Proactive Release

The following document has been proactively released by the Department of the Prime Minister and Cabinet (DPMC), on behalf of Hon Ayesha Verrall, Minister for COVID-19 Response:

Lessons from the Omicron Response so far - June 2022

The following documents have been included in this release:

Title of paper: Lessons from the Omicron Response to Date (DPMC-2021/22-2518 refers)

Title of Report: Lessons from the Omicron Response so far

Some parts of this information release would not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act). Where this is the case, the relevant section of the Act that would apply has been identified. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

Key to redaction code:

- Section 9(2)(f)(iv), to maintain the confidentiality of advice tendered by or to Ministers and officials.

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

Aide-Memoire

LESSONS FROM THE OMICRON RESPONSE TO DATE

To	Hon Dr Ayesha Verrall, Minister for COVID-19 Response	Report No	DPMC-2021/22-2518
From	Julie Knauf, Acting Deputy Chief Executive, COVID-19 Group, DPMC	Date	18/07/2022

Purpose

1. This paper is a covering note for the paper entitled 'Lessons from the Omicron Response to Date – June 2022'.

Background

2. In May 2022, the COVID-19 Chief Executives Board (CCB) directed the Department of the Prime Minister and Cabinet (DPMC) to report back with insights on the lessons from the Omicron outbreak to date.

3. The report reflects input from across the COVID-19 system. We (DPMC's COVID-19 Group) sent out a survey to members of CCB, National Response Group (NRG), the COVID-19 Senior Officials Group (SOG) and a representative from each Public Service Regional Leadership Group (RLG) on 11 May. We facilitated a workshop with NRG members on 25 May, drafted a report that summarises the survey responses and workshop discussion, shared the report for feedback with NRG members on 3 June and to CCB on 28 June.

4. We will proactively release it with relevant redactions, with the intent of supporting future responses and making lessons readily available.

5. While you (as Minister for COVID-19 Response) are the primary audience for this Aide Memoire and the attached report, given the broader portfolio interests in the COVID-19 response you may wish to share these documents with the Prime Minister and other relevant Ministers as you feel appropriate.

Recommendations

1. It is recommended that you note the contents of this aide-memoire.

NOTED
Hon Dr Ayesha Verrall
Minister for COVID-19 Response
Date: / /

Julie Knauf

**Acting Deputy Chief Executive,
COVID-19 Group, DPMC**

Attachment A   Lessons from the Omicron Response to date, June 2022

Lessons from the Omicron Response so far

June 2022

Version 0.10

NOT GOVERNMENT POLICY

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Document Purpose

The purpose of this report is to summarise insights on the lessons identified from the Omicron outbreak and to set out the next steps to ensure that lessons can be embedded into the ongoing response and into future responses.

Executive Summary

1. This lessons process captured insights spanning the period between 29 November 2021 when Omicron was classified as a Variant of Concern and 25 May 2022 (when the workshop was held). This period includes the pivot from Delta to Omicron response and the transition from the Alert Level System (ALS) to the COVID-19 Protection Framework (CPF).

2. Based on the Australian Institute for Disaster Resilience (AIDR) Lessons Management Handbook framework, the process captures insights under four headings: Governance and AoG Coordination; Operations and communities; People and Resources; and Communications.

3. This report captures 54 insights (listed on the following pages). Many of the impacts of these insights are captured in processes and procedures already and therefore will form part of future responses already and require no further action. The report notes some actions being completed by the system to implement learnings associated with the insights. This report is shared so that agencies can review the insights and complete further analysis on what, if any, changes are required to ways of working.

4. Many of the insights have already fed into and will continue to shape the Variant Plan, Transition Plan or Catalogue of Baseline and Reserve Measures.

5. This report is shared in order that agencies can analyse and implement changes as a result of the insights in this report. We do not propose centralised monitoring or review of the lessons.

6. This document was shared with the COVID-19 Chief Executives Board (CCB) for their noting on 28 June 2022.

Governance and AoG Coordination

1. Clarity of decision-making processes remains critical
2. International and domestic insights are also critical to shaping our response
3. A centralised function to develop system-wide advice has simplified policy development
4. Policy development needs to consider health, economic, social, equity and human rights outcomes, and be shared widely (in confidence) across the system to incorporate operational impacts
5. Policy has been able to move quickly during COVID-19 and this could be applied to future (non-COVID-19) policy development
6. Governance groups need adaptable membership
7. The system can adapt rapidly although additional time between announcements and changes coming to effect may enable a smoother transition
8. RLGs have played a key role in our Omicron response
9. Cross agency networks are important for an effective COVID-19 response
10. Any future need for new engagement groups should be coupled with clear purpose statements and terms of reference and be disbanded when no longer needed
11. Centralised troubleshooting is valuable for cross-sector responses
12. Ring-fencing resources may enable more long-term planning
13. Technical Advisory Groups play an essential role in the response
14. Updating the New Zealand Influenza Pandemic Action Plan (NZIPAP) would enable greater readiness for future pandemics

Operations and Communities

15. Improved use of previous lessons and/or some agencies maintaining lessons registers has enabled greater continuous improvement within the system
16. Close working between policy, operations and communications and between agencies enables rapid change
17. Future use of the identified measures in the Catalogue will be informed by the scale and variant of outbreak, and be inclusive of multiple elements such as National Coordination and Response (NCR) priority objectives, R value, public health and health system operational capability
18. There is an opportunity to drive continuous improvement of some baseline and reserve measures
19. There may be opportunities to develop deeper advice to businesses on COVID-19 risk assessments and business continuity planning to reduce the impact of employee sickness
20. Hard boundaries created significant operational challenges for agencies
21. Advice needs to consider the impact of incremental change on sectors
22. Opportunities remain to co-develop operational policies and processes with industry
23. Movement to red led to increased demand on services that maintained face-to-face contact
24. Technologies deployed to support the response need to be either maintained or decommissioned
25. Sector guidance plays a key role in response
26. Additional funding for Iwi/ Māori groups has improved our COVID-19 response and engagement with the National Iwi Chairs Forum - Pandemic Response Group (NICF-PRG) and other engagement with Iwi/ Māori partners has been critical in shaping our Omicron response
27. Opportunities remain to strengthen partnerships further between the Crown and iwi and Māori by engaging earlier and deeper
28. Dedicated funding for Pacific responses has strengthened the trust and confidence of Pacific communities in the response, and therefore outcomes for Pacific peoples
29. Dedicated responses and/or work programmes are required for Disabled People in future responses
30. Advisory panels and community engagement provide valuable insights that enable better outcomes
31. There may be opportunities to consolidate community groups with 'business as usual' groups
32. Codesign with communities might lead to more innovative solutions and improve the response
33. Communities have valued the opportunity to input directly to decision-makers to inform the response

People and Resources

34. The Public Services Commission Hub played a valuable role in matching demand for resource with resources
35. Prioritisation of effort across the public service enabled resources to be distributed to priority tasks
36. HSW legislation changes that require the system to complete additional risk assessments will need additional resourcing
37. Consistent guidance regarding best practice on-call arrangements across the public sector is important
38. Staff that have found discrimination/ harassment as part of their role need adequate support in place
39. The normalisation of remote working has changed worker expectations
40. Public sector investment in business continuity plans is critical
41. Public service employers need to consider a range of options to recognise effort, develop and retain talent in a tight labour market, and to address and support employee wellbeing.
42. It is critical to have sufficient stocks of key resources and a national distribution network
43. A responsive funding mechanism is a critical enabler for response activities

Communications

44. A centralised communications function to convene, coordinate and deliver communications plays a key role in the response
45. Public information campaigns remain a critical measure to support the response
46. Procurement rules could be reshaped to reduce barriers to using smaller, targeted, specialist agencies
47. Future communication approaches need to build on the experience Māori and Pacific and other priority communities
48. Centralised guidance on messaging can avoid inconsistent 'localised' messaging
49. Demand for misinformation/ disinformation functions is likely to continue into future phases of the pandemic
50. Technologies may be able to accelerate translation and conversion of materials into alternative formats
51. Opportunities may exist to streamline communication signoff processes – this could enable greater agility without increasing risk
52. Non-traditional communication channels may enable greater reach of key public messages
53. The public are more likely to understand settings that are simple and change infrequently
54. The co-location of AoG policy and communication teams has been an efficient, effective and successful arrangement

1. Context

Background

1. New Zealand recorded its first case of COVID-19 on 28 February 2020. On 19 March 2020, Ministers closed the borders and entry ports of New Zealand to non-residents. Two days later, Ministers directed officials to implement a four-tier alert level system to manage the outbreak within New Zealand.

2. New Zealand avoided community transmission at a scale seen in most international jurisdictions until the Delta variant arrived in Auckland in August 2021. Despite lockdowns and a hard boundary with checkpoints being put in place, Delta spread throughout the country.

3. On 29 November 2021, the World Health Organization (WHO) designated Omicron as a Variant of Interest.

4. On 3 December 2021, New Zealand transitioned to the COVID-19 Protection Framework (CPF). This framework has continued to evolve over recent months.

5. On 16 December, our Ministry of Health confirmed that the first case of Omicron had entered New Zealand via MIQ. At this time, Delta was spreading in our communities.

6. On 29 December, we identified the first community exposures of Omicron. On 23 January, New Zealand moved to red settings. Since then, Omicron has become the dominant variant and we have experienced an ongoing outbreak in our communities.

7. As of 29 May, we have seen 1.1 million COVID-19 cases in New Zealand, most of these relate to the Omicron variant. For the period from 29 November to 25 May, we saw daily cases of up to 23,924. There were 1,042 fatalities between 29 November and 25 May, based on the date of death[1].

8. Our Omicron wave peaked at 4,200 daily cases per million population, which is comparable to Australia, Ireland, and Sweden, but below France, South Korea, and Denmark.

9. Like previous COVID-19 outbreaks, the outbreak of Omicron required an All of Government (AoG) response. A range of agencies played critical roles in service delivery. They deployed a diverse catalogue of measures to support the response.

10. However, lessons can always be learned. Recognising that the response is ongoing, that we are now seeing significant staff turnover and, having noted the high tempo over recent months, on 3 May 2022, the COVID-19 Chief Executives Board (CCB) directed the Department of the Prime Minister and Cabinet (DPMC) to report back to CCB with insights on the lessons and on the activities for the implementation, monitoring and review of

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[1] NB: Death rates include all fatalities within 28 days of being a confirmed positive case. Please note that this may include some people that died between these dates but had not been reported as a COVID-19 fatality until after 25 May.

these insights. This document provides this report-back.

Scope of this lessons process

11. The insights span the period between 29 November 2021 when Omicron was classified as a Variant of Concern and 25 May (when the workshop was held). This period includes the pivot from the Delta to Omicron response and the transition from the Alert Level System (ALS) to the CPF.

12. The intended audience of this report includes CCB members, National Response Leadership Team (NRLT) members; National Response Group (NRG) members; COVID-19 Senior Officials Group (SOG)/AoG members; Regional Public Service Commissioners (RPSCs) and Regional Leadership Group (RLG) members; interagency policy liaisons, and interagency communications liaisons.

13. The capture process did not include direct engagement between DPMC and non-government agencies including Treaty Partners, Ministers and other key stakeholders. These critical perspectives could be collated and fed in via the appropriate agencies.

14. The scope acknowledges concurrent and recently completed work across the system including the report from the

Continuous Review and Improvement Assurance Group (CRIAG) which has an equally critical but different purpose, and the following work:

- Future variant planning and long term COVID-19 management strategy;

- Ongoing work on the COVID-19 Catalogue of Baseline and Reserve Measures;

- The future system design activities that articulate the design of the system as COVID-19 management returns to a more orthodox posture; and

- The National Quarantine Service (NQS) business case.

15. We acknowledge that many of the observations in this report may be applicable to other hazard management responses.

16. The approach taken is based on an abridged version of the Australian Institute of Disaster Resilience (AIDR) Lessons Management Handbook framework. Appendix 1 provides an overview of the approach taken for this lessons process.

2. Insights

9 We present insights using the four themes listed below:

Theme	Indication of the types of topics included
Governance, AoG Coordination	• Governance includes policy, terminology, legal, accountabilities, risk, reporting, etc. • All of Government Coordination includes operational planning, leadership, decision-making, inter-agency information sharing, system planning and readiness, etc. (It does not include the AoG Comms Coordination role)
Operations and communities	• Operations includes interoperability, situational awareness, service delivery etc. • Communities includes engagement, preparedness, resilience, recovery, expectations etc.
People and Resources	• People includes relationships, human factors, culture, staffing levels etc. • Resources includes equipment, technology, finance, capability, facilities
Communications	• Communications includes public information, campaign(s) and media. It also includes the AoG communications function.

17. The insights in this section are not verbatim. They are taken from the sources (as stated above) and represent the areas where there is greater consensus in the system. The insights are also presented in no particular order.

Governance and AoG Coordination

Governance

Insight 1: Clarity of decision-making processes remains critical

18. Decision-making / Advice formulation processes (e.g. NRLT/ NRG processes) are well tested and are understood by the system. Despite some movement of people, key individuals at Ministerial, Chief Executive (CE) and Deputy CE (DCE)/SOG level are familiar with their responsibilities and how the process operates.

Insight 2: International and domestic/ regional insights are critical to shaping our response

19. Throughout Omicron, there has been good use of international insights and improved use of information and intelligence from the overseas post network to support New Zealand's decision-making.

20. Additionally, regular research and public insights inputted into strategy and planning and shaped our responses and communications.

Insight 3: A centralised function to develop advice has simplified policy development

21. A centralised function to develop advice for Ministers (currently provided by DPMC's COVID-19 Group) is acknowledged to be critical to enabling good decision-making. This draws on

data and science and is underpinned by modelling where available.

Insight 4: Policy development needs to consider health, economic, social, equity and human rights outcomes, and be shared widely (in confidence) across the system to incorporate operational impacts

22. More widely than the insight above, the advice typically considers perspectives of health, economic, social, equity, and human rights and, where time allows, that operational considerations from a wide range of impacted agencies are taken into account. Agencies noted that this consultation typically happens as early as is feasible. However, it is also noted that, at times, there remains a disconnect between policy and operations within agencies and that full operation considerations have not been included in some papers.

Insight 5: Policy has been able to move quickly during COVID-19 and this could be applied to future (non-COVID-19) policy development

23. Rapid advice and decision-making in COVID-19 times has become normalised, with extreme examples of advice being received on a Sunday and going to Cabinet with a paper on a Monday (e.g. advice on Managed Isolation and Quarantine (MIQ) for New Zealanders following advice from the Strategic Public Health Advisory Group). However, there are drawbacks in this exceptionally agile approach and wider agency and partner input into such papers is challenging. Advice to Ministers needs to be transparent about whether operational or implementation advice is incorporated and every opportunity taken to circulate

All of Government advice widely to agencies for input.

Insight 6: Governance groups need adaptable membership

24. The key operational agencies have evolved throughout the COVID-19 outbreak. This has led to some agencies playing a larger role when decision-making processes were established but not playing a role in governance (e.g. Worksafe, Te Arawhiti etc.).

Insight 7: The system can adapt rapidly although additional time between announcements and changes coming to effect may enable a smoother transition

25. As noted earlier, New Zealand shifted its COVID-19 Strategy from an elimination goal to a minimise and protect goal. This required a change from the ALS to the CPF. This transition was generally well received by the system, despite the tight timelines involved. More time could have enabled an even smoother transition with improved / more detailed sector guidance, additional communications and further regional tailoring.

Insight 8: RLGs have played a key role in our Omicron response

26. The changes to governance associated with the CPF are well embedded nationally regarding an increased ability for regions to input into advice for decision-makers. RPSCs used their position to bring together central and local government as well as communities and iwi to provide a joined-up approach. Likewise agencies at the centre rapidly adapted to this new way of working and to supporting regions. As the role evolved, RPSCs were asked to enable the locally-

led care in the community model. It is noted that these roles and the ways of working are still developing with regions achieving different levels of maturity. Additional infrastructure may strengthen these regional arrangements.

27. To note: Ministry of Social Development (MSD) intend to provide further advice to Ministers in August on future regional arrangements for COVID-19 including funding around maintaining this model for future responses and service delivery.

All of Government Coordination

Insight 9: Cross agency networks are important for an effective COVID-19 response

28. Agency representatives now have a good knowledge of key contacts in each agency and are generally clearer on roles and responsibilities including escalation pathways.

Insight 10: Any future need for new engagement groups should be coupled with clear purpose statements and terms of reference, and be disbanded when no longer needed

29. During COVID-19, an abundance of interagency information/ sharing fora has developed (including SOG groups, DCEs groups/ daily NRG calls at the peak, Comms stand up etc.). Some of these groups have not had clear terms of reference when established, leading to potential duplication and unclear purposes. Duplication in representation between groups has also increased the system's reliance on key individuals. Additionally, the challenges are acknowledged around a lack of an inter-agency information repository where

confidential materials can be accessed (e.g. draft and final version of policies, plans, etc.).

Insight 11: Centralised troubleshooting is valuable for cross-sector responses

30. A centralised 'operational trouble shooting' function within DPMC's COVID-19 Group to convene agencies and coordinate key activities to resolve issues has remained a critical function throughout Omicron, as it did in previous phases of the response. Although demand for this function is reducing, it remains a key function and escalation option for the system.

Insight 12: Ring-fencing resources may enable more long-term planning

31. Similarly to previous outbreaks, the focus of the system remained on the 'issue of the day'. Throughout the outbreak, decision-makers began to shift effort into medium term planning and readiness. Agencies noted that this could have started earlier by ringfencing resources to enable them to focus on the medium term rather than being pulled into the immediate response.

Insight 13: Technical Advisory Groups play an essential role in the response

32. The Ministry of Health established several Technical Advisory Groups throughout the COVID-19 pandemic. Having matured, these critical functions enabled greater and more streamlined access to expert knowledge for Ministers, Agencies and Regions.

Insight 14: Updating the NZIPAP would enable greater readiness for future (non-COVID-19) pandemics

33. It is not fully clear when the New Zealand Influenza Pandemic Action Plan (NZIPAP) will be updated and what the assurance mechanism is for this. Recognising that the system is still essentially responding to the Omicron pandemic, there is a strong sense that the lessons identified and knowledge gleaned from the response should be captured in the update of the NZIPAP.

Operations and Communities

Operations

Insight 15: Improved use of previous lessons and/or some agencies maintaining lessons registers has enabled greater continuous improvement within the system

34. Hot debriefs suggested there could be better information sharing of lessons from previous responses/outbreaks and more effort to embed these into future responses. Typically lessons reports are shared once and are not referenced as often as they could be, for example, they could be shared by agency representatives at the beginning of each phase to remind staff of the previous successes and improvements.

Insight 16: Close working between policy, operations and communications and between agencies enables rapid change

35. Noting the challenges above in insight 7 regarding the importance of time between announcements and changes coming into effect, policy was generally operationalised rapidly. The shift from the ALS to the CPF required significant effort from across the system to operationalise. This collaborative implementation effort enabled a smoother transition than had been seen for prior changes to the system of a similar magnitude, indicating that lessons had been learned from previous system changes (for example, the importance of sector consultation and guidance).

Insight 17: Future use of the identified measures in the Catalogue will be informed by the scale and variant of outbreak, and be inclusive of multiple elements such as National Coordination and Response (NCR) priority objectives[2], R value, public health and health system operational capability

36. The system adapted the response measures in place as the outbreak progressed based on Public Health advice. Future outbreaks will need similar advice to shape the response.

Insight 18: There is an opportunity to drive continuous improvement of some baseline and reserve measures

37. Although many policies enabled the country to continue to operate during Omicron, agencies repeatedly noted the critical role that the Close Contact Exemption Scheme (CCES) played in business continuity of critical workforces. It is possible that further efficiencies may

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[2] The NCR was formerly known as the Ministry of Health's Incident Management Team (IMT)

be possible and sector communications be improved.

38. To note: MBIE have agreed to identify if improvements could be made to the CCES including efficiencies and communications to sectors.

Insight 19:   There may be opportunities to develop deeper advice to businesses on COVID-19 risk assessments and business continuity planning to reduce the impact of employee sickness

39. Despite the CCES and extensive business continuity plans, the country experienced challenges with high levels of absence on lifeline utilities leading to significant risk to supply chains and operations (such as air traffic control, traffic control roles, emergency service workers, paper, and flour mills etc.). However, our response learned from overseas experiences including New South Wales' and we saw significantly better outcomes when compared to many other jurisdictions.

40. To note: MBIE have agreed to identify whether additional Business Additional Continuity Planning (BCP) support to sectors would be helpful, especially to small businesses. This could include guidance for sectors and businesses, or opportunities to create communities of practice to encourage sharing of BCP measures or approaches.

Insight 20:   Hard boundaries created significant operational challenges for agencies

41. We deployed 'hard boundaries' in Auckland and Northland and the Waikato (removed at 11.59pm on 14 December), which placed a significant operational

burden on agencies and was difficult for some members of the public to accept. However, anecdotally, hard boundaries are believed to have helped contain the spread of COVID-19 and 'bought time' for other parts of the country to increase their vaccination rates. Future use of them as a tool needs to be carefully considered.

Insight 21:   Advice needs to consider the impact of incremental change on sectors

42. The continued incremental changes to settings were operationally challenging to absorb (for example, 10 changes made to the border in eight weeks meant 10 x training documents for staff, 10 x iterations of sector guidance etc.). Further, the response required sectors to take on additional responsibilities (for example, additional compliance checks by airlines). Many of these requirements were small individually but built up over time to be larger requirements and the full economic cost of the collective changes could, potentially, have been more explicitly articulated.

Insight 22:   Opportunities remain to co-develop operational policies and processes with industry

43. The value of co-developing operational policies and processes with industry. was demonstrated with the procurement of additional Rapid Antigen Tests and it is likely that future responses could be enhanced through closer working with industries.

44. To note: DPMC, MoH and Ministry of Business, Innovation and Employment are currently working to identify how innovation and co-working with industry could be done better in testing.

Insight 23: Movement to red led to increased demand on services that maintained face-to-face contact

45. The movement to red in January had some unintended consequences. As some agencies shifted to remote working, some communities received less face-to-face contact. In turn, this reduced the system's ability to respond to the needs of young people, disabled people and those involved in family harm. It also added demand to services that maintained the face-to-face contact such as New Zealand Police.

Insight 24: Technologies deployed to support the response need to be either maintained or decommissioned

46. New Zealand's response to COVID-19 including to Omicron has been enabled by technology. Health Digital alone have completed 77 strings of work to support the response. Other agencies have also supported the digitalisation of key aspects of the system. As the system considers how it should shift towards a more orthodox approach, agencies need to consider which tools are still required and which need to be maintained to ensure readiness for future responses.

Communities

Insight 25: Sector guidance plays a key role in response

47. In general, there has been consistent guidance to communities regardless of the agency providing it (e.g. around Infection Prevention and Control measures, CPF requirements etc.). Although more detail in places would have been helpful, the system placed greater emphasis on developing sector guidance

to support the transition to the CPF; this enabled a more seamless change than previous system transitions, suggesting that the system had learned and embedded the previously identified lessons. However, we are aware that some gaps continue around translation and accessibility for some communities. Tailored messaging to communities was not always possible due to tight timing between decisions and announcements. This led to some communities being less well supported than others.

Insight 26: More flexibility in commissioning has enabled new partnerships and improved outcomes

48. Agencies have enabled communities to respond to challenges within their communities through more flexible commissioning. This has developed new networks between community partners and regional and national decision-makers. This is linked to insight 8 regarding RLGs.

Insight 27: Additional funding for Iwi/ Māori groups has improved our COVID-19 response and engagement with the National Iwi Chairs Forum - Pandemic Response Group (NICF-PRG) and other engagement with Iwi/ Māori partners has been critical in shaping our Omicron response

49. On 20 December, the Waitangi Tribunal released Haumaru: The COVID-19 Priority Report. This made findings of breaches of the Treaty of Waitangi principles. In several instances, the recommendations relate to significant longer-term work already underway across government. During the period in scope for this document, the Crown has continued to: strengthen the collection

and reporting of disability and ethnicity data; strengthen the Ministry of Health's data sharing capability and capacity; and monitor Māori health outcomes through the establishment of the Māori Health Authority.

50. In other instances, the findings and recommendations relate to shorter-term adjustments that have been and continue to be made to the Government's pandemic response including: funding of $140m for Māori and Pacific community services; targeted support to maximise paediatric and booster vaccination uptake for Māori; implementing a strengthened engagement regime with Māori; and providing funding to support the New Zealand Māori Council to provide advice and monitoring on the COVID-19 pandemic response for Māori. This has made a real difference in lifting vaccination rates and reducing the vulnerability of whānau.

Insight 28: Opportunities remain to strengthen partnerships further between the Crown and iwi and Māori by engaging earlier and deeper

51. However, we acknowledge there is more to do, and equity for Māori in the COVID-19 response will continue to be prioritised. Further, the transition to more regionalised delivery has strengthened many local partnerships and service delivery. RPSCs have typically taken a 'common-sense approach' in the deployment of resources, funding, and personnel. Generally, RLGs and RPSCs attended to provision and iwi and local community groups made decisions about implementation and operationalising services within and across communities. Their response was generally swift, comprehensive, and mostly successful.

Insight 29: Dedicated funding for Pacific responses strengthened the trust and confidence of Pacific communities in the response, and therefore outcomes for Pacific peoples

52. COVID-19 related investment into the Ministry for Pacific Peoples (MPP) supported its role as being a trusted source of accurate information for Pacific communities, and by doing this, helped to counter misinformation / disinformation. More widely, support from MPP, MoH and MSD for Pacific health providers, community groups, churches etc. has contributed to high vaccination and testing rates for Pacific peoples, overall high levels of compliance, and the minimisation of harm and protection of Pacific peoples' health.

53. Beyond existing investment, ongoing support for Pacific providers and the Pacific workforce would be welcomed by this sector, which is small, but has proven effective in delivering for Pacific peoples.

Insight 30: Dedicated responses and/or work programmes are required for Disabled People in future responses

54. In April 2022 the Human Rights Commission released the Inquiry into the Support of Disabled People and Whānau During Omicron. The inquiry identified six key issues with the Government's response to COVID-19: significant concerns with communications; staying safe during the pandemic; support to isolate safely; disrupted disability services; health services available; and lack of support in educational settings. There were 14 recommendations and several areas for further consideration, and a work programme across government (convened by the Office for

Disability Issues) was developed to improve the response. This included immediate development of a COVID-19 information hub for disabled people on the Unite Against COVID-19 (UAC) website, and information on accessible vaccination centres being available online, through call centres and by text. Accessible vaccination options now include low sensory and physically accessible vaccination centres, free transport to vaccination centres and home-visit vaccination options.

Insight 31: Advisory panels and community engagement provide valuable insights that enable better outcomes

55. Key lessons on supporting vulnerable communities have been learned from earlier phases of the COVID-19 response. The rollout of the Care in the Community model including community connectors provided a step change in the response, filling localised gaps and catering for local needs. Improvement opportunities include accompanying setting changes with a plan to support our most vulnerable communities and more culturally appropriate isolation supports. Additionally, RLGs could seek to use similar models for ethnic community supports to create a more inclusive response.

56. To note: Care in the Community Chief Executives Group are already planning to use the real-time evaluations and the Care in the Community Process and Outcomes evaluation (due June 2023) to propose changes to the system to identify improvements to ensure support for diverse and vulnerable communities are appropriate.

Insight 32: There may be opportunities to consolidate community groups with 'business as usual' groups

57. Throughout COVID-19, the system has established community engagement groups or fora that represent many communities across Aotearoa New Zealand to support and inform the COVID-19 response. Many of these engagement groups are well established (e.g. Communities Panel, Business Leaders' Forum, Aviation sector operations meeting, Iwi Communications Collective etc.). However, some additional Engagement groups such as the 'Workplace Ginger Group' (a group convened by WorkSafe comprising of government and industry representatives) were drawn in to support the initial peak of Omicron in our communities. These groups have bolstered the extensive existing agency arrangements to provide essential insights from our communities and will be disbanded at the relevant time. Additionally, groups such as the SPHAG and CRIAG have provided valuable contributions to the system, shaped advice to Ministers and have improved our overall response.

Insight 33: Codesign with communities might lead to more innovative solutions and improve the response

58. Despite these critical channels, at times, there was limited testing of advice with some communities and limited co-design; this may have stifled innovation. Some of this may have been necessary due to compressed timelines. This links closely with the observations in Insight 22.

59. To note: MSD intend to complete further work to identify how co-design with

communities could be improved for future responses, and whether retrospective codesign is helpful to inform future outbreaks.

Insight 34: Communities have valued the opportunity to input directly to decision-makers to inform the response

60. Throughout Omicron, Ministers have continued to play a high visibility role in community engagement. This has given a critical channel to these communities to shape and influence decisions.

People and Resources

People

Insight 35: The Public Service Commission Hub played a valuable role in matching demand for resource with resources

61. Many agencies received surge resources to support the Delta outbreak and, in most cases, these resources were still in agencies at the beginning of the Omicron outbreak. Many surge resources were supported by the Public Service Commission Hub. Although demand was lower in the Omicron outbreak than previous outbreaks, the Hub remains a critical part of our infrastructure for supporting outbreaks. Individuals across the system continue to make valuable contributions while on short term secondments and redeployments (both to other agencies and into individual agencies' COVID-19 teams).

Insight 36: Prioritisation of effort across the public service enabled resources to be distributed to priority tasks

62. Many agencies have needed to prioritise resource from other activities to support COVID-19 activities (in their own agency or others). This prioritisation of COVID-19 activities and the flexibility demonstrated by the public sector system has undoubtedly enhanced our response. However, this prioritisation of effort impacted some business as usual (BAU) activities. This has led to some agencies needing to backfill roles whereas others are holding out for secondees to return. Others have questioned whether the Public Service could have capacity that can be drawn on across the public service and deployed to priority activities. s 9(2)(f)(iv)

s 9(2)(f)(iv)

63. To note: The Public Service Commission (PSC) will incorporate feedback from this lessons paper as part of the workforce strategy work currently underway. This includes planning policy and processes to support future mobilisation.

Insight 37: HSW legislation changes that require the system to complete additional risk assessments will need additional resourcing

64. Workforce planning has continued to be challenging throughout the pandemic. It is possible that we will see a bow wave of Health and Safety at Work (HSW) risk assessments as we shift from requirements under public health legislation (e.g. for testing, vaccination, personal protective equipment etc) to Persons Conducting a Business or Undertaking (PCBUs) under the HSW Act. This may need additional resourcing

across the COVID-19 system to ensure compliance.

Insight 38: Consistent guidance regarding best practice on-call arrangements across the public sector is important

65. Many of the core agencies had weekend/holiday on-call rosters, as did most sector leads with their sectors. However, some agencies did not have specific after-hours contacts (or contracts) which made dealing with issues outside core hours challenging and put additional strain on specific individuals (who effectively were always on call). A potential root cause for this is that some agencies may have lacked capacity to roster safely.

Insight 39: Staff that have found discrimination/ harassment as part of their role need adequate support in place

66. Anecdotally, some small parts of the COVID-19 system have been targeted with inappropriate behaviours from some communities. Examples include some MIQ staff, mis/disinformation staff and some health staff (including key system leaders) from anti-vaccination groups.

Insight 40: The normalisation of remote working has changed worker expectations

67. Agencies have developed new ways of working during COVID-19 and these have continued to adapt in Omicron. The move to Phase 3 of Omicron Management saw many public sector workers working remotely. Many agencies provided greater levels of support for staff that struggled with remote working, having learned lessons from previous phases of

COVID-19. Additionally, new technologies have typically become the norm. However, as workers return to offices, worker expectations have changed and there is an inconsistent approach to remote working occurring across agencies.

Insight 41: Public sector investment in business continuity plans is critical

68. We saw higher than usual numbers of unplanned leave due to staff not working as they caught COVID-19 during the Omicron outbreak. The investment made by Chief Executives and their management teams managed these impacts and the implementation of business continuity plans enabled critical services to continue.

Insight 42: Public service employers need to consider a range of options to recognise effort, develop and retain talent in a tight labour market, and address and support employee wellbeing

69. Public servants have worked hard and made significant contributions to the COVID-19 response, many working long hours and weekends for sustained periods. Public service employers should explore the full range of options available to them to recognise this effort and to develop and retain talent, especially in a tight labour market.

70. Some workforces are reporting issues relating to burnout and fatigue and employers should explore initiatives that address and support employee wellbeing.

Resources

Insight 43: Having sufficient stocks of key resources and a national distribution network is critical to the response

71. After some initial challenges, the system gained adequate knowledge of stocks of key resources (such as Personal Protective Equipment/ Infection Prevention and Control equipment, Rapid Antigen Tests etc.) and took a more collective approach to supply and distribution. This enabled these critical resources to be distributed more widely across the system than in previous responses to COVID-19, including servicing particular communities with tailored requests (both via RLGs and directly with central agencies). The prioritised rollout of RATs to some sectors when supplies were limited (e.g. to the Civil Defence and Emergency Management sector) helped safeguard critical workforces. There are a few examples where equipment stock levels fell to concerning levels and/or individuals did not have access to the equipment or supplies they needed, acknowledging that the perceived 'requisition' of RATs impacted the trust of some sectors in the response. Further, as previously mentioned, the close working with industry on RATs yielded significant benefits to New Zealand.

Insight 44: A responsive funding mechanism is a critical enabler for response activities

72. Several agencies report that the responsive approach to funding taken by Treasury (involving a rapid funding round for Omicron response activities) was critical in enabling agencies to deliver their outcomes. Some agencies noted that the pace of this potentially prevented some communities from accessing

additional funding and that communications to regions could have been strengthened to enable greater access to the process. Longer funding cycles could have enabled local providers to invest in capability and build a more sustainable and resilient long-term response.

Communications

Insight 45: A centralised communications function to convene, coordinate and deliver communications plays a key role in response

73. In general, system feedback on communications is that agency and ministerial communications have been clear and easy to understand. In line with other responses, the DPMC COVID-19 Group provided centralised coordination of communications during Omicron and agencies voiced that this was well received. This delivered largely consistent messaging across agency channels. It was enabled by information flows/ meetings/ comms grid/ newsletters etc. The Unite brand and channels remain highly trusted; over the past two years there have been more than 202 million page-views on the Unite against COVID-19 (UAC) website and UAC's five social media channels have nearly 500,000 followers.

Insight 46: Public information campaigns remain a critical measure to support the response

74. Extensive public information campaigns supported New Zealanders throughout Omicron, as they have in previous phases of the response. Although costly, they have driven compliance and support for public health measures including support

to the vaccine rollout, introduction of the CPF, Reconnecting NZ and support for the vaccination rollout. Increasingly, the public seek an understanding of 'why' measures are needed; increasing this understanding could lead to improved compliance.

Insight 47: Procurement rules could be reshaped to reduce barriers to using smaller, targeted, specialist agencies

75. New Zealand Government Procurement rules/ All of Government panels typically attract larger agencies. Opportunities exist to bolster engagement with smaller targeted, specialist external agencies who can enable campaigns which resonate at a community/ regional level.

Insight 48: Future communication approaches need to build on the experience of Māori, Pacific and other priority communities

76. Many of the campaigns centred around mainstream audiences. However, over time campaigns evolved to become more nuanced and targeted into key communities (for instance, TPK karawhiua vaccination campaign), MPP and community led campaigns to support Pacific communities (e.g. South Auckland), funding allocations to communities to do their own campaigns, working with Māori and Pacific creatives to develop CPF communication campaigns. This work needs to be built on in future responses.

77. Population agencies played a key role by being an interface between the centre and communities. For example, MPP developed COVID-19 products in English and in nine Pacific Languages to inform Pacific communities in a timely manner

and in a way that resonated with diverse Pacific audiences, kept them well-informed and empowered to feel safe.

Insight 49: Centralised guidance on messaging can avoid inconsistent 'local' messaging

78. New Zealand's response to Omicron has rightly been founded in robust public health advice. This advice has strongly guided content of Ministerial papers and key public messages. However, there are limited examples where local Public Health Units (PHUs) provided inconsistent guidance nationally which led to public communication challenges (for example, interpretations of the advice around the Close Contact Exemption Scheme or Maritime border).

79. To note: MoH are considering opportunities to provide additional centralised / single public health guidance in future outbreaks to minimise the need for local interpretation and advice to be developed.

Insight 50: Demand for the misinformation/ disinformation functions is likely to continue into future phases of the pandemic

80. The management of misinformation/ disinformation continues to be a challenge. Although inter-agency collaboration is strengthening, this issue is likely to continue throughout future phases of the pandemic.

Insight 51: Technologies may be able to accelerate translation and conversion of materials into alternative formats

81. The dynamic epidemiological environment has led to challenges for all aspects of the COVID-19 system. Ministers have needed to strike a delicate balance between forward announcements that provide adequate notice and announcements that use the latest information. Short notice being given before announcements for some decisions has particularly impacted Communications teams (e.g. teams have been given little time to design and publish materials and there has been insufficient time to produce multiple formats, translations, etc.).

82. To note: DPMC COVID-19 Communications team will work with agencies including the Department of Internal Affairs to understand if any technologies can be used to accelerate translation and conversion of materials into alternative formats.

Insight 52: Opportunities may exist to streamline communication signoff processes and could enable greater agility without increasing risk

83. Agencies reported several occasions where incorrect information was kept on websites, channels, and sector guidance due to delays in receiving signoff to make changes.

Insight 53: Non-traditional communication channels may enable greater reach of key public messages

84. There are many examples where trusted community influencers/ leaders have been kept apprised of developments / actively engaged and subsequently supported agency communications to act as an effective dissemination channel. There may be opportunities to expand this model further.

Insight 54: The public are more likely to understand settings that are simple and change infrequently

85. Communication of rules needs to be clear, consistent, timely and accessible for diverse communities. A clear, equitable communications plan should always be designed for each stage of the response. Noting the need for complexity in places, some settings and phases were complex and changed regularly. This made communicating them difficult. Had settings been simpler, it is possible that public understanding and/or compliance could have improved.

Insight 55: The co-location of AoG policy and communication teams has been an efficient, effective and successful arrangement

86. The DPMC Policy and the DPMC Communications team are collocated on the same floor. This has led to close working, encouraged collaboration and enabled the successful translation of policy into public information and insight sharing on how decisions are landing so 'live' tweaks can be made.

3. Next steps

87. The Australian Institute for Disaster Resilience (AIDR) approach includes the steps of Collection, Analysis, Implementation and Monitoring and Review of lessons. This report focuses on the collection step. The next steps therefore consider the Analysis, Implementation and the Monitoring and Review of lessons.

Analysis and Implementation

88. This report is shared in order that agencies can review the insights and complete further analysis on what, if any, changes are required to ways of working.

Monitoring and Review

89. We propose that each CCB member and agency who participated in the lessons collection process should monitor and review changes made to ensure they have the desired impact.

Additional next steps

90. We intend to proactively release this document with relevant redactions to support future responses and make lessons readily available.

Appendices

Appendix 1: Approach to capturing insights on lessons

1   In May and June 2022, we, the All of Government (AoG) system, coordinated by the Department of the Prime Minister and Cabinet (DPMC) documented the insights gleaned to date as part of New Zealand's Omicron Response.

2   Our approach was based on the Australian Institute of Disaster Resilience (AIDR) Lessons Management Handbook framework. This approach includes the steps of Collection, Analysis, Implementation and Monitoring and Review activities.

3   The methodology underpinning this framework is robust and extensive. It provides a suite of tools that together, are sufficiently robust for inquiry-level lessons capture. Acknowledging that the response continues and that aspects of the lessons capture effort fell on these same people, this lessons-capture adopts some of the tools in the AIDR methodology to collate insights, namely:

- Agencies' own reviews/ debriefs (if directed by Chief Executives)

- Existing COVID-19 Senior Officials Group 'hot debriefs'

- A survey for CCB, NRG members, members of the COVID-19 Senior Officials Group and a representative from each Public Service Regional Leadership Group.

- A debrief workshop attended by agency representatives.

4   Discounted collection tools for this exercise include seeking evidence points in existing reports, action logs, phone logs etc. and conducting individual / group interviews.

5   This 'lighter touch' approach provides an output that is considered appropriate for a real-time review, acknowledging the pressures already being felt across the system.

6   The AIDR framework includes eight themes used to categorise lessons: Governance, Command control coordination, Operations, Communities, People, Resources, Communications and Capability Development. We did not use Capability Development as it is less relevant in this context and renamed Command control coordination to be AoG Coordination to better reflect the system. We also group themes so that there are fewer (to simplify the collection of insights). Therefore, the four themes to collect and categorise insights are listed on the right.

Governance, AoG coordination

Operations and communities

People and Resources

Communications

Appendix 2: Glossary of key acronyms

Acronym	Definition
AIDR	Australian Institute of Disaster Resilience
ALS	Alert Level System
AoG	All of Government
BAU	Business as usual
BCP	Business Continuity Planning
CCB	COVID-19 Chief Executives Board
CCES	Close Contact Exemption Scheme
CE	Chief Executive
CPF	COVID-19 Protection Framework
CRIAG	Continuous Review, Improvement and Advice Group
DCE	Deputy Chief Executive
DPMC	Department of the Prime Minister and Cabinet
HSW	Health and Safety at Work
MBIE	Ministry of Business, Innovation and Employment
MIQ	Managed Isolation and Quarantine
MoH	Ministry of Health
MSD	Ministry of Social Development
MPP	Ministry for Pacific Peoples
NCR	National Coordination and Response
NQS	National Quarantine Service
NRG	National Response Group
NRLT	National Response Leadership Team
NZIPAP	New Zealand Influenza Pandemic Action Plan
PCBUs	Persons Conducting a Business or Undertaking
PHAG	Public Health Advisory Group
PHUs	Public Health Units
PSC	Public Service Commission
RLGs	Regional Leadership Group
RPSCs	Regional Public Service Commissioners
SOG	COVID-19 Senior Officials Group
SPHAG	Strategic Public Health Advisory Group
UAC	Unite Against COVID-19
WHO	World Health Organization