Chapter 30
End of the World: New Zealand's Local Government and COVID-19

Jeff McNeill and Andy Asquith

Abstract New Zealand's local government's experience of the COVID-19 pandemic differed from those of most countries as a consequence of geography and decisive action by its central government early in the pandemic. The country was able to eliminate the spread of the COVID-19 virus in the community early in the emergency through a draconian lockdown and so avoided most public health impacts associated with the pandemic elsewhere. Rather, attention has focused on the recovery from the social and economic impacts resulting from international economic downturn including a collapse of the tourism sector, and the domestic lockdown. The experiences of three territorial authorities highlight the sub-regional differences in both impacts and approaches to recovery. They show tensions between different levels of government to implement policy within a devolved and largely autonomous local government regime. More broadly the country has seen the reversal of some of the tenets of the neoliberal state that has underpinned government policy for the last 30 years.

Keywords New Zealand · COVID-19 · Local government · Local and urban governance · Response · Recovery · Pandemic · Devolution · Tourism

30.1 Introduction

New Zealand is one of only a few countries that eliminated COVID-19 before it became widespread in the community. This elimination of the disease in the community, which averted a major public health crisis, reflects a fortuitous combination of geographical isolation and an early, decisive policy to eliminate community transmission soon after the COVID-19 virus reached the country.

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New Zealand's location at the antipode of Europe and 2600 km from Australia, the nearest large landmass, meant that the small island state with the land area of the UK but a population of 4.9 million people could apply stringent border controls to restrict entry into the country. A 6-week draconian national lockdown imposed by the New Zealand government in late March 2020 contained the pandemic hotspots and broke the chain of transmission. Since then there have been three outbreaks, all in Auckland, the country's largest city with a population of 1.6 million. The second and largest outbreak with a cluster of 179 community cases resulted in a two and a half week regional lockdown in August, with two shorter ones in February 2021. Otherwise, a kind of pre-COVID normalcy has resumed at least for now.

However, the country experienced large-scale economic and welfare dislocation: its economy shrunk a record 12% in the June 2020 quarter due to the impact of the coronavirus, the largest quarterly fall recorded since 1987, putting the country in recession for the first time in 11 years (Statistics New Zealand 2020). These impacts are not equally shared around the country, reflecting different regional economic drivers. Some 3.8 million visitors spent NZ$39.1 billion in 2018 (Statistics New Zealand 2018) and regions relying on international tourism have been particularly hit hard with a sudden and complete collapse of the industry as border restrictions stopped any tourists entering the country. On the other hand, regions with economies based on agricultural exports have continued without major disruption as global demand holds up. Thus in the June quarter, the lower North Island regions held their economies; the Manawatu-Whanganui region, for example, leapt to the top of regional economic indicator ranking (ASB 2020).

This achievement has accordingly resulted in a very different experience for New Zealand local governments and their communities compared to those in many other countries. With large parts of the country untouched by the pandemic, local authorities,[1] rather than responding to a public health crisis, have focused their efforts on the social and economic challenges facing their communities.

Looking at New Zealand with its heterogeneous geography and spatially differential impacts resulting from the government response to COVID-19, we ask whether there is a role for local government in a national-level crisis. To address this question, we explore whether local government responses to the pandemic do actually differ from each other to reflect local conditions to justify action at this level or not.

This chapter reports on the New Zealand experience and the experiences of three New Zealand local authorities in particular to illustrate the variable impacts of the COVID-19 pandemic and how the different levels of government operated together to address them. We also report on the public health response by the country's district health boards (DHBs): public health outputs are provided by subnational

[1] The term 'local authority' is used in this chapter with the same meaning of local (self-)government. Both terms meaning a form of administrative decentralisation and not a mere de-concentration tier of administration.

governments in many western countries and in New Zealand by a hybrid quasi-local government structure rather than by local government per se.

We first outline the nature of New Zealand local government and its relationship with central government before relating the national experience in coping with COVID-19 through 2020. We then sketch the very different experiences of three local authorities: Auckland Council that governs the Auckland metropolitan area, provincial Palmerston North City Council, and tourism-focused Queenstown Lakes District Council (QLDC). We draw on council and other publicly available documents, as well as a limited number of interviews with managers in all three councils involved in their councils' emergency response as well as local government peak bodies for insights. We note however that the situation is fast-changing, making any definitive assessment difficult if not impossible. For example, we are already seeing commentary suggesting optimism that New Zealand will recover financially much sooner than had been earlier predicted. One major bank for example in early November 2020 brought its expectation for a return to normal activity forward by a year, to late 2022, from those made several months earlier (Morrison 2020). Most recently, in April 2021, New Zealand and Australia opened their borders to air travellers from each other's country. Whether the resulting tourism revival is enough to assist in this recovery – and even whether the 'travel bubble' open border lasts – remains to be seen.

30.2 Governance

New Zealand's local government operates within a unitary state with a strongly centralised government. The current local government and public health regimes were established in the late 1980s as part of the country's broader neoliberal turn that sought to decentre decision-making and roll back the state (Peet 2012; Boston and Eichbaum 2014; Martin 1991). As the 'New Zealand experiment' (Kelsey 1997) has subsequently waxed and waned, so, too, has central government views on local government. The position of local government has changed somewhat erratically, in 2002, 2012 and again in 2019 when the pendulum has swung, significantly changing local authorities' position in society, and therefore its role and scope. The minimalist model of local government advanced by the 1989 reforms was fundamentally transformed by the Local Government Act (2002), which effectively gave local government the power of general competence. While this position was reversed in 2012, it was reinstated again in 2019 – this giving all local authorities a key role to play in shaping New Zealand communities and society (Asquith 2016).

Today, the system contains 11 regional councils, 61 territorial authorities (city or district councils) and 6 unitary councils. The latter, which include Auckland Council, incorporate both regional and territorial council functions, all operating under the same legislative mandate. It is notable for the high level of autonomy, largely self-funding from property taxes and user charges (Drage and Cheyne 2016; Martin 1991).

The majority of the budgets of local authorities continues to be raised locally – in excess of 85%. Rates provide the largest source of revenue (just under 50%) (New Zealand Productivity Commission 2020), with the 'user pays' principle also providing a sizeable proportion of local authority income. There has been a subtle shift though in the last 3 years. In recent times, most New Zealand central government transfers to local government have been through the New Zealand Transport Agency, primarily for roading and public transport. More recently, through the NZ $1 billion over 3 years, the Provincial Growth Fund – a regional development fund that is part of a minor-party coalition agreement – has provided further regional investment (McNeill 2019).

This remarkable level of autonomy is however confined to a task-span narrower than typically found in many other countries. Functions of local government in other countries, such as health and social services and education, are funded centrally in New Zealand and provided locally through Crown entities. Physical infrastructure provision dominates territorial local government operating and capital expenditure, mostly on roading and public transport, though the levels vary greatly across councils.

The regional councils are in many ways environmental protection agencies with public transport and civil defence added (McNeill 2016). The territorial authorities have broader functions, encompassing physical infrastructure such as roads, water supply, wastewater and stormwater, recreation and cultural activities and amenities, land-use planning, building standards and some public health and safety functions. All are required under 2019 legislation to take account of their citizens' economic, environmental, social and cultural wellbeing. The economic wellbeing function is new to most of the regional councils.

The relationship between New Zealand's central and subnational levels of government has often been poor as a consequence of operational autonomy (New Zealand Productivity Commission 2020; Drage and Cheyne 2016). The governance model reflects a lack of understanding by central government of local government – that it is not an agent of central government nor accountable to central government but to their local communities. In addition, the governance model also demonstrates a simple lack of experience and knowledge by central government staff – and politicians – of the local government sector. Finally, central government for the main part has historically been reluctant to provide national strategic direction to local government.

These tensions manifest with the creation of Auckland Council by amalgamating seven local and one regional government in 2010 as an effort to improve efficiency and effectiveness (Asquith et al. 2020). Most recently, we are seeing a functional consolidation driven through efforts to regionalise management of potable storm and wastewaters that are the responsibility of individual district, city and unitary councils through regulation and financial incentives. This initiative is significant given these functions account for around a third to half of local government expenditure.

In contrast, and unlike many countries, public health outcomes are delivered in New Zealand within a decentralised structure consisting of 20 DHBs, each responsible for delivering health services for a specific geographic area. They operate under

a hybrid governance model, each board consisting of both representatives elected as part of the local government elections and government-appointed members. Their quasi-local government status is underlined by some elected members also serving as city councillors, providing political linkages between the two. Nevertheless, their reliance on central government funding through the Ministry of Health makes clear their essentially decentralised rather than devolved status.

The public health sector is regarded as complex and inefficient. Oversight by the Ministry of Health has also proved challenging, the boards acting largely autonomously. As a consequence, the government has quietly modified the structures at the margins over the last decade through amalgamating several of the DHBs and appointing shared chairpersons to others in order to facilitate coordination. Complexity is added by delivering public health services by 12 DHB-owned public health service providers – public health units (PHUs). A March 2020 review of the sector concluded that the effectiveness of the elected boards is not compelling and recommended that the number of DHBs needs to be halved within the next 5 years (Health and Disability System Review 2020). The threat of rationalisation thus hung over the DHBs as they responded to the pandemic.

The public health sector is also severely under-resourced and was not well placed to cope with a pandemic. New Zealand has fewer hospital beds than most OECD countries and just 4.7 intensive care beds/1000 people. It was also fairly low on preparedness for facing an effective response despite having a national epidemic management strategy. The sector had demonstrated a 'panic-and-neglect' response to the 2019 measles epidemic, notable for the largest number of cases for over two decades and the second highest in the Western Pacific region (Sonder and Ryan 2020; Turner 2020). As an indication of their autonomy, the DHBs are responsible for procuring and managing their own supplies such as ventilators and personal protective equipment (PPE) needed to respond to the COVID-19 pandemic. Several districts found that their PPE stockpiles had dwindled or passed their use-by dates. When those district boards tried to procure more PPE, they found that their usual suppliers had sold all of their inventory and other suppliers had markedly increased their prices (Cameron 2020).

The different local authorities are brought together to manage natural disasters facing their communities. New Zealand has long experience in disaster management; its location on the Pacific Rim of Fire means earthquakes are common – volcanic eruptions less so, while droughts and flooding are not infrequent. For example, the 2010 and 2011 Canterbury earthquakes destroyed the heart of Christchurch, a city of 370,000 people, the second earthquake killing 185 people and injuring several thousands more. The government has a long-established emergency management regime in place underpinned by the Civil Defence Emergency Management Act 2002. Under this legislation, the government can declare local or national state of emergency, coordinate police and emergency services and provide for regional-level emergency responses by local government. As well, regional and territorial authorities have to prepare regional emergency management plans to manage and coordinate local responses to emergencies through collaborative management structures.

Most emergencies have been localised requiring immediate response and a longer recovery. The affected local authorities, coordinating with the National Emergency Management Agency, part of the Office of Prime Minister and Cabinet, typically address the event and its aftermath. Only rarely does central government take over management for any length of time. The Canterbury earthquake emergency was remarkable both for the extent of damage with total economic losses estimated at over NZ$40 billion, and its ongoing nature as a series of 4 major earthquakes and 11,200 aftershocks (Orchiston et al. 2014). In response, the government established a separate national-level agency to coordinate the recovery (Canterbury Earthquake Recovery Authority 2014).

Coming into the pandemic, therefore, New Zealand had a very decentralised governance structure with which to respond. An emergency management regime was in place, yet lacking locally located agencies itself, central government was heavily reliant on local government to implement many of its initiatives when responding to the pandemic – organisations beyond its direct control. At the same time, its own public health response was reliant on the quasi-autonomous health boards that were operating to their own plans.

30.3 A Looming Threat

The country's response to the COVID-19 pandemic has followed the classic civil emergency management model of response and recovery. Nationally, the Government adopted an all-of-government approach to manage the pandemic, initially run as a national civil emergency response through the National Crisis Management Centre in the country's capital, Wellington, until the end of June. Its role was subsequently taken over by the COVID-19 All-of-Government Response Group, established as a business unit of the Department of Prime Minister and Cabinet for the recovery.

Efforts were also made to coordinate central and local government actions and address local government issues that arose. It was a feature of the emergency that the different government departments, which usually operate within silos, were able to demonstrate nimbleness and coordinate their work efficaciously (Reid 2020; Palmer 2020) to address public health, border management, emergency welfare and economic relief.

30.3.1 Health Emergency Response

The New Zealand government, responding to emerging evidence of the unique nature of the COVID-19 virus, moved quickly from a response guided by national influenza epidemic planning to one that sought to eliminate the virus within the community. Borders were closed to travellers from or travelling via mainland China

on 3 February 2020 and to all other than 'essential workers' and returning New Zealanders and permanent residents on 20 March. The contemporaneous global collapse of the international passenger airline sector reinforced this isolation with New Zealand nationals stranded overseas and foreign nationals in New Zealand unable to return home. Everyone entering the country was required to undertake a 14-day isolation at one of the 32 government-managed isolation and quarantine facilities – hotels. Free to returning nationals and permanent residents, these facilities cost the government NZ$2.4 million a day to operate.

Control was soon extended to include internal movement. Just under a month after the first confirmed case and with 205 confirmed cases, the country was put in 'Alert Level 4' and a State of National Emergency declared on 25 March that closed down all public life and nearly all businesses for 6 weeks. Under this alert level, only supermarkets and petrol stations could stay open, with everyone exhorted to remain in their household 'bubbles' and to avoid any travel. All public events, along with church services, funerals and weddings, were banned. The country came to a standstill. Hospitals were cleared of non-urgent patients to cope with the expected inundation of critically ill cases. While not publicised, local authorities activated their emergency response centres and prepared for worst-case contingencies, such as providing for temporary morgues and mass burials. The PHUs began testing for possible cases of the virus and tracing the contacts of anyone who tested positive.

With no new cases reported in the community, the declaration of a national state of emergency expired on 13 May and the country moved to 'Level 2' that allowed much of normal life to resume, albeit with no gatherings of more than 100 people. Such a speedy response meant that there have been only 19 deaths from 1487 cases. Still COVID-free, New Zealand moved in Alert Level 1 on 8 June. The country had no reported domestic cases of COVID-19 for 100 days before a partial, Level 3, lockdown was imposed on Auckland – with the rest of the country moving to a Level 2 lockdown – for 3 weeks in August to address a community outbreak in south Auckland (Unite against COVID-19 2020). That 'hotspot' has now been eliminated and the country has reverted to Level 1 and normal movement and association is now permitted throughout the country. Minor outbreaks still occur, nearly all associated with quarantine facilities, but so far all have been quickly contained.

Two-thirds of all cases were imported by international passengers or crew (43%) or people exposed to international returnees including close contacts of staff working at the border or in managed facilities. The remainder were locally acquired, forming 16 community clusters that occurred in the initial lockdown in 8 different locations across the country. Spatially confined, all centred on a specific event or location, with those in Auckland accounting for two-fifths of all community cases (Table 30.1). International tourism and recreation were heavily implicated. Two clusters resulted from two private groups travelling independently to New York where members of each contracted the disease. Infected passengers on a cruise ship spread COVID-19 through the Hawke's Bay as they toured the region when the vessel visited Napier. An international conference in Queenstown was attended by 400 people from 18 countries, where some were already infected transmitted it to others, who carried it with them when they returned home.

Table 30.1 Community clusters: March–July 2020

Cluster	Location	Region	Total cases
Aged residential care facility (1)	Auckland	Auckland	51
Aged residential care facility (2)	Auckland		13
Private function	Auckland		40
Group travel to the USA	Auckland		16
Community	Auckland		30
School	Auckland		96
	Auckland total		246
Wedding	Bluff	Southland	98
World Hereford cattle conference	Queenstown		39
	Southland total		137
Aged residential care facility (1)	Christchurch	Canterbury	56
Aged residential care facility (2)	Christchurch		19
Community	Christchurch		14
	Canterbury total		89
Hospitality venue	Matamata	Waikato	77
Aged residential care facility	Waikato		15
	Waikato total		92
Group travel to the USA	Wellington	Wellington	16
Wedding	Wellington		13
	Wellington total		29
Ruby princess cruise ship cluster	Hawke's Bay	Hawke's Bay	25
	Total		618

Data: Ministry of Health (2020b)

Nevertheless, health impacts and the ability to respond to them have been asymmetric. Three-quarters of all 1700 cases outside managed isolation up to 20 October 2020 occurred within 6 of the 20 health districts, with the 3 Auckland health districts accounting for two-fifths (43%) (Data: Ministry of Health 2020a). The initial distribution of intensive care beds also varied spatially and did not match cases by health district: thus, the 3 Auckland DHBs had only a third of the ICUs. Together, the Auckland DHBs could provide 1 intensive care unit (ICU) bed per 15 transmissions, compared to 14 DHBs that each had between 1 and 4 cases per ICU bed (Data: Ministry of Health 2020c).

Although central government was responsible for the 2021 national vaccine strategy and choice of vaccine, the DHBs are responsible for implementing the vaccine strategy. The responses have differed markedly between DHBs; while a third have significantly exceeded their targets to date, achieving over 105% of planned vaccinations, nearly the same number (6) have failed (less than 95% planned delivery). Of the latter, two DHBs have delivered less than 70% of planned vaccinations by mid-April 2021 (data: Ministry of Health 2021), giving rise to public and political disquiet.

Central government also sought to engage with local government. The Department of Internal Affairs (DIA) convened the Local Government COVID-19 Response Unit. This dedicated working group comprised senior leadership from DIA's Central Local Government Partnerships, Local Government Policy and Operations teams, the Society of Local Government Managers, Local Government New Zealand (LGNZ), and the National Emergency Management Agency. The unit's work focused for the main part on ensuring ongoing provision of essential services, as well as addressing the administrative aspects of the crisis to ensure governance continuance and meeting regulatory requirements and to provide a consistent local government response across the country.

30.3.2 Economic and Social Recovery

Although the public health impacts have been very small, the social and economic impacts have been significant across the country. Responding to the consequent social and economic impacts caused by the lockdowns and the wider international economic downturn has been more complex. In the face of looming high unemployment, the government sought to keep unemployment below 10% and keep the economy functioning, by providing fiscal stimulus and becoming the employer of last resort (Bollard 2020). The Reserve Bank, independent by statute, reduced the official cash rate by three-quarters to 0.25% in March to stimulate spending.

The government firstly announced a NZ$12.1 billion COVID-19 economic package in mid-March that included NZ$8.7 billion for business and jobs and NZ $2.8 billion for income support. It then provided in the May 2020 Budget an envelope of NZ$50 billion in emergency spending – the COVID-19 Response and Recovery Fund (CRRF) (Robertson 2020). As well as providing wage subsidies, the government sought to invest in 'shovel ready' infrastructure construction projects to stimulate regional economy. Full funding was provided for some projects and partial funding for others. As of 9 October, 169 projects have been approved in principle, worth NZ$2.6 billion for projects that have a total value of NZ$4.7 billion. A quarter (26%) of funding was for transport, followed by community projects (20%), housing (19%) and environmental projects (16%) (Crown Infrastructure Partners 2020).

Within the central-government-led response, local government faced three competing tensions: loss of revenue from non-rate sources as a result of lower investment returns and reduced economic activity leading to reduced fees and charges income; pressure to contain or lower rates in the face of some households and businesses in their communities facing economic hardship; and the desire to maintain local employment and infrastructure investment as part of the whole of government response to the pandemic.

Local government faced a fiscal dilemma in responding to the pandemic: on the one hand seeking to demonstrate prudence to their ratepayers and on the other hand also supporting their local economies. The pandemic coincided with the councils' statutory obligations to consult with their communities and set their budgets for the

July 2020–June 2021 financial year. As a result, all reviewed their published draft budgets to address anticipated revenue shortfalls in their final budgets. Most councils sought to avoid large-scale service reductions with consequent job losses, while maintaining infrastructure investment to help reduce the wider economic impacts of the pandemic. Most intended to substantially increase their planned borrowing programmes consistent with the Government's desire to maintain economic activity and avoid large-scale service reductions with consequent job losses. Capital works programmes are larger than previously forecast in long-term plans, which aligns with the government's aim to use infrastructure investment to help reduce the adverse economic effects of the pandemic (Local Government COVID-19 Response Unit 2020).

30.4 Case Studies

Our three case study councils are all very different in geography and experience of the COVID-19 epidemic. Together, they illustrate the diverse local challenges faced by territorial authorities and their responses to the pandemic (Fig. 30.1).

Auckland in the upper North Island has a population of 1.6 million (a third of the national population). Generating 36% of New Zealand's gross domestic product (GDP), it forms the engine of the country's economic growth (Asquith 2008). In logistical terms, 75% of exports and 40% of imports pass through Auckland and 66% of New Zealand's top 200 companies are based in Auckland. Hence, the success of New Zealand as a nation is inextricably linked to the success of Auckland. Its governance is unique; Auckland Council is essentially a city-region following reorganisation in 2010 with an executive mayor.

In comparison, Palmerston North, in the lower North Island, is a rural service and regional administrative centre with a population of 90,000. The state plays a significant role in the city's economy as a consequence of hosting a university, public hospital, science research centres, regional and city councils, and regional and district government department offices. Army and air force bases are nearby. Consequently, the city has one of the highest proportions of government employees in the country. The wider Manawatu-Whanganui region is predominantly rural with dairying, and sheep and beef grazing producing primarily for export.

Queenstown Lakes district, set among the Southern Alps in the southern part of the South Island, is the jewel in the country's international tourism crown. The district has been for the last few decades one of New Zealand's fastest growing. Its permanent population had increased by 40% in the previous 5 years to 41,700 in 2019. Reflecting its tourism base, it has a peak population of around 100,000 – most international tourists and many working as short-term casual workers in the hospitality and services sector. Many locate in Queenstown, with its permanent population of around 16,000; most of the others at Wanaka, with its permanent population of 12,500. The nearest city is Dunedin, 280 km to the west.

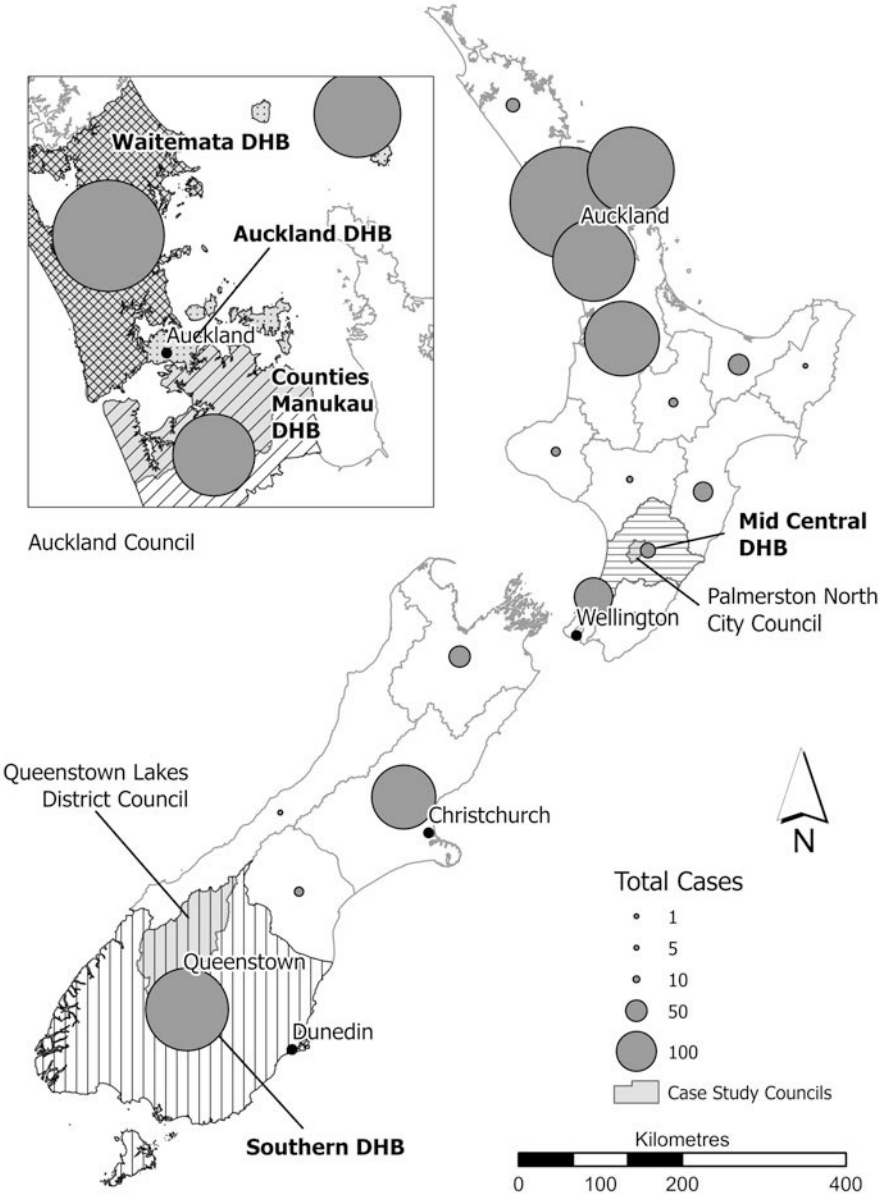

Fig. 30.1 Case study council locations. Map shows territorial authorities and district health boards and the number of patients treated for COVID-19 during initial lockdown period (March 2020). (Cartography: John Lowry, Massey University. (Data: Ministry of Health 2020a))

The three cases also have very different public health facilities available to their citizens. Three Auckland (Auckland, Waitematā and Counties Manukau) district health boards are best treated together. They have 118 ICU beds (33% national supply). Palmerston North's public health needs are provided by Mid Central DHB's Palmerston North hospital with 32 ICU beds. Falling in the Southern Health District that covers the whole of southern New Zealand, Queenstown Lakes is supported by a 25-bed hospital near Queenstown, but is supported by the Dunedin base hospital. The DHB had only 20 ICU beds in total.

30.4.1 Auckland

The Auckland Council was in a unique position in the pandemic, a consequence of its size, and its airport providing the main international visitor gateway and a steady flow of infected inbound passengers. Further, it was the only council to undergo a second, regional, lockdown when a local outbreak occurred in August. It had 246 confirmed cases in 6 clusters in the initial lockdown period and a further 159 cases in a single cluster in August. At the same time, it was facing a drought early in 2020 that created a local emergency as its water reservoirs were unable to be replenished, leading to water use restrictions across the city. Emergency measures required NZ$224 million of urgent and unbudgeted capital works to address the water shortage.

With the largest population of any local government, but with the most intensive care facilities, it faced substantial logistics challenges coordinating welfare support. Its airport is the primary gateway to the country and it hosts most incoming quarantine arrivals in 18 of the country's 32 managed isolation and quarantine facilities – hotels. Accordingly, the risk of a virus outbreak into the community is greatest here.

During the initial emergency, Auckland Council deployed staff and resources to support the community through its civil defence emergency management processes. These services delivered emergency food and household essentials directly to communities in need. It also arranged delivery of supplies to food banks and marae (communal social building complexes for Maori) for onwards delivery to households in need. The Council also provided a range of services that may normally have been expected to be provided by central government agencies. These included calling households on behalf of the Ministry of Social Development to checking the welfare of their clients. This involvement reduced over the year as central government agencies have geared up their responses.

The Council played a prominent role in managing arrivals through the Auckland International Airport by establishing COVID-19 isolation and quarantine centres, as well as making its property available for basing COVID-testing stations and office accommodation for government agency teams set up to manage the pandemic. The Council also deployed its staff to support central government operations including public health checking at the border protection.

Direct liaison involved the mayor and Council's communication together with the Ministry of Health to ensure consistent public messaging. During the second lockdown, Auckland Council worked with adjacent local authorities to mitigate adverse effects of the boundary controls, the controls themselves operated by the police.

Auckland as the country's gateway economy was very exposed to the international downturn in tourism, international education (worth NZ$2.8 billion for Auckland) and manufacturing. By mid-July some 70% of Auckland jobs were being supported by central government wage subsidies and it was predicted that 40,000–50,000 Aucklanders may lose their jobs in the pandemic recession. Regional economic growth is expected to fall by 6% this year (Auckland Tourism Events and Economic Development 2020).

Auckland Council took a very different approach to most other councils in responding to the financial impacts of the pandemic, seeking to retrench its own activities severely in an 'Emergency Budget'. It had predicted a non-rate revenue forecast at 77% of forecast as a result of COVID-19 and sought to reduce its budget by NZ$700 million accordingly. It had already let its 600 contractors go before announcing on 10 July that it was going to eliminate 500 permanent jobs as well (Auckland Council 2020).

Yet it appears that many of the retrenchment measures were already being considered in 2019, well before the pandemic surfaced, suggesting the 'emergency' response was as much opportunistic as genuine. The expenditure commitments outlined by Phil Goff, the mayor, in his Mayoral Proposal 'Ten year Budget 2018–2028' published in November 2017, were somewhat at odds with the information circulated by the Council in early 2020 in terms of the budget for 2020–2021 and beyond. The situation was not helped by the use of sensationalist language – principally by both the mayor and his centre-right aligned Finance Committee Chairwoman in multiple public statements – such as 'Emergency Budget' when there was ample evidence contained in the financial minutiae that such an approach was unwarranted. To a certain extent, this is simply misleading agenda setting in the eyes of the Auckland population. Indeed, concerns were raised regarding the validity in June 2020 of any of the assumptions made in April/May 2020 around the financial situation given the fluid nature of events.

In any case, the Council had in April applied to the government for funding for 73 'shovel ready' infrastructure projects, most of them funded in the Council's ten-year budget but risked deferral as a consequence of the COVID-19 impact on the Council's revenue. Prior to the pandemic, it had budgeted NZ$2 billion of infrastructure work in the 2020–2021 year. In the event the Council received funding of NZ$648 million, a quarter of all of the government's infrastructure project funding.

The haste with which the Auckland Council budget – with its detailed analysis – was presented gave the impression that it had been quickly put together. While the Council had by law to present a budget, the way in which the 'Emergency Budget' was formulated points towards a premeditated agenda. Quite simply, it is unrealistic to suggest that the detailed small print was the result of the pandemic. Rather the financial package was the result of many months of analysis and activity undertaken before the pandemic hit.

Given this context, there was a broad-ranging coalition determined to challenge the underlying assumptions underpinning the Emergency Budget. While ultimately the drastic cuts were defeated in council, the overall exercise was one that sparked great interest. Given the extreme language used by Goff to advocate for the significant budget cuts, it is therefore intriguing that in early December 2020 Goff was on record as advocating a one-off supplementary rate (property tax) increase for 2021–2022 of 5% – as opposed to the planned 3.5% increase (Orsman 2020). The rationale used by Goff to justify this is contra to those that he had used earlier in the year advocating for a draconian budget reduction!

30.4.2 Palmerston North City

The provincial city of Palmerston North had a very different experience to Auckland, remaining largely insulated from the pandemic and its effects. There were only 27 confirmed COVID-19 cases in the Mid Central DHB area and 11 in Palmerston North itself, most presenting early in the pandemic. Nearly all were New Zealanders who had returned home from overseas or their immediate families and all were immediately isolated at home, including one who had contracted the disease in Queenstown while attending a conference. With no community outbreaks, the public health services were never challenged.

Further, the region's economy was buffered from the economic downturn. The region's agricultural sector remains largely unaffected, while government services have continued unabated so that the city's government and council employees continued to be paid. As a consequence, June data showed the wider region's GDP was just 0.9% lower than a year earlier, compared to a 2.1% drop in the national economy. There has been a relatively low increase in unemployment compared to other parts of New Zealand: 2347 residents on the jobseeker benefit in July, a 36% increase from July 2019, but still half the national unemployment rate. However, the hospitality sector is seen to be impacted, with some 2700 jobs at risk, along with 3000 construction and 2800 tertiary education jobs (Central Economic Development Agency 2020). These data all show that although the city is weathering the storm in the short term, it may well suffer in the longer term.

The Horizons Regional Council, responsible for civil defence and emergency management over the whole of the Manawatu-Whanganui region and headquartered in Palmerston North – an area that includes seven local authorities and a total population of 220,000 – activated its emergency coordination centre at the start of the pandemic to provide regional-level coordination between territorial councils and emergency and welfare services. The centre remained operational for 11 weeks.

Palmerston North City Council managed the pandemic primarily as an emergency management crisis through the city's Emergency Operations Centre. Its management committee includes the city council, emergency services, central government welfare departments, as well as St John's, Red Cross and the Salvation Army. It provided welfare support over the 2 months it was mobilised to some 20,000 people,

primarily for food parcels, essential household goods, pharmacy supplies and accommodation. Providing these items cost over NZ$1.1 million, with reimbursement sought from the central government's National Emergency Management Office, which had received funding for welfare needs.

Neither the city nor regional councils had much formal contact with the district health board as their functions are complementary rather than overlapping. However, the city council lent five of its emergency management staff to the board to assist in contact tracing. As well, politicians communicated informally – not the least because three of the seven elected board members are also city councillors, one of whom is the spouse of the regional council's deputy chairperson.

The city's early response was to recognise financial stress on its citizens and the projected loss of income from revenue from its venues and facilities, parking and dividend from the airport that it owns, and move its finances onto a more austere footing. The council then agreed to reduce the proposed increase in its rates (land tax) and seek efficiencies in its activities as the council reviewed the draft annual plan. The council's draft budget, prepared prior to the lockdown, proposed a 4.4% rate increase – itself less than the 5.2% projection in the Ten-Year Plan. The council's finalised Annual Budget, set in June, increased rates by 1.2%, a level considered the minimum necessary to sustain the current levels of services and its strategies to promote long-term growth (Palmerston North City Council 2020).

The region and the city also sought to tap into the government's post-COVID funds. The regional council, as with the other regional councils, has been a reluctant player in economic development in the past. It has increased its involvement in recent years, seeking to capitalise on the government's recent regional economic development programme (McNeill 2019) to provide regional leadership. It established a regional economic taskforce to drive a strategic vision and plan for economic recovery in response to a request by the regional mayors and regional chair. The taskforce consists of mayors and representatives of sub-regional and regional economic development organisations, iwi (Maori tribes), and central government social development and economic development departments (Manawatū-Whanganui Regional Indicators 2020). The taskforce has already submitted over 88 'shovel-ready' projects worth NZ$1.05 billion, predicted to create some 15,000 local jobs, to central government. It also submitted a bid for a further NZ$3.1 billion in investment towards transport infrastructure to enable projects already planned or underway to be accelerated. The region received NZ$127.6 million in the government's first tranche of infrastructure support in October. The city council also sought other government funding. In May, it obtained NZ$745,000 to deliver 10 projects from the New Zealand Transport Agency's first round of funding for its Innovating Streets programme.

COVID-19 in the short term at least has provided an opportunity for the city council to minimise its rates increase. The second was a chance to access central government funds for 'nice to have' projects. Other than that, the council has adopted a business as usual approach. Given that the pandemic has hit the city so lightly both health-wise and economically so far, is not a surprise.

30.4.3 Queenstown Lakes District

Queenstown Lakes was one of the hardest-hit districts in the country. Medical facilities were challenged almost immediately when New Zealand's eighth COVID-19 case emerged in Wanaka, centred on an international cattle-breeders' conference. The single cluster had 39 confirmed cases before it was eliminated. This put the Southern DHB based in Dunedin under considerable pressure as it sought to manage the outbreak and trace contacts.

The district had already suffered a minor economic downturn in February when the border closed to arrivals from China – the overnight border closure collapsed the district's $3 billion per annum tourism industry. For example, 22 of the airport's 68 permanent staff were quickly made redundant as a result of border closures and consequent COVID-19 economic downturn. This collapse has not only led to outmigration but also significant unemployment, especially in the service sector, rising by 744% by July albeit from a very low base.

The international collapse in passenger air travel also created a welfare crisis. An estimated 8000 international tourists and foreign nationals employed casually in the tourism sector were effectively stranded in the district without income or ability to return home. Keeping track of these people was difficult, many of them freedom-campers in residential vehicles. They provided unique welfare challenges, requiring primary healthcare, particularly access to medication. Many faced financial difficulty, without income, as many were working short term in the hospitality sector and were left without any income.

The wider Otago region was already under pressure from two recent floods; the second, in February 2020, had flooded over 100 farms in the southern part of the region and the adjacent Southland region. As a consequence, the Otago Regional Council faced some NZ$3.3 million in unanticipated flood management repairs. The regional council was also seen by many as dysfunctional with infighting and factionalism that led to the chairperson being voted out in early July. Nevertheless, the council mobilised the region's Civil Defence and Emergency Management Group to respond to the emergency and to plan for the recovery for 9 weeks (Otago Regional Council 2020).

For its part, the Queenstown Lakes District Council (QLDC) activated its Emergency Operations Centre Response Team in March. The team provided support to the Southern DHB public health response, planned for significant local outbreaks, liaised with support services, accommodation providers and food outlets for people self-isolating, assisted with repatriation efforts, and worked closely with central government to get the support needed locally.

The QLDC, which at its peak was receiving 200–300 requests for welfare assistance per day, had little ability to deliver welfare support itself. Instead it relied on its networks of voluntary organisations located within the community. Some are local branches of national organisations, such as the Red Cross and Salvation Army, but many were local charities that were able to provide counselling, and operate food

banks and provide food parcels. All were small and local in reach that meant that they had existing relationships with their communities, but struggled with the scale of what was asked of them.

The district council was brokering relationships with political and social services, Ministry of Social Development, and Immigration New Zealand as it sought to manage and implement immediate welfare needs and repatriation for the overseas visitors. Eventually, care of foreign nationals was taken over by the Red Cross working with Department of Internal Affairs under the government's Visitor Care Manaaki Manuhuri programme (Foreign Nationals Impacted by COVID-19 Programme). This programme provides in-kind assistance to help people on temporary visas meet basic needs, such as food and accommodation. Working with the Department of Prime Minister and Cabinet, it also helped coordinate foreign nationals' access to repatriation flights.

The impact of the lockdown can also be seen in the increased demand for health services in the district. The initial COVID-19 cases in the district highlighted not only the district's lack of COVID-healthcare capability but also a lack of quarantine capability. The lockdown particularly highlighted the challenges posed by psychosocial needs. These challenges were seen to be poorly understood by the central government, leaving the district council to cope largely unassisted. Again, it relied on community organisations to deliver these services.

The economic impacts were immediate for the district and for the council. In the early stages, it received NZ$1.4 million funding from central government's Ministry of Business, Investment and Enterprise to create redeployment options for local workers who had lost their jobs. These include working with the Department of Conservation, which manages the national parks on environmental projects. The intention is to keep the district's workforce in the area so workers could resume employment in the tourist sector once conditions allow.

At the same time, the council was presented with a significant loss of revenue with which to fund its activities. It lost income from tourism-related revenues, user fees and development contributions at around NZ$18 million projected for the coming year. It had previously signalled an average rate increase of 6.7%, but now reduced this to 1.8% in its final budget. The reduction was achieved through the council reducing its operational costs of $12 million achieved by removing vacant and proposed 20 full-time employee equivalents and a salary freeze and scaling back of activities such as tourism promotion. A quarter of capital expenditure has been deferred on a budgeted NZ$172 million (Queenstown Lakes District Council 2020). The consequence was to contribute to the general contraction in the local economy.

The Otago Regional Council takes a more conservative view of its functions and did not provide regional leadership to address the region's economic challenges, leaving individual councils to take the initiative. Tellingly, although the Otago region received NZ$227.6 million in regional infrastructure grants, NZ$85 million (40%) went to Queenstown Lakes District Council for bringing roading projects forward. The only other large investment in the region, worth NZ$100 million, is by the Ministry of Business, Innovation and Enterprise to advance preliminary investigations for a pumped-hydroelectricity storage lake.

The district is experiencing significant economic dislocation and uncertainty. Its reliance on tourism left it exposed to the challenges of managing both those stranded in the district in the early stages of the pandemic and its devastated economy.

30.5 Discussion

Governments around the world at all levels are operating in a context of radical uncertainty, facing trade-offs between health, economic and social challenges with a strong spatial dimension (OECD 2020). New Zealand at the national level prioritised public health as a policy outcome. The country's response to the pandemic had resulted in a low relative burden of disease and with low levels of population disease disparities (Jefferies et al. 2020). By isolating itself from the rest of the world, it essentially created a 'bubble' within which life for its citizens in many ways resembled that before the pandemic. The success of this approach – at least up until the time of writing – has avoided any public health crisis and a consequent need for mobilising large-scale medical response. The cost of this success has been borne economically and unevenly spread. Regions that rely on tourism for their prosperity have suffered in particular. At the time of writing, fruit-growing regions are reporting fruit rotting on the ground as orchardists have not been able to use seasonal workers and back-packer tourists they usually rely on to pick the crops; the full economic costs have yet to be realised.

Attributed to valuing specialist expertise to inform policy-making and cross-national learning, the prime minister's political capital was immensely powerful. This was used to leverage the implementation of the policy. In addition, having a strong unitary state allowed for rapid implementation of that policy. New Zealand's success speaks to strong leadership based on rigorous science, all the more so given the relative lack of preparedness for a pandemic. Despite its coercive nature, the public strongly supported the government's handling of the pandemic with 84–92% support in public surveys during the national lockdown (Colmar Brunton 2020). Further, the government under Labour Party prime minister Jacinda Ardern returned to power in a historic landslide victory in October 2020.

This near universal acceptance reflects the long-held high trust in the country's institutions and the country is consistently ranked among best-governed and with very high social capital (Legatum Institute 2019; Mazey and Richardson 2020). This point is made eloquently by Dodds et al. (2020) who argue that types of government are not able to provide overall explanations to responsiveness. They laud New Zealand that as a unitary state it was able to show nimbleness and responsiveness, unencumbered with levels of government. New Zealand was not alone as Norway has shown (Christensen and Lægreid 2020), demonstrating crisis management is most successful when it is able to combine democratic legitimacy with government capacity.

Although the government response has been lauded, the pandemic crisis was also a 'serious risk' in the making (Pennington 2020). The health sector had faced a decade of underfunding and 'post-code lottery' service provision and is actually ill-equipped to cope with a pandemic. The lockdown was necessary, recognising the acute shortage of intensive care facilities that would be needed to cope with any large-scale outbreak of the disease (Sonder and Ryan 2020).

The lockdown was primarily a decisive but desperate effort to buy time for New Zealand authorities to organise its meagre ICU facilities and develop a contact-tracing system with which to cope with the anticipated pandemic. Unpublicised are the efforts local authorities made to organise makeshift morgues. Anecdotally, we are told the country's undertakers have found themselves overstocked with embalming fluid. Avoiding a pandemic was close-run.

European studies have shown the national scale is too coarse to appreciate the pandemic's spatial impacts, claiming the crisis a regional one (Guibourg 2020a; Guibourg 2020b; Bailey et al. 2020). The impacts on New Zealand's international tourism found particular expression in Queenstown and to a lesser extent in Auckland, but not in Palmerston North demonstrating the importance of region-specific conditions as suggested by Bailey et al. (2020). Nevertheless, New Zealand's experience shows a local rather than even regional scale within which local and central governments need to tailor and implement policy.

Behind this public health success lie concerns about the governance framework, primarily the public health sector, and the fraught relationship between central and local governments. These concerns speak to decentred administration but centred power. Central government was able to act decisively to regulate movement to prevent the disease's spread and apply fiscal levers to stimulate recovery. But it remains heavily reliant on (semi)autonomous DHBs and local government for 'boots on the ground' to implement policy. At the same time, some local governments, at least, struggled in turn to deliver welfare outcomes, relying in large part on the voluntary sector within their own communities.

Significantly, the government has just released a White Paper (April 2021) in which it proposes to abolish the entire DHB structure (Department of the Prime Minister and Cabinet 2021). In its place, the government intends to create a single health service. It justifies the change as a way of eliminating the 'post-code lottery' health outcomes and the reduction in duplication and lack of coordination currently experienced in the health sector. But it also explains that:

> While our response to COVID-19 has been world-leading, it also highlighted weaknesses, particularly that our 12 regional Public Health Units needed better national coordination and leadership when responding to nationwide threats, and to be able to better spread best practice and improvements across the system. (p.10)

While a reduction in the number of DHBs as recommended by the 2020 Health and Disability System Review was expected, wholesale centralisation was not and it appears that the government may have been influenced in its thinking by the sector's problems in addressing COVID-19. Tellingly, neither the 2020 review nor the White Paper makes any mention of local government.

Local authorities tended to focus on providing immediate welfare support to their citizens and humanitarian aid to foreign nationals trapped in New Zealand not only as a result of border controls but also due to collapse of the international passenger air-travel sector that made repatriation difficult. These impacts have been variable; our example of Queenstown showed how a small provincial district and its population was impacted disproportionately and how its council was forced to take a major welfare support role. This has come at a direct cost to the council and its reduced revenue forces it to scale back its activities for the foreseeable future. Some local authorities have exploited the opportunity to leverage central government fiscal stimulus initiatives to support their own local projects. Palmerston North City Council has been able to offset its planned revenue losses by successfully accessing central government funds otherwise not available to finance several local projects. As such, the mayor and council have portrayed themselves as being advocates of lower local property taxes, while maintaining previously budgeted levels of expenditure. In the much bigger authority of Auckland City, the smokescreen provided by the pandemic was used to advance a neoliberal agenda in play before the pandemic broke.

Reid (2020) observed that although the first, response, phase of the pandemic was inevitably technical, the second, recovery, phase is decidedly political as different interests lobby central government for a share of the funds on offer. Already, we have seen some regions have been more astute and nimbler, quickly accessing the regional infrastructure funds, while others seemingly missed out.

More surprising is the alacrity with which the government – supported by the public – abandoned key elements of the neoliberal philosophy adopted in the 1980s and 1990s with its emphasis on smaller government. Although more recent governments had resiled from some of its more extreme elements, its central tenets still dominated New Zealand's public policy (Boston and Eichbaum 2014). The pandemic has seen a reversion to Keynesian pump-priming economics. We noted in the case of Auckland earlier – the 'flip-flopping' policy approach of the mayor has been both entertaining and worrying bearing in mind the clear Keynesian push by the national government in Wellington.

Essentially, we have a significant national deficit on infrastructure investment. In terms of local government, central government controls the purse strings. Despite two attempts to remedy this shortfall (Local Government Rates Inquiry 2007, New Zealand Productivity Commission 2019), the issue still continues – with no change on the horizon. Exacerbating this position has been that where Government funding has been provided, there has been a failure to provide a national strategy. With the so-called 'shovel-ready' projects outlined above, the Government will only fund 50% of the cost, leaving under-resourced local councils to make up the difference. However, local government that is to facilitate much of this pump-priming through its own infrastructure-build in turn relies on the private sector for delivery. Only belatedly has a National Infrastructure Commission been established in an attempt to correct this major weakness. Despite the shift in central government thinking, the legacy of 25 years of a neoliberal approach to policy persists.

But councils have had to manage three competing tensions; the loss of revenue from non-rate sources as a result of lower investment returns and reduced economic activity that led to reduced fees and charges income, pressure to contain or lower rates in the face of household and business hardship, and the desire to maintain local employment and infrastructure as part of the whole of government response to the pandemic (Local Government COVID-19 Response Unit 2020). While most have responded, others have been less willing, Auckland because of its own agenda or simply, as with QLDC, not having the finance to do so.

30.6 Conclusion

New Zealand's experience of the COVID-19 pandemic differs from many other countries as it largely isolated itself from infection vectors, combined with a timely national lockdown that eliminated the disease from the community. The response to COVID-19 differed from other civil emergencies by its national as opposed to regional scope and long duration. The pandemic demanded a whole of government approach, requiring coordination between the different central government agencies and between central and local governments. Managing the local social and economic impacts has shown how local government responds to their citizens' needs. In doing so, the response also reveals the tensions between the different layers and types of government within New Zealand.

Local government in New Zealand has had a very small part to play in the initial, public health, stages of the COVID-19 pandemic. Tight border controls limited the influx of potential infections, while strong internal movement control ensured that the small number of outbreaks that did occur were all soon under control. Simply, the disease was never present in many parts of the country and no public health crisis for many district and city councils to react to. In any case, public health responsibilities are managed by a quasi-local government structure that was increasingly directed by central government. Nevertheless, the social and economic damage is severe and bound to get worse. These impacts have not been spatially even and demand a more nuanced local response for which local government is suited to respond. Local authorities had a part to play within the scope of national policy as they responded to the different conditions and needs of their communities in different ways, but they were never fully tested. The variable performance of the quasi-local government DHBs and the inability to deliver a nationally coherent strategy, however, may have contributed to their demise.

More broadly the response to the crisis has highlighted the very centralised nature of New Zealand's governance and the country's fractured subnational institutional arrangements. The potential life and death nature of the pandemic not only demands both expeditious and effective responses to community transmission but also considered responses to manage the ongoing social and economic consequences of actions to combat it. The New Zealand experience has shown that on a national level it possesses remarkable ability to respond successfully to the crisis. Yet policy

implementation has proven more challenging, one that demands a strong local council to deliver, a challenge that is possibly still not fully appreciated at the national level. Working with their communities, local government has shown it is capable of delivering national policy outputs. The hope on the one hand is that central government will take account of and work better with local government in the future as a dividend of increased trust built by the pandemic response. Yet at the same time, the national government retains broader aspirations to centralise local government and public health functions further.

What is clear is that the role of government is under review. The neoliberal small-government orthodoxy has been severely challenged with draconian interventions on citizens' lives, and eye-watering large fiscal stimuli, and the state taking on the role of employer of last resort. The large state has returned and, so far, with large public support. Yet, paradoxically, it still lacks the agency to directly intervene at the community level and is forced to rely on local government. In so doing, the pandemic provides a new take on old and well-rehearsed debate on the role of local government. How central and local governments relate in the future is hard to determine.

Nevertheless, New Zealand has demonstrated it could develop, coordinate and implement effective policy to safeguard its citizens in a pandemic. It now needs to mobilise this competence to address other pressing wicked problems for which it has shown in more recent years less enthusiasm to tackle but which are no less important. The most pressing being climate change and a fundamental re-examination of the local governance model put in place in 1989, which is showing increasing post-pandemic signs of no longer being fit for purpose.

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