move from centralised coordination to a decentralised 'new normal' - and called on DPMC to review and adjust the CCB Terms of Reference to account for this transition.
8. Members underlined that the distribution of functions between the Ministry of Health and Health NZ may materially impact the membership, role and operations of the CCB in the next phase, and called for greater visibility on this. **Action:** Ashley Bloomfield responded by raising a recent paper setting out future system structures between these agencies, and noted that this would be shared with the CCB following the discussion.
9. The Chair concluded by confirming members' agreement on the contours of future transitional arrangements, most notably the need to redesign the system to account for a sustainable steady state while retaining the capacity to scale up efforts as needed. **Action:** he established that the next steps are to obtain Ministerial support for this overarching direction, and develop a follow-up paper to set out the process for the transition.

System Assurance Framework: Emerging Themes and Future Preparedness

10. The Chair invited Rachel Sutherland to review key insights emerging from the most recent iteration of the System Assurance Framework (SAF). She noted:

- 14.1. Strategy and planning represent the most prominent current focus, and will require consistent attention in light of ongoing shifts and changes;
 - 14.2. Ensuring programme alignment will be key in fostering business confidence and public support, and work is underway to capture main inconsistencies;
 - 14.3. Efforts are advancing across agencies to capture key lessons and integrate these into future arrangements;
 - 14.4. Maintaining an all-of-government role in coordinating the next phase of the response while decentralising responsibilities is of central importance;
 - 14.5. DPMC is actively reconsidering the role of assurance throughout this transition, and particularly the threshold for raising agency risks to the level of system consideration. **Action:** a paper is due to be submitted at the next CCB on 3 May, which will propose a new model of assurance and support the transfer of increased responsibility for risk management to agencies.
11. Members reaffirmed the importance of increasing the threshold of risks raised to the CCB, and establishing the key elements of success as a framework for identifying risks and conveying the assurance required.

Winter Planning and Preparedness

12. The Chair requested that Rachel Sutherland outline work on winter planning and preparedness. She highlighted:
- 17.1. The paper catalogues the scale and scope of work underway across agencies;
 - 17.2. The DPMC Policy Team is spearheading work on future planning, while the Ministry of Health is advancing variant planning; and
 - 17.3. A key consideration remains striking an effective balance between centralised oversight and the progressive decentralisation of functions.

Readiness for International Tourism

13. The Chair invited Aaron Wright to discuss readiness for international tourism. He mentioned:
- 18.1. The alleviation of constraints in other areas is freeing capacity for devoting attention to international tourism;
 - 18.2. A key concern is responding to travellers who contract COVID-19 during their stay in New Zealand, with responsibilities currently remaining with the individual but less clear in the case of tourist groups and those requiring repatriation from remote places for care;
14. Members highlighted the need to integrate these efforts with the traveller working group, which is led by Heather Kirken. **Action:** further consideration is needed for those who are not capable for financially supporting their compliance with relevant requirements, options for accommodation, clarity around distribution of fiscal responsibility and government coverage of costs. Participants requested that Aaron Wright follow up on these questions.

Reconnecting New Zealanders Updates

15. The Chair called on Christine Stevenson and Rob Huddart to outline recent developments in Reconnecting New Zealanders.

16. Christine Stevenson set out the progress of the New Zealand Traveller Declaration (NZTD) system, noting:
- The NZTD underwent a soft launch on 25 March, and became mandatory on 31 March;
 - Over 100,000 people have consulted the website, with 17,000 applications submitted;
 - s9(2)(g)(i) [Redacted]
 - These tests are due to disappear in Australia, have been stopped in the UK, and continue in the US;
 - s9(2)(g)(i) [Redacted]
 - Progressive reopening in recent weeks has been helpful in bolstering capacity at the border to effectively manage larger flows.
17. Rob Huddart reaffirmed these comments, underscored the effectiveness of the NZTD rollout to date, and noted plans to increase targeting and step up collaboration with industry to codesign mechanisms in the coming weeks.
18. Members mentioned that if pre-departure testing requirements are eliminated in Australia, arrangements may be needed to facilitate a Trans-Tasman exception for entry into New Zealand. Others noted the difficulties associated with differentiating between travellers from Australia and those in transit, plans to integrate the NZTD within passports, and work underway at the Border Executive Board (BEB) on future surveillance arrangements at the border.

Note: The plan was to integrate the NZTD with e-gates at airports, not within passports as the minutes record.

Minutes and Actions

5. The Chair confirmed the minutes and actions outlined in the meeting pack, thanked participants for their contributions, and closed the discussion.

Action Log #	Mtg date	Action	Due date	Responsibility
92	5-Apr	Reframe the CCB Terms of Reference to include a focus on managing the COVID-19 transition, beyond the immediate response.	3-May	DPMC
93	5-Apr	Circulate a recent paper establishing the allocation and transfer of functions between the Ministry of Health and Health NZ.	3-May	MOH
94	5-Apr	Develop a paper setting out the overarching process and key steps in the transition of COVID-19 response arrangements.	3-May	DPMC

Released under the Official Information Act 1982

COVID-19 Chief Executives Board Minutes

Date 03 May 2022
Time 0830 to 0930
Venue MS Teams

Attendance

CCB members

Peter Mersi (Chair)	DPMC	Christine Stevenson	NZCS
Carolyn Tremain	MBIE	Caralee McLeish	Treasury
Cheryl Barnes	DPMC	Ashley Bloomfield	MoH
Bryn Gandy	MoT	Debbie Power	MSD
Dave Samuels	TPK	David Taylor	MFAT
Mac Leauanae	MPP	Andrew Milne	MIQ

Apologies

Brook Barrington	DPMC	Una Jagose	CLO
Kevin Short	NZDF	Andrew Kibblewhite	MoJ
Peter Hughes	PSC		

In attendance

Rachel Sutherland	DPMC	Julie Knauf	DPMC
Aaron Wright	DPMC	Sacha O’Dea	DPMC
Amber Bill	DPMC	Ben McBride	DPMC
Hamish Rogers	DPMC	Hayden Glass	DPMC
Emma Francis	DPMC		

Apologies and action log

1. Peter Mersi, Chair of the COVID-19 Chief Executives’ Board (CCB), welcomed participants to the discussion.
 - a) Peter noted that Rebecca Kitteridge will no longer attend the CCB meeting and acknowledged Rebecca’s contribution to the Board.
 - b) Peter acknowledged this being Cheryl Barnes’ last CCB meeting and thanked her for her work leading the COVID-19 Response Group. Following Cheryl’s departure, Ruth Fairhall will step in to the DCE COVID-19 Response role.

COVID-19 System Transition Considerations

2. s9(2)(f)(iv) [Redacted]
3. s9(2)(f)(iv) [Redacted]

s9(2)(f)(iv)

4. Since the last CCB meeting, Ministers have endorsed the post-winter strategy, which is still under development.
5. s9(2)(f)(iv)
6. s9(2)(f)(iv)
7. s9(2)(g)(i)
8. The members noted that more lead in time is required for any policy changes now that passenger volumes are increasing.
9. The CCB reflected on what the remainder of 2022 will bring, including a possible burden on the healthcare system during the winter phase.
10. s9(2)(g)(i)
11. There is a need for clarity on what functions would need to be stood up regarding different scenarios, along with a plan to see how quickly these could be stood up.
12. It was suggested that a dashboard with key data for Ministers be compiled. This could include key indicators, along with an inflection point where an action would be required, as well as with how quickly the different functions would be able to be stood up.
13. Thought will be given on how best to include the overall fiscal piece in the transition plan, along with the economic dimensions.
14. s9(2)(h)
15. The CCB agreed that this plan provides Ministers with proposed institutional arrangements for the future which:
 - a) Aligns with the strategic direction
 - b) Adopts a more orthodox model of agency accountability
 - c) Promotes a more sustainable mode of operation
 - d) Provides assurance that the system can scale up and respond to scenarios such as the emergence of a more virulent and transmissible variant (although this may not necessarily be the same way as we have before)
 - e) Captures the knowledge, skills, and experience we have built over the last two years
16. The Chair will update the CCB on the progress of this work at the next meeting.

Amendment to Draft Terms of Reference

17. The Chair noted that the future of the advisory groups is currently under review as their expiry dates are nearing. The focus of the CCB will also naturally shift to focus on the transition and ensuring that as functions get moved to the relevant agency, there is still an all of government response.
18. A proposal was put to the CCB to amend the remit in the draft Terms of Reference to include:
 - a. 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 the global response to the pandemic, as well as changes in the evolution and characteristics of the virus.
19. CCB accepted the above change to the Terms of Reference to reflect their agreement to oversee the COVID-19 response system transition, as well as agreeing that the Terms of Reference remain in draft form until the future role of the CCB in the COVID-19 response is known. The Chair noted that as part of the transition, a proposal will be made on what the CCB governance will look like going forward.

System Assurance Framework: Proposal for Future Assurance

20. At the CCB meeting on 5 April, winding down the System Assurance Framework (SAT) currently being used by the Board was discussed. Rachel Sutherland presented a paper to the CCB with a revised framework that allows CCB to have assurance over key outcomes of the transition and be assured that the system is well positioned to transition accountability for parts of the system to responsible agencies and Chief Executives. Two options for the future of assurance were provided for the CCB to discuss.
21. It was noted that option 2 will require additional resourcing which is not available within DPMC currently.
22. Option 1 was agreed, meaning that CCB accept the Success/Risk framework and use it as a basis for self-managing assurance.

Lesson Management Process for the Omicron Outbreak

23. The Chair invited Rachel Sutherland to give an overview of the lesson management process for the Omicron outbreak. It was noted that:
 - a) A workshop is proposed with the sector and senior officials to capture the learnings from Omicron and the pivot from Delta to Omicron.
 - b) The workshop will take place around the end of May and would be most beneficial if agencies had done their own lesson reviews prior.
 - c) A short survey will be done with National Response Group to capture their views and compile into a brief report with the key insights highlighted, which will then be built into the future strategy and response.
 - d) There will be a report back to CCB by the end of June with insights on the lessons and activities for the implementation, monitoring, and review of these insights.

Reconnecting New Zealanders Readiness and Reporting

24. The Chair called on Christine Stevenson to outline recent developments in Reconnecting New Zealanders, who noted:
 - a) Improvements continue to be implemented to the New Zealand Traveller Declaration (NZTD) system. 153,000 NZTDs have been issued so far.

- b) It is estimated that 120,000 passengers will be entering NZ during May.
- c) The processing of passengers is efficient, however pre-departure tests and some passengers requiring manual processing is slowing the process.
- d) Isolation requirements for seafarers a fisherman have been removed. 24/7 patrols will be gradually reduced, and Customs will distribute RAT kits to seafarers wishing to disembark.
- e) On Wednesday 11 May it will be announced that cruise ships can return to NZ from 31 July.
- f) The immigration rebalance decisions will be released next week and will come into effect from 4 July.
- g) s9(2)(g)(i)
[Redacted]
- h) Advice has gone to the Minister regarding the removal of pre-departure testing.
- i) s9(2)(f)(iv)
[Redacted]
- j) The Ministry of Health are reviewing isolation periods for cases and household contacts. Updated advice will be released this week, benefitting from additional modelling.
- k) It was agreed that the Reconnecting New Zealanders agenda item will remain on the CCB agenda for the foreseeable and will be reviewed during the transition.

Minutes from 5 April CCB meeting

25. The Chair noted that the open actions on the action register can be closed, confirmed the minutes from the 5 April CCB meeting were accurate and thanked participants for their contributions.

Action Log #	Mtg date	Action	Due date	Responsibility
95	3-May	Peter Mersi to update the CCB on the COVID-19 System Transition work	17-May	Chair

COVID-19 Chief Executives Board Minutes

Date 17 May 2022
Time 0830 to 0930
Venue MS Teams

Attendance

CCB members

Peter Mersi (Chair)	DPMC	Christine Stevenson	NZCS
Bryn Gandy	MoT	Ashley Bloomfield	MoH
Dave Samuels	TPK	David Taylor	MFAT
Matthew Aileone	MPP	Andrew Milne	MIQ
Nic Blakeley	MSD	Chris Bunny	MBIE
Tania Ott (PSC)			

Apologies

Brook Barrington	DPMC	Una Jagose	CLO
Debbie Power	MSD	Andrew Kibblewhite	MoJ
Peter Hughes	PSC	Carolyn Tremain	MBIE
Mac Leauanae	MPP	Chris Seed	MFAT

In attendance

Rachel Sutherland	DPMC	Julie Knauf	DPMC
Aaron Wright	DPMC	Sacha O'Dea	DPMC
Amber Bill	DPMC	Ben McBride	DPMC
Hamish Rogers	DPMC	Hayden Glass	DPMC
Jess Gray	DPMC		

Agenda and apologies

1. Peter Mersi, Chair of the COVID-19 Chief Executives' Board (CCB), welcomed participants to the discussion.

Chair updates

2. The Chair invited the independent Chairs to provide an overview of their respective workstreams and their impressions of recent developments in the response.
3. Sarah Sparks underscored the importance of continuity in the supply of social and support services to vulnerable communities and ensuring clarity of public communications. Sarah noted:
 - 3.1. The ongoing need to for people to be vaccinated especially with the risk of the flu and whooping cough this winter; to provide social supports such as food packages; and re-engaging tamariki in school.

- 3.2. The good collaboration between community providers and the private sector. But also noted clarity of funding arrangements for providers is needed going forward as we transition our response posture.
- 3.3. The tenure of the community panel is complete on the 30th of June (as per the terms of reference). Sarah encouraged the members to consider how they utilise a “community voice” going forward – both in the response and in other sectors.
4. Professor David Skegg noted:
 - 4.1. Internationally, New Zealand has 3rd highest transmission in the world. The 7-day average for COVID-19 related deaths is 17 per week. Ongoing thought should be given to how we mitigate fatalities across all age groups.
 - 4.2. We are still responding to the pandemic – as is the rest of the world. For example, South Africa is entering its 5th wave with the BA 4 and BA 5 variant. We will need to find a way to keep the community engaged with our pandemic messaging.
 - 4.3. The Group have provided comments on the new variants plan and MBIE have engaged with them on future quarantine capacity.
 - 4.4. The Group are concerned that the system for detecting new variants needs to be as effective as possible, as they have previously advised in their letters to Minister Verrall.
 - 4.5. A report from the International Science Council called “Unprecedented and unfinished” has been released. The focus of the report is not about health services but all the other impacts; economic, education, environment society which will be much longer felt until the end of the decade. Member requested this is distributed widely to many departments. The Chair undertook to circulate the report to the full PSLT.
5. Brian Roche commented that the CRIAG Group finishes on the 31st of May and are currently finalising their current report. The challenges he observes are the level of preparedness in a reformed health sector, and general fatigue – in the community and the response system.
6. Rob Fyfe touched on the themes from the business community in general and noted:
 - 6.1. The USA is predicting air travel will pick-up in the third quarter of this year. The expected travel for leisure is expected to be ahead of 2019 levels. Which reinforces the sense that the public are ready to move on from the response phase
 - 6.2. With increasing arrivals into New Zealand, it will be important to ensuring our messaging is cogent and compelling regarding the ongoing pandemic and the required public health measures.
 - 6.3. Key issues for business in New Zealand are around access to labour supply and staffing. We should expect a stressed environment over the next 6 months which will be compounded by any COVID-19 peaks, and clarity will be needed with respect to return to work practises.
7. The Chair thanked the Independent Advisory Chairs and closed the open session.

Updates on COVID-19 Surveillance Strategy and variant planning

8. Ashley Bloomfield provided an update on the surveillance strategy and variant plan.
9. The variant plan covers a range of scenarios and Ministers had been engaged on these. Ministers were mindful to ensure the levers that will be used to respond in specific scenarios are clear (and understood).

10. Some tools that the Government utilised previously in the response (such as border closures) need to be canvassed in a variant plan but would not necessarily be a first resort in future (or necessarily effective).

Responses:

11. s9(2)(g)(i) [Redacted]
12. s9(2)(g)(i) [Redacted]
13. s9(2)(g)(i) [Redacted]
14. With regard to the surveillance system, Ashley noted that it is rapidly improving, and added that the handing out of Rapid Antigen Tests (RAT) at the border has a lot of benefits. If the traveller arrives symptomatic then the person does not need to go and find a test in the community thereby removing the additional transmission risk.

Updates on COVID-19 System transition plan

15. s9(2)(f)(iv) [Redacted]
16. s9(2)(f)(iv) [Redacted]
17. The Chair then invited an update from members on their own internal transition planning.
18. Ashley Bloomfield on MoH transitions:
- 18.1. Most of the functions that are going to transfer out of the Ministry of Health to Health NZ/ the Maori Health Authority have already or will transfer on 1 June.
 - 18.2. The due diligence regarding the transfer of COVID-19 roles is underway. These will transfer to Health NZ by 1 July.
 - 18.3. Regardless of where the functions (and people) sit, the decision-making rights need to be well understood. This will be crucial to standing up any future responses.
19. Chris Bunny on MIQ transitions:
- 19.1. MIQ will be dis-established by the end of July. A readiness plan is being prepared and includes clear guidance on re-activation timeframe for standing up MIQ facilities.
20. Nic Blakely on MSD transitions:
- 20.1. A review of regional COVID-19 response infrastructure/functions is underway.

- 20.2. s9(2)(f)(iv)
- 20.3. COVID-19 related FTE is under review as is the ongoing approach to food security support.

21. Ruth Fairhall on DPMC transitions:

- 21.1. DPMC are looking at the system design for the future, what functions can stop, what can continue and at what scale. The review includes the timing of the cessation, scaling, or transfer of these functions, including which could be left within DPMC.

Success and Risk Framework (SAF)

- 22. Rachel Sutherland provided an update on the framework and noted the comments from the Board’s discussion around governance, decision making rights, and our ability to stand up the response in the future.
- 23. The Chair suggested that the framework become a standing item on the agenda to ensure regular discussion of the risk areas.
- 24. Caralee McLeish requested that the framework articulate funding as a significant risk moving forward. **Action:** include funding in the SAF.

Assurance recommendations to the Minister from the COVID-19 Independent Continuous Review, Improvement and Advice Group (CRIAG)

- 25. Amber Bill presented the paper for CCB members’ visibility.

Reconnecting New Zealanders: General updates

- 26. The transition of the Reconnecting New Zealand work programme to the Border Executive Board is almost complete.
- 27. Pre-departure testing continues to be a feature of our response at present. Officials are providing advice as required.

Minutes and Actions

- 28. The Chair confirmed the minutes and actions outlined in the meeting pack, thanked participants for their contributions and closed the discussion.

Action Log #	Mtg date	Action	Due date	Responsibility
95	3-May	Peter Mersi to update the CCB on the COVID-19 System Transition work	17-May	Chair
96	17-May	SAF to articulate funding as a significant risk	31 May	DPMC

COVID-19 Chief Executives Board Minutes

Date 31 May 2022
Time 0830 to 0930
Venue MS Teams

Attendance

CCB members

Peter Mersi (Chair)	DPMC	Jamie Bamford	NZCS
Bryn Gandy	MoT	Robyn Shearer	MoH
Dave Samuels	TPK	David Taylor	MFAT
Mac Leauanae	MPP	Carolyn Tremain	MBIE
Debbie Power	MSD	Peter Hughes	PSC
Nic Blakely	MSD	Andrew Kibblewhite	MoJ

Apologies

Brook Barrington	DPMC	Una Jagose	CLO
Mark Bryant	CLO	Chris Seed	MFAT
Andrew Milne	MIQ	Chris Bunny	MBIE
Ashley Bloomfield	MoH		

In attendance

Rachel Sutherland	DPMC	Julie Knauf	DPMC
Aaron Wright	DPMC	Sacha O'Dea	DPMC
Amber Bill	DPMC	Ben McBride	DPMC
Hamish Rogers	DPMC	Caroll Douglass	DPMC
Jess Gray	DPMC	Chloe Thompson	DPMC

Apologies and action log

- Peter Mersi, Chair of the COVID-19 Chief Executives' Board (CCB), welcomed participants to the discussion.
 - The Chair noted that Brian Roche is an apology for the meeting and that the COVID-19 Independent Continuous Review, Improvement and Advice Group (CRIAG) formally disbands on the 1st June and that the open session chairs will be invited to the next CCB as an opportunity for reflections.

Chair updates

- The Chair invited Independent Advisory Chairs to provide an overview of their respective workstreams, and their impressions of recent developments in the response.

3. David Skegg provided updates on the potential extension of the Strategic Public Health Advisory Group's term subject to Minister's direction. He also commented on international, and domestic COVID-19 trends including:
 - 3.1. The fifth wave in South Africa caused by BA4 and BA5 variants (which are now present in NZ) is thought to have peaked already, and while South Africa will have a high degree of immunity, this bodes well for the global situation. Noting though that Portugal has rapidly increasing case numbers.
 - 3.2. Domestically, New Zealand numbers plateaued when restrictions were relaxed and have recently been increasing in the Northern region in the last couple of weeks, with the number of deaths nationally being higher than expected and then what the modelling suggested with a preponderance of Māori and Pacific deaths in younger age cohorts.
 - 3.3. David recommended greater efforts should be considered for minimisation and protection especially from severe infection.
4. There was discussion around a working paper underway by DPMC on what more can be done to reduce transmission and improve treatments, the ongoing emphasis by Health on the vaccination and booster programmes, and the upcoming COVID Assessment Committee which will also need to give consideration to impact on Māori and Pacific.
5. Sarah Sparks stressed the importance of continued social support for the response. the concern for whanau affected by long COVID-19, and the wider social impacts now being seen, in particular around education. Sarah acknowledged the strength of partnerships in addressing all of this.
6. The Chair noted ongoing concerns and that the response is ongoing, thanked Independent Advisory Chairs and closed the open session.

Update: Covid-19 System Transition Plan

7. s9(2)(f)(iv) [Redacted]
8. s9(2)(f)(iv) [Redacted]
9. Discussion around the Transition proposals and the importance of timing and staging, acknowledging Health system transitions, the importance of All of government policy advice transitioning, ensuring a continuation of a Māori/Pacific lens stays at forefront, how to capture all of the functions (MIQ, Care in Community).
10. s9(2)(f)(iv) [Redacted]
11. s9(2)(f)(iv) [Redacted]

s9(2)(f)(iv) [Redacted]

Future COVID-19 Legal Framework

12. s9(2)(f)(iv) [Redacted]

13. **Noted** the COVID-19 Group will report-back at the next meeting of the COVID-19 Chief Executives Board on 14 June 2022

Variant Plan

14. Ruth Fairhall noted that Ministers are seeking assurance that agencies are ready to stand up any required measures regardless as to if the function transfers, and that the Paper covering the Variant plan is currently with agencies for input.

COVID-19 Transition - Success and Risk Framework

15. The Chair acknowledged the framework and that discussion during this meeting highlighted consideration of finding the right balance between response and funding. The system assurance framework's main risk areas were covered in the discussion including Reform; Stakeholder Expectations; & Information Sharing.

Reconnecting New Zealanders: General updates

- Members agreed to the recommendations whereby core aspects of the Reconnecting New Zealanders portfolio are to transfer to the Border Executive Board (BEB)
- The Chair noted that there is still a transition period for some policy and communications, but that future direction for border measures will come from the BEB.

Minutes and Actions

16. The Chair confirmed the minutes and actions outlined in the meeting pack, thanked participants for their contributions and closed the discussion.

Action Log #	Mtg date	Action	Due date	Responsibility

COVID-19 Chief Executives Board Minutes

Date 14 June 2022

Time 0830 to 0930

Venue MS Teams

Attendance

CCB Members

Peter Mersi (Chair)	DPMC	Ashley Bloomfield	MOH
Bryn Gandy	MOT	Rachel McLean	MFAT
Dave Samuels	TPK	Peter Hughes	PSC
Debbie Power	MSD	Una Jagose	CLO
Bill Perry	NZC	Ruth Fairhall	DPMC

Apologies

Brook Barrington	DPMC	Chris Seed	MFAT
Christine Stevenson	NZC	Mac Leauanae	MPP
Andrew Kibblewhite	MOJ		

In attendance

Amber Bill	DPMC	Rob Huddart	DPMC
Aaron Wright	DPMC	Rob Fyfe	BLF
Rachel Sutherland	DPMC	Brian Roche	CRIAG
Hamish Rogers	DPMC	Julie Knauf	DPMC
Jess Gray	DPMC	Sacha O'Dea	DPMC
Carol Douglass	DPMC	David Skegg	SPHAG
Chloe Thompson	DPMC	Sarah Sparks	CP

Apologies and action log

1. Peter Mersi, Chair of the COVID-19 Chief Executives' Board (CCB), welcomed participants to the discussion. He noted apologies for Andrew Kibblewhite, Mac Leauanae, Christine Stevenson, and David Taylor and acknowledged their representatives.

Independent Chair Reflections

2. The Chair invited Independent Advisory Chairs to provide reflections and an overview of their respective workstreams and their impressions of recent developments in the response.

3. Sarah Sparks highlighted the value of the community panel, including because of its diversity, and praised the transparent relationship with government through the response. She noted there is still inequity and uncertainty, but the community service models work because they have the trust of the community, and they hold the local knowledge and networks. Acknowledged DPMC for the unprecedented opportunity for the panel to communicate the needs of their communities to government in real time.
4. The Chair acknowledged the strength of the diverse group and praised Sarah's role as Chair in bringing people together and uniting them towards a goal.
5. Sir Brian Roche noted the final COVID-19 Continuous Independent Review, Improvement and Advice Group (CRIAIG) report has gone to the Minister. He emphasized that the role of the group had been about continuous improvement and considering what could be done better. Brian noted the importance of continuing to have conversations about what could be done better as the response evolves. Brian also commended the role DPMC Secretariat had played supporting the CRIAIG
6. The Chair thanked Brian for his role in CRIAIG. He noted the importance of keeping a forward looking perspective and agreed with the need to take stock of the lessons learnt and consider these as the response moves forward.
7. Rob Fyfe reflected on the challenges that come when a group represents a diversity of views. He also reflected on how connection and engagement between the business community and government had changed during different phases of the response.
8. Rob highlighted some of the COVID-19 related issues that businesses are facing currently, particularly related to workforce. He also touched on the global economic environment and what he has heard through engagement with international counterparts, including that North America is anticipating social and economic disruption until early 2023.
9. The Chair thanked Rob and concurred with the importance for government to maintain the agility present in the earlier phases of the COVID-19 response.
10. Professor David Skegg praised New Zealand's response, the public service and the CRIAIG for their guidance. He reflected that there was no country that had been well prepared for the pandemic. Despite this, people came together and the government made bold decisions early, which has saved lives. For an international context he cited Scotland as an example which has a similar population but significantly higher mortality rate. While the public health measures have impacted people, Scottish lives have been far more affected
11. David stressed the likelihood that new variants will emerge, and that we are still facing high mortality and case rates, and that these are having an inequitable burden especially on Māori and Pacific communities. He pointed to the health system reforms as being an additional challenge to overall health system response capacity. David endorsed praise from the other Chairs for the DPMC secretariat.
12. The Chair thanked David and noted the Group had provided a platform for amplifying science and ensuring evidence-based decision making. He agreed that even though the response is evolving as the virus becomes endemic, we are still dealing with the effects of a pandemic.
13. The Chair thanked the Independent Chairs for the final time and closed the open session.

Update on the COVID-19 Response


14. Ashley Bloomfield updated the CCB on the advice given to the Minister the day prior on the COVID-19 Protection Framework (CPF), noting the justification for stringent measures remaining in place through the winter period. Mask use and self-isolation are the most important public health measures and should continue to be encouraged. He noted that other countries are in similar positions as they approach winter and consider a 4th dose of the vaccine.
15. Ashley noted that New Zealand's culminative mortality rate remains relatively low. He noted that the majority of COVID-19 deaths for people under 60 are incidental, but that the rates are much higher among Māori. Ashley noted that work is underway to further understand mortality rates.
16. Ashley noted the health system is also experiencing pressure due to seasonal influenza and stressed the importance of flu vaccinations.
17. Work is progressing on the 4th dose which will soon be available for vulnerable individuals. Guidance is also being updated on reinfection and testing and isolation requirement, with advice going to Ministers shortly.
18. Caralee McLeish emphasised the need to keep self-isolation periods under close review, pointing to their impact on labour supply. Ashley agreed that these would remain under continuous review.

Update on the Variant Plan

19. Ruth Fairhall thanked everyone for their contributions and noted the variant plan has returned from Cabinet with recommendations around the future work and it will be recirculated later this week.
20. The Chair reminded the Board that the variant preparedness has a list of tools for reacting to a new variant, and that Chief Executives must be confident that they understand what is needed to stand up these functions. The Chair requested feedback on the transition plan, which is to be incorporated into the post winter strategy paper going to SWC on 29 June.

COVID-19 Legal framework

21. s9(2)(f)(iv)



Success and Risk framework

22. The Chair noted that members had discussed key risk areas with regard to the transition plan, legal framework, institutional knowledge, adaptability and preparedness during the meeting.

Any other business

- 21. The Chair noted Minister Ayesha Verrall as the new Minister for COVID-19 and the Briefing Incoming Minister process that is underway.
- 22. The Chair also noted that at the next meeting he would bring a paper outlining CCB going forward, noting that he anticipated CCB would continue as an oversight group for transition with some minor changes to membership and consideration as to the frequency of meetings. **Action:** A paper on the future role of CCB will be prepared and circulated at the next meeting.

Minutes and actions

- 23. The Chair confirmed the minutes and actions outlined in the meeting pack, thanked participants for their contributions and closed the discussion.

Action Log #	Mtg date	Action	Due date	Responsibility
97	14 June	Future CCB – paper on the future role of the CCB will be prepared and circulated at the next meeting	28 June	DPMC

Released under the Official Information Act 1982

COVID-19 Chief Executives Board Minutes

Date 28 June 2022
Time 0830 to 0930
Venue MS Teams

CCB Members

Peter Mersi (Chair)	DPMC	Ashley Bloomfield	MOH
Andrew Kibblewhite	MOJ	Stuart Horne	MFAT
Debbie Power	MSD	Peter Hughes	PSC
Mac Leauanae	MPP	Una Jagose	CLO
Andrew Milne	MBIE	Bill Perry	NZC
Tony Lynch	DPMC		

Apologies

Brook Barrington	DPMC	Chris Seed	MFAT
Bryn Gandy	MOT	Dave Samuels	TPK
Carolyn Tremain	MBIE	Christine Stevenson	NZC
Caralee McLiesh	TSY		


In attendance

Amber Bill	DPMC	Paul Ballantyne	DPMC
Rachel Sutherland	DPMC	Julie Knauf	DPMC
Aaron Wright	DPMC	Sacha O'Dea	DPMC
Hamish Rogers	DPMC	Ben McBride	DPMC
Jess Gray	DPMC	Carol Douglass	DPMC
Rob Huddart	DPMC	Chloe Thompson	DPMC
Tania Ott	PSC		

Apologies and Action log

1. Peter Mersi, Chair of the COVID-19 Chief Executives' Board (CCB), welcomed participants to the discussion and noted apologies for David Taylor, Chris Seed, Mac Leauanae, Christine Stevenson, Carolyn Tremain and David Samuels.

Roundtable: Update on the COVID-19 Response

2. Ashley Bloomfield updated the members on the health response underlining the advice given to Cabinet in consideration of the COVID-19 Protection Framework (CPF). Health highlighted the importance of continued mask use and self-isolation to control transmission and noted 7-day isolation period for negative household contacts is being reviewed. The Omicron subvariant BA 4/ BA 5 is likely to become the dominant variant and represents a quarter of border cases. He concluded that the current public health measures in place are suitable.
3. Ashley noted Health NZ's new structure is now in place now that the post winter planning is complete and stressed the importance of ensuring the elements to respond are in place. Health NZ is committed to ensuring preparation for other virus strains such as influenza is strong.
4. The Chair thanked Ashley and noted the policy/operational interface with Health NZ is critical and Ministers will continue to require line of sight of response of delivery.
5. Debbie Power began her update with Care for the Community noting that decreasing COVID-19 cases correlated to a drop in the referrals to providers. In August, Ministers will review funding and she highlighted the difficulties of giving visibility to Ministers on the lag effect of COVID-19. Many of these issues were prevalent pre-pandemic but have been heightened during the response for example school attendance and family violence.
6. s9(2)(f)(iv)

7. Bill Perry updated the group on travel declarations, Air Border Order and Maritime Order.
 - 7.1. Removal of pre departure testing has simplified travel for most, removing many social media responses and customer enquiries.
 - 7.2. He noted plane capacity on routes is almost non-existent, with current visitor levels to NZ at 8,500 people per day. Although the majority are going to Auckland, Queenstown has had a spike with the ski season. Total visitors since the reopening of the border is at 850,000. Niue has reopened to air traffic for the first time today 28th June.
 - 7.3. Maritime are preparing for cruise ships are reviewing a maritime travel declaration noting a ship captain takes more responsibility than an air captain with the 4-5 day travel time across the Tasman. Lastly, he noted the border sector agencies are working together on workforce presence at the maritime border.
8. Andy Milne updated the group that for the first time in 27 months, MIQ is no longer operating. He noted most of the workforce had found new employment. MBIE is meeting with Minister Verrall to understand business case opportunities for future quarantine facilities.

Lessons from the Omicron Response to date – June 2022

- 9. Rob Huddart noted the report was generally positive, but misinformation and disinformation is a concern that will extend beyond COVID-19. He noted the paper was not intended as a proposal to request changes to the system.

Post Winter Strategy and COVID-19 Legal Framework

- 10. s9(2)(f)(iv) [Redacted]

Update: Covid-19 System Transition Plan

- 11. s9(2)(f)(iv) [Redacted]

Chair’s Reflection and Future CCB

- 12. The Chair noted that the response to COVID-19 pandemic is ongoing and continues to impact on workforce. He stressed the importance of awareness of where we are in the cycle, understanding the broader impact and being prepared to respond.
- 13. The Chair noted that the role of Chair shifts to the Chief Executive of DPMC, Tony Lynch.

Action: Distribution of finalised Terms of Reference.

COVID-19 Transition - Success and Risk Framework

- 14. Rachel Sutherland commented that preparedness to respond is currently our greatest risk. As MIQ transitions to National Quarantine Service, it is a reminder to all agencies that knowledge retention is a key component of future plans.

- 15. s9(2)(f)(iv) [Redacted]

Other Business

- 16. Peter Hughes acknowledged Peter Mersi’s leadership over the past for months in the role of Chief Executive, COVID-19 All-of-Government Response. He thanked him for his contribution and wished him well for his new role as Commissioner at Inland Revenue.

17. The Chair reflected on this time as the COVID-19 CE and thanked the group for their support.

Action Log #	Mtg date	Action	Due date	Responsibility
98	28 June	Distribute finalised Terms of Reference	26 July	DPMC
99	28 June	Paper for CCB "Assurance: Declaration of Readiness for the Catalogue of Measures"	26 July	DPMC

Released under the Official Information Act 1982