In Confidence

Office of the Minister of Housing

Office of the Minister for Social Development and Employment

Cabinet

Implementation of the accommodation and welfare-system approaches under the COVID-19 Protection Framework

Proposal

1 This paper responds to the invitation for the Minister of Housing and Minister for Social Development and Employment to jointly report back to Cabinet in December 2021 on the implementation of the welfare and housing approaches under the COVID-19 Protection Framework (CPF) [CAB-21-MIN-0493 refers].

Relation to government priorities

2 This paper relates to the Government's objective to keep New Zealanders safe from COVID-19.

Executive Summary

3 On 22 November 2021, Cabinet noted that a revised approach to welfare and community-based supports, including food and other essential wellbeing provisions, will be required to support Aotearoa New Zealand's transition to the CPF [CAB-21-MIN-0493 refers].

4 The welfare system approach is designed to be aligned with and as part of the Ministry of Health (MoH)-led Managing COVID Care in the Community response. Most people who test positive for COVID-19 and their immediate household contacts will be supported to self-isolate at home, unless that place is not suitable.

5 The welfare system approach aims to support people who have specific welfare needs that may cause them to be unsafe or breach while self-isolating. Many agencies have responsibility to deliver parts of this system approach, with the Ministry of Social Development (MSD) leading and coordinating aspects (see Table 1 below).

6 The welfare system approach is in the early stages of implementation, having started supporting people through interim arrangements on 3 December 2021 and receiving referrals through the MoH-led National Contract Tracing System on 10 December. Provision of welfare support for people who are self-isolating is trigged by the initial assessment by the health practitioner.

57byll6xal 2022-01-11 11:37:47 [IN-CONFIDENCE:RELEASE EXTERNAL]

7 This paper outlines the components of the system that support individuals and households self-isolating. Local structures are best able to provide this support because they are led by locally based officials, leaders and providers, who can be responsive to the diverse needs of people self-isolating. Other structures are important because they connect local activity into agency decision-makers based in regions and Wellington who can support delivery.

8 The three parts to the welfare system approach include:

8.1 **locally-led delivery**: to deliver critical welfare and utilise existing housing support products to support people self-isolating. This may include food, community connection, additional welfare and social needs, provider capability and capacity building – that integrates with existing agencies' services and support

8.2 **regional co-ordinated assessment and referral**: for the assessment function that will integrate with the health and alternative accommodation response to co-ordinate the provision of locally-delivered critical health and welfare needs of individuals and whānau who are self-isolating

8.3 **regional leadership**: to resource existing cross-sector regional leadership groups, including enabling iwi to partner and participate, and Regional Public Service Commissioners (RPSCs) to support alignment and coordination in the implementation of the CPF.

9 Within these components, appropriate functions have been set up within MSD and in the regions, which involve other agencies and partners, to manage referrals. They also provide support to meet welfare needs identified through the health response and its care coordination hubs' assessment.

10 MSD are starting to build a view of what demand looks like, however, it is important to note that, as we are still early in the process of rolling out this approach, demand is likely to change.

11 At the national and regional level MSD, working with other agencies is developing a reporting approach to enable oversight of how the welfare support approach is being delivered, by providing timely information on implementation, what support is provided to people with wellbeing needs, and the level of funding spent.

12 At the local level functions have been set up to enable community providers to deliver local support to people who are required to self-isolate. MSD is working with providers to develop a new tool, which will enable more detailed reporting on locally-led support from early next year. This information will include the types of support provided and more detail on how discretionary funding is being used by Community Connectors. Alongside this, MSD are also developing a tool for food, provider capability and community capability funding.

57byll6xal 2022-01-11 11:37:47 [IN-CONFIDENCE:RELEASE EXTERNAL]

13 Some people will not be able to isolate safely in their home or where they are currently staying. Where the initial health assessment indicates alternative accommodation is required to support safe self-isolation, Health entities (District Health Boards (DHBs), Public Health Units (PHUs) and Primary Health Organisations (PHOs)) along with the Ministry of Business Innovation and Employment (MBIE) will procure alternative accommodation in which Health entities are able to place people during the course of their period of self-isolation.

14 The alternative accommodation escalation pathway, including the Regional Accommodation Subfunction Group (comprised of housing and other agencies) will help health entities to identify alternative accommodation solutions. However, the availability of alternative accommodation will likely remain a critical constraint and substantial demand pressures on the system mean alternatives will not always be easily found for some regions.

Background

15 On 22 November 2021, Cabinet noted that a revised approach to welfare and community-based supports, including food and other essential wellbeing provisions will be required to support Aotearoa New Zealand's transition to the CPF [CAB-21-MIN-0493 refers].

16 Under the CPF and the Care in the Community model, most people who test positive for COVID-19 and their immediate household contacts will be supported to self-isolate at home, unless that place is not suitable.

17 Cabinet agreed that the welfare system approach will be demand driven and support a broader cohort than the health response, focusing on two groups who may need welfare support to keep safe while self-isolating at home:

17.1 people who are COVID-19 positive and their households, and

17.2 other people who are required by government to self-isolate.

18 Locally-led delivery through a range of existing providers, including Māori and Pacific providers, will promote equity and responsiveness by connecting people in self-isolation to the service that best suits their needs. This will build on existing locally-led delivery infrastructure that will be enabled by existing regional leadership and centrally supported by agencies.

19 Cabinet agreed that MSD will lead the coordination of the welfare system approach, working closely with key agencies across the health, alternative accommodation, and economic approaches, and with iwi/Māori. In addition, Cabinet mandated the Regional Public Service Commissioners (RPSCs) with leading the regional alignment and coordination of the public service contribution, including the welfare system approach, to the CPF.

20 Cabinet invited the Minister of Housing and the Minister for Social Development and Employment to jointly report back to Cabinet in December 2021 on the implementation of the welfare and alternative accommodation

approaches under the CPF. This is timed to align with a related report back by the Minister of Health.

Implementation of the welfare system approach is providing support for people who are required to self-isolate and have welfare needs

21 Three parts to the welfare system approach are being centrally supported:

21.1 **locally-led delivery**: to deliver critical welfare and housing-related supports to people self-isolating including food, community connection, additional welfare and social needs, provider capability and capacity building – that integrates with existing agencies' services and support

21.2 **regional co-ordinated assessment and referral**: for the assessment function that will integrate with the health and alternative accommodation response to co-ordinate the provision of locally-delivered critical health and welfare needs of individuals and whānau who are self-isolating

21.3 **regional leadership:** to resource existing cross-sector regional leadership groups, including enabling iwi to partner and participate, and RPSCs to support alignment and coordination in the implementation of the CPF.

The welfare system approach is aligned with and complementary to the COVID-19 Care in the Community model

22 As part of the integrated approach, each region or locality has established a care coordination hub under the health response.

23 Care coordination hubs are responsible for working with PHUs, DHBs, PHOs, nationally funded telehealth services, and other health providers, local welfare providers, Māori and Pacific partners, and community leaders to develop local methods and plans for triaging, contacting and notifying people who have tested positive for COVID-19 within 24 hours of diagnosis.

24 Everyone who tests positive for COVID-19 will receive an initial holistic assessment by a qualified practitioner allocated by the care coordination hub together with the DHB. The appropriate practitioner to undertake the assessment may vary on a case-by-case basis.

25 This initial assessment covers immediate health, welfare and alternative accommodation needs, including issues such as safety and family violence. The results of this initial assessment are used to determine whether a COVID-19 positive person and any others in their household who are also required to self-isolate, can isolate at home, or whether alternative arrangements need to be made, such as referral to a DHB identified facility for community-based quarantine or hospital where clinically indicated. Where it is not possible to isolate at home safely, DHBs support assessment, placement and transport to alternative accommodation (as shown in Appendix Three).

57byll6xal 2022-01-11 11:37:47 [IN-CONFIDENCE:RELEASE EXTERNAL]

26 Following the initial assessment by the qualified practitioner, within the first 24 hours, only people with identified welfare needs will be referred through the welfare system approach coordinated by MSD.

27 The welfare response is complementary to the health response. Effectively meeting welfare needs through locally based triage and service provision supports positive health outcomes for COVID-19 people. It also reduces the risk that people may feel they need to breach isolation.

28 The diagram attached as Appendix One shows the journey a COVID-19 positive person has under the Care in the Community response, and how the health, welfare system and alternative accommodation approaches work together to holistically and locally support individuals and households required to self-isolate.

29 Although the Care in the Community response is presented as linear in Appendix One, the model is necessarily flexible, as every person who tests positive for COVID-19 will have unique needs. The system has been designed through a person-centred service pathway that enables this flexibility.

30 Functions established to deliver the welfare system approach have been designed to enable responsiveness to individual and whānau needs, which is enhanced through the regionally enabled and locally-led approach.

Operational functions have been established to coordinate the welfare system approach and locally deliver services

31 Regional / local triage and service delivery partnerships, which draw on the relationships, expertise and skills of iwi/Māori, community providers, government agency staff and councils, promote equity in how we respond. It ensures we can effectively meet the diverse needs of local populations, be responsive to shifts in demand, and effectively allocate system resources.

32 MSD started receiving referrals from the MoH National Contact Tracing System on Friday 10 December 2021.

33 Three system functions have been established to manage welfare referrals from the MoH system and coordinated local service provision.

33.1 **National Contact Tracing triage team** - a coordinated service staffed by MSD to manage the flow of referrals from the MoH National Contact Tracing System into the MSD coordinated system. This service makes updates in the National Contact Tracing System based on the service that MSD and other government agencies and partners have provided.

33.2 **Dedicated contact centre team** – an MSD team that receives referrals from the National Contact Tracing triage team assessed as low complexity and responds to people in self-isolation to meet their welfare needs. This is generally for people who require one-off assistance (i.e. food) for the period that they are in self-isolation. The contact centre team provides a specialised inbound line and completes follow-up welfare checks for people not in case management.

57byll6xal 2022-01-11 11:37:47 [IN-CONFIDENCE:RELEASE EXTERNAL]

33.3 **Regional / local coordinated triage and response teams** have been established to coordinate referrals to local services (see Table 1).

33.3.1 The structure and composition of these teams vary by region but generally include a mix of agency officials (focused on welfare and housing), iwi/Māori, community providers and councils, as operationally agreed with partners. They are different but connected to the MoH-led care coordination hubs.

33.3.2 The teams receive referrals from the National Contact Tracing triage team that are assessed as medium and high complexity. They provide a coordinated response to people in self-isolation to meet their welfare needs. The teams ensure people access the most suitable service provided by a range of community providers, including kaupapa Māori and Pacific.

33.3.3 This support will generally be provided to people who need on-going assistance, specialised case management responses and specific services, such as alternative isolation accommodation.

Table 1 – Welfare services offered through Care in the Community model

Co-ordinated through welfare system approach	Led by MoH
Delivered by MSD (directly or through community partners): • Benefit payments • Employment assistance • Food • Income related housing costs (such as Housing Support Products, Rent Arrears Assistance) • Power, gas, heating or water bills • Senior services • Other urgent costs • Community support services Delivered by MSD and other agencies (directly or through community partners): • Educational Devices (Ministry of Education) • At risk children/Children in care (Oranga Tamariki – Ministry for Children) • Family violence (MSD and Police) • Whānau Ora (Te Puni Kōkiri) • Housing services and supports to existing tenants (Te Tūāpapa Kura Kāinga (HUD), Kāinga Ora – Homes and Communities, and Community Housing Providers) • Animal welfare (TBC)	• Disability Support • Medication • Medical devices • Mental health • Addiction • CSIQ/ Alternative Accommodation (supported by HUD, MBIE, Kāinga Ora, MSD)

57byll6xal 2022-01-11 11:37:47 [IN-CONFIDENCE:RELEASE EXTERNAL]

Regional leadership functions

34 All 16 CPF regional leadership groups are set up and starting to enable locally-led Care in the Community responses within their region.

35 These groups enable collaboration across government agencies, iwi, local government, and key community providers to ensure locally led delivery is positioned to meet the needs of whānau in self-isolation. These groups are also providing system advice on non-health factors relating to CPF settings.

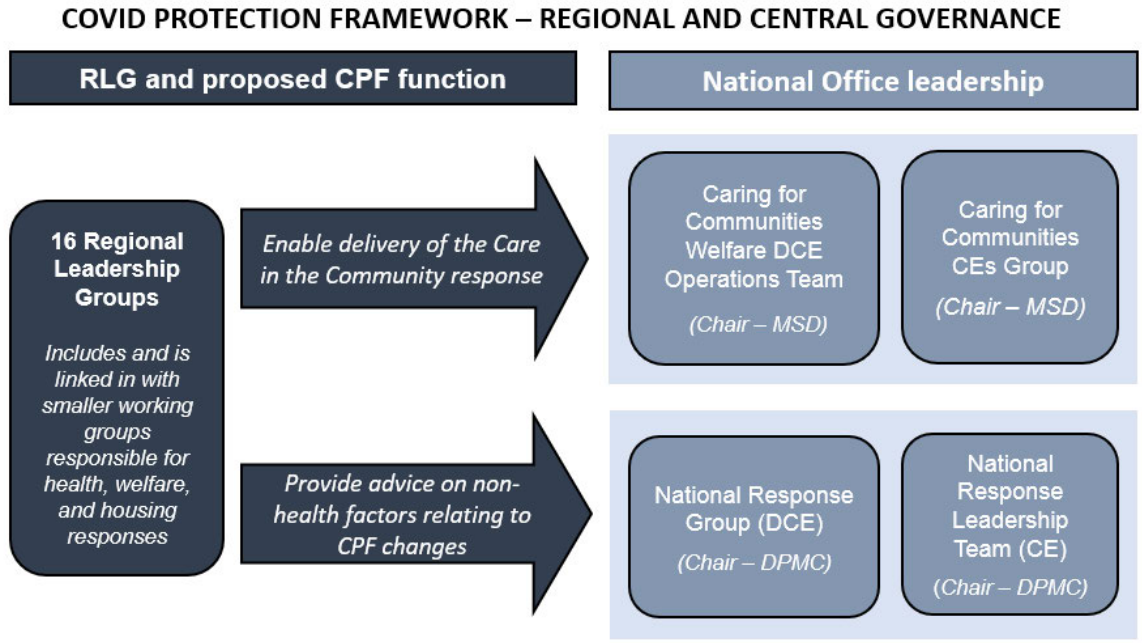
36 Regional leadership groups will input into two central governance processes:

36.1 **For non-health factor system advice on the CPF settings:** RLGs will feed into the National Response Group and subsequently through to the National Response Leadership team and Cabinet, and

36.2 **For Care in the Community delivery and operational support:** a Caring for Communities Welfare Deputy Chief Executive Operations Group has been formed with relevant agencies and is chaired by MSD. This reports into the Caring for Communities Chief Executives' Group.

37 These processes and groups will be linked by the chairs of the CE and DCE level Caring for Communities groups being invited to sit on the NRG and NRLT respectively (see Diagram One).

Diagram One



Functions have been set up to support community providers to deliver support locally

38 The following functions have been set up to enable community providers to deliver local support to people who are required to self-isolate:

38.1 a referral mechanism for community providers where welfare support beyond what can be provided by MSD is required or where people choose to work with a community provider. This is currently processed by MSD regional teams however this will be automated in the future.

38.2 allocation of the $14.1 million in food support (e.g. food parcels), through a robust process including regional submissions, national office moderation and DCE level approval. Decisions are being made by regions in partnership with regional agency contacts, across the welfare sector and with partners

38.3 the additional 105 Community Connectors have also been allocated across the regions, and

38.4 production of sector guidance on the CPF and requirements of this for community providers.

39 Commitments of more than $80 million will be made before the end of the year so that providers have certainty. Flexibility is built into the design with regions working with stakeholders around resourcing decisions. This includes a fund to respond to community-led activity over and above provider funding.

40 For the first week of implementation, MSD was limited to working through existing providers who deliver the Community Connection Service. MSD has now started to expand this to work with more providers. We have invited around 500 providers to opt in to provide support during isolation to families that they are already working with, and to also potentially work with new families isolating. We will be working through a process to onboard providers into the system who have opted in, including what support they may need to do this by way of provider capability funding.

41 We are now also able to make payments both to providers that need capability funding to work differently, and to community groups identified by regional teams as requiring funding for awareness and preparedness activity. This includes any provider who has opted in to support the Care in the Community response and is not limited to providers contracted by MSD.

42 MSD will continue to make improvements to these functions as the welfare system approach progresses, and to learn and identify opportunities for improvements.

We are also developing a reporting approach to monitor the delivery of welfare support to people in self-isolation

43 This reporting is intended to enable oversight of how the welfare support approach is being delivered by providing timely information on implementation, what support is provided to people with wellbeing needs, and the level of funding spent.

44 This reporting will be further developed over time as the service model evolves, there is better understanding of information needs, and more data becomes available. Reporting on the initial implementation is likely to include:

57byll6xal 2022-01-11 11:37:47 [IN-CONFIDENCE:RELEASE EXTERNAL]

44.1 the number of people receiving welfare support

44.2 the timeliness of response after referral to MSD

44.3 whether people are receiving support directly through MSD, or are referred to providers

44.4 demand for, and types of hardship support provided through MSD, and

44.5 the number of households supported though local providers and the level of investment.

45 MSD is currently working with providers to develop a new tool, which will enable more detailed reporting on locally-led support from early next year. This will include some information of those in receipt of support (at household level), the types of support provided, and more detail on how discretionary funding is being used by Community Connectors. MSD is also developing a tool for food, provider capability and community capability funding.

46 Due to limitations associated with data sharing between agencies, MSD will not have individual level demographic information, including ethnicity data, for people referred to community-based providers but not any receiving financial support from MSD. In addition, reporting will not cover people who are referred directly to providers from the health system, rather than coming through MSD.

47 Summary information from this reporting will be provided to Ministers on a weekly basis, to ensure regular oversight of the support provided. As the welfare system approach is integrated with the MoH-led Care in the Community model, MSD officials are also working with MoH to develop combined reporting on the overall model.

48 In addition to summary reporting, MSD are also developing other information that will support monitoring and continuous improvement of the welfare response. This includes detailed operational reporting to Regional Leadership Groups and collecting narrative reporting from local providers on how they are delivering support and what they are seeing.

49 In December 2021, MSD officials separately reported back to the Ministers of Finance, and Social Development and Employment on the reporting, governance, and accountability systems that will support the welfare system approach. The Ministers of Finance and Social Development and Employment will subsequently report back to Cabinet in March 2022 to show how funding has been allocated to meet costs to support people who are self-isolating under the CPF [CAB-21-MIN-0493 refers].

The accommodation approach supports safe self-isolation for people who cannot do so at home

50 Appendix Two outlines the roles that health entities (MoH, DHBs, PHUs, PHOs), HUD, Kāinga Ora, MBIE and MSD will play in the alternative accommodation response under the Care in the Community model.

51 The integrated accommodation pathway, shown in Appendix Three, has the following components:

51.1 health entities will make the initial assessment and contact with a COVID-19 positive person, determining health needs and any requirements to self-isolate (including assessment of suitability of current accommodation, or whether alternative accommodation is required)

51.2 in many cases if alternative accommodation is needed, it will be able to be handled within available places procured through the Community Supported Isolation and Quarantine Service (CSIQ) (Health via DHBs), MIQ (MBIE) where a section 70 notice has been issued by a Medical Officer of Health, and the Mobile Community Isolation Response (MCIR, procured via MBIE), however in some cases additional options may need to be found

51.3 if additional options are needed in an area, groups within the Alternative Accommodation Escalation Pathway will help identify and find possible options. After the relevant health entity ensures that they are suitable to be used, they will be procured by either DHBs or MBIE to increase the pool of CSIQ and MCIR respectively.

52 Alternative accommodation options will be based on availability in the regions but will include:

52.1 use of a DHB identified facility provided through CSIQ

52.2 use of an additional CSIQ place identified by relevant agencies and community partners[1]

52.3 transfer to an MIQ facility[2] under a section 70 notice. Any transfer over three hours requires a comprehensive transport management plan including logistics and Infection Prevention and Control (IPC) for rest areas.

An alternative accommodation escalation pathway has been developed to help identify locally-led options

53 Housing agencies have established national and regional governance structures to support health entities, or MBIE, to identify alternative options where possible. It has been designed to be locally led, regionally coordinated, and centrally supported, and builds on lessons learned from the Auckland response.

[1] While some portable solutions may be the only option in some regions, agencies will only progress them if they meet the property suitability requirements for self-isolation set out by MoH.
[2] Cabinet considered a proposal on 13 December 2021 to reduce MIQ capacity to reflect reduced demand from border arrivals. While it is intended that MIQ will remain an option for the escalation of some people unable to self-isolate in future, the planned trajectory involves a reduction from the current 5,900 room capacity to around 4,400 rooms by July 2022, and then reduce further to 1,300 rooms by June 2023.

54 The Alternative Accommodation Escalation Pathway is shown in Appendix Four. It interfaces with the welfare and health responses and comprises:

54.1 **Regional Accommodation Subfunction Group** is responsible for supporting the identification of alternative accommodation where Managed Isolation and Quarantine (MIQ) or DHB Self Isolation and Quarantine (CSIQ) is not available.

54.1.1 Given their presence in regions, MSD and Kāinga Ora facilitate the regional response managed through cross agency groups. Each group has regional representatives including MoH, MSD, HUD, Kāinga Ora, DHBs, MBIE, Oranga Tamariki, Te Puni Kōkiri, Police, Ara Poutama Aotearoa – Department of Corrections, local government and iwi.

54.1.2 Each Regional Accommodation Subfunction Group Team is expected to leverage their existing relationships, knowledge, and insights of both housing supply and community/provider support to support the health response, identify alternative opportunities, and raise risks at a national level.

54.2 **National Accommodation Support Response Team** (co-chaired by HUD and MSD) that is responsible for maintaining a national view of housing capacity and resolving supply issues escalated by Regional Accommodation Sub-function Groups.

54.3 **Caring for Communities DCE Group** (co-chaired by HUD and MSD) who are responsible for setting and maintaining oversight of the accommodation approach, ensuring integration with the Care in the Community model and maintaining links to Ministers.

55 Regional response plans are being developed and officials are working with local stakeholders to understand current and future potential for alternative accommodation options. So far additional options include:

55.1 Kāinga Ora utilising vacant public housing properties that are awaiting retrofit in the Central North Island for temporary use as CSIQ. These are properties that would not otherwise be used to house customers from the public housing waitlist, whilst they are awaiting retrofit. These places will help to boost stocks in high need regions including Te Tairāwhiti, Hastings, Hamilton, and Taranaki. The options are time limited and will not, for the short term, interfere with demand for public housing.

55.2 MBIE establishing the Mobile Community Isolation Reserve (MCIR) by utilising existing service provider contracts to assist regions should they not be able to source this directly. Cabinet previously approved $5.5 million in funding to support this initiative.

55.3 HUD identifying up to 90 additional places that could be brought on across New Zealand. This information has been communicated to health entities for procurement and contracting.

56 MIQ can also utilise its regional relationships to provide guidance and insight to primary health to identify options. MIQ is working with MoH to understand demand modelling and to confirm which DHBs may need assistance, the quantum of rooms required and what is deemed suitable accommodation to source. Local alternative accommodation options will replicate Managed Isolation and Quarantine Facilities (MIQFs).

57 Iwi, hapū, and Pacific partners will also be critical to option identification and have been supported to be part of Regional Accommodation Sub-function Group. Taking a no wrong door approach, iwi can approach any agency and the response to their proposal will be coordinated by the Regional Accommodation Sub-function Group. Responsibility for funding proposals will be discussed and agreed between the agency mandated to procure accommodation and MoH. Further advice, if additional funding is required, will be provided in early 2022.

58 Examples of alternative accommodation options that iwi have considered include potential use of marae to leave domestic dwellings for those infected with COVID-19; reprioritising under-utilised farm worker dwellings; and possible construction of purpose built or re-purposed accommodation on their land. Continued engagement with iwi will be critical to understanding and potentially progress regional solutions, including the suitability and availability of marae.

59 For options that are found via the alternative accommodation pathway, Health entities will be responsible for assessing the suitability of the property/accommodation and the procurement will be managed through the agreed procurement agency either DHB's or MBIE.

The alternative accommodation escalation pathway will help to identify solutions, but regions will still face significant challenges

60 The availability of alternative accommodation will remain a critical constraint. Accessing housing is one of New Zealand's long-term challenges and issues have been amplified by COVID-19. Demands on the system are at record levels, with over 5,000 households in receipt of an Emergency Housing Special Needs Grant at any one time, and nearly 30,000 applicants awaiting public housing.[3]

61 Agencies will work together to ensure there is an equitable response for those in urban and rural areas. All efforts will be made to enable people requiring alternative accommodation to safely isolate as close to home as possible.

62 The pool of potential options is further limited because:

[3] Data as at 31 October 2021.

62.1 alternative accommodation options must satisfy suitability requirements for self-isolation set out by MoH

62.2 increased domestic tourism over summer and when border restrictions ease in early 2022 will reduce housing availability, including commercial accommodation and private dwellings

62.3 there is limited availability in the market of portable cabins or other relocatable accommodation options. The options have a lead time of between two and three months should they be procured.

63 Regional availability will vary and the alternative accommodation that health agencies allocate could change at different times.

Areas such as Te Tai Tokerau and Te Tairāwhiti will face challenges sourcing additional accommodation

64 In Te Tai Tokerau PHOs have contracted six units and are working on 35 more to bolster the CSIQ service. Historic challenges sourcing accommodation for temporary or emergency housing indicate further options will be limited. For example, commercial motel accommodation which could have offered a solution, have indicated they would rather await the return of tourism or are already being used by MSD or HUD.

65 Where this is not possible, Te Tai Tokerau does have capacity in campgrounds, and we understand that some iwi organisations who own campgrounds have already begun preparing them for the response. Regional teams will prioritise identifying vacancies in self-contained cabins where possible. Where availability does not allow this, Regional Accommodation Teams can relocate portable options from MBIE's MCIR to provide immediate support. The national and regional alternative accommodation structures will help to facilitate relocation and logistics as quickly as possible.

66 In Tairawhiti, Kāinga Ora will immediately provide five vacant public housing properties that are awaiting retrofit to help boost the DHB's current stock of nine CSIQ units. DHBs are also working on a further five places to increase CSIQ in Tairawhiti. Regional teams will continue to leverage their existing relationships and knowledge of the local market to identify further opportunities and will have access to the reserve of portable options as required.

67 If cases in both regions rise to levels that exceed accommodation availability and hospitals and primary health care infrastructure reaches maximum capacity, it may make more sense to relocate positive cases across regional boundaries into areas with capacity. This could include transporting positive cases from Te Tai Tokerau and Tairāwhiti into Auckland which has greater availability of intensive care units, MIQ and SIQ.

We will need to monitor potential challenges within the Accommodation response

68 Other challenges will include managing and addressing non-compliance with Health orders and self-isolation guidelines. In the first instance, reluctance to

57byll6xal 2022-01-11 11:37:47 [IN-CONFIDENCE:RELEASE EXTERNAL]

self-isolate will be handled through conversations led by the patient's/household's point of contact in primary health as allocated by the care coordination hub or local DHB. If the patient does not willingly comply with the section 70 notice, enforcement will be handled by Police.[4]

69 When there is a change in the traffic light settings under the CPF, the alternative accommodation escalation pathway will continue to operate as proposed. Additional alternative accommodation options are limited and while demand may increase as cases rise, the mechanisms for identifying and allocating places will remain the same.

Options for when people test positive while they are away from home

70 Over the summer period it is likely that some people will test positive for COVID-19 when they are away from their usual place of residence. In these cases, if the person can travel home safely while maintaining isolation (such as in a private vehicle), that will be the first course of action.

71 MoH has issued guidance outlining the steps people must follow if they test positive for COVID-19 while travelling over the summer.

72 If the patient is not able to travel, MBIE and health entities will discuss what options they have for isolating in the region where they are such as MIQ, SIQ, or temporarily staying with friends. If those options are not available, the relevant Regional Accommodation Subfunction Group will support MoH with advice on potential solutions.

Additional funding for alternative accommodation

73 While regional response plans are still being developed, it is likely that health entities or relevant agencies will require further funding in early 2022 to increase the supply of alternative accommodation options.

74 MoH has s 9(2)(f)(iv) [redacted] left uncommitted in its CSIQ funding pool that it is proposing to use for additional supply over the summer months. MoH, with the support and guidance from housing agencies, will provide further advice in early 2022 on funding requirements.

Readiness: work to date will contribute to implementation of this response

75 The welfare system approach will be guided by the readiness, response, recovery and resilience phases. To support readiness, in addition to helping identify alternative accommodation options (via the alternative accommodation escalation pathway), housing agencies are contributing data to Health entities, and guidance to housing providers.

Providing data to help Health entities plan and prioritise their response

[4] Section 70 (s.70) of the Health Act 1956 enables the Director-General of Health, and any medical officer of health, to issue health directions that will prevent further outbreak or spread of COVID-19 when there are significant risks to the public

76 HUD, MSD, and Kāinga Ora have used MoH advice on property suitability to identify the emergency, temporary accommodation, and high-density complexes may not be suitable for self-isolation. This has been used to indicate more vulnerable population groups, potential additional need, and the high use of emergency housing demonstrates existing regional housing pressures which may impact the ability to secure alternative accommodation.

77 Analysis of the data indicates the highest risk regions are Northland and Tairāwhiti, followed by the West Coast, Southern and South Canterbury DHBs. Northland and Tairāwhiti regions have the lowest vaccination rates and very limited potential accommodation capacity, along with reasonably high potential CSIQ demand. The South Island DHBs have better vaccination rates, but few alternative accommodation places to support self-isolation needs.

78 This summary, alongside property addresses and contact details for providers of transitional housing, emergency housing and high-density facilities, has been provided to health entities to ensure these places are triaged quickly should a tenant test positive with COVID-19, and to inform their regional planning.

79 Quickly contacting whānau in higher-risk property types and higher risk regions to empower them to self-isolate safely and ensuring they have the support to do so, will help reduce the risk of rapid transmission.

80 Housing agencies have assessed what they know about potential demand from their clients alongside current CSIQ capacity, what they know about potential additional housing options to increase CSIQ capacity and outlined what MIQ capacity is to help Health entities plan and prioritise their response.

Supporting people in HUD funded housing under the CPF

81 Cabinet approved $10 million in funding to enable HUD to support our providers manage their COVID-19 incident response [CAB-21-MIN-0493]. This is to support providers of transitional housing, Housing First, COVID-19 accommodation, Rapid Rehousing, and Contracted Emergency Housing (Rotorua).

82 So far HUD has committed approximately $1.1 million to Auckland based providers who have been required to employ additional support service staff to support their tenants. This funding runs until 30 June 2022. HUD anticipates that providers outside of Auckland will begin seeking additional funding from mid-late January 2022.

83 HUD has begun contacting providers, prioritising those who operate in multiple regions, to understand what costs they have already incurred in preparing for the transition to the CPF, and to discuss what additional support they may need.

84 While funding is available, it may still prove challenging to recruit skilled staff due to the shortage of social workers across the country. HUD will work

closely with other larger providers, MSD, and MoH to address capacity gaps if they arise.

Other agencies are also working to support the accommodation and welfare system approaches

85 Other agencies are also working to support alignment of their core agency activity in regions with the accommodation and welfare system responses. For example:

85.1 Oranga Tamariki is supporting its regional teams to connect into and participate in regional leadership responses, and is supporting and assessing the readiness of caregiving households that it works with directly and through partners/providers.

85.2 The Ministry for Pacific Peoples has agreed an implementation plan with the Minister for the Pacific Aotearoa Community Outreach programme to support the transition to the CPF. In addition, funding of:

85.2.1 $1 million has been established to support ongoing engagement with communities to support their resilience through the transition to the CPF

85.2.2 $0.5 million has been allocated to support ethnic-specific messaging, content and information

85.2.3 $0.3 million has been allocated to digital connectivity and device support, and

85.2.4 $0.2 million is being held as a contingency.

Financial Implications

86 There are no financial implications of this paper, however additional funding may be required to enable the procurement of alternative accommodation following the summer period.

Legislative Implications

87 There are no legislative implications.

Regulatory Impact Statement

88 A Regulatory Impact Statement has not been prepared as there are no legislative implications.

Population and Treaty Implications

Treaty considerations

89 The welfare and accommodation approaches outlined in this paper are part of ensuring the Government's approach to managing the COVID-19 pandemic is in alignment with its treaty obligations.

90 For Māori, there is high interest in how government mandated requirements for self-isolation will impact whānau, hapū and iwi obligations, tikanga and lifestyle, and how the welfare and housing approaches will provide support for these interests.

91 Currently Māori have the highest percentage of active COVID-19 cases and lowest vaccination rates. With the shift to the CPF, Māori are likely to continue to be disproportionately impacted by COVID-19 and therefore will have high numbers of whānau self-isolating at home. Many of these whānau are also more likely to require welfare and housing support while in self-isolation.

92 The Waitangi Tribunal's 2019 report on Stage One of the Health Services and Outcomes Kaupapa Inquiry, Hauora, expressed that the Crown has a Treaty responsibility to actively protect Māori health outcomes.

93 These approaches are about ensuring that whānau and individuals who are required to self-isolate at home are empowered to do so and have access to the support that they require. For Māori, and in alignment with the Crown's Treaty responsibilities this means ensuring that those required to self-isolate are well-supported to remain in self-isolation without impacting their own health and wellbeing while protecting the health of the wider community and whānau. In practice the unique needs of Māori are met by ensuring there is for Māori by Māori service provision, provision of culturally appropriate kai and support to access appropriate support services and networks such as through their hapū or iwi.

94 The Hauora report also expressed that the Crown should look to enable rangatiratanga over Māori health services to the extent possible. The welfare approach is centrally supported, regionally-led, locally-led and efforts have been made to ensure that partnership is enabled at every level. For example, d funding has been allocated to ensure that iwi are able to actively participate in the coordination and response to the COVID-19 Protection Framework through various regional leadership groups.

95 This is also reflected in the direct funding approach proposed to community providers to provide support, including for Māori by Māori service provision. Agencies will also look to ensure that Māori community groups are appropriately involved in the coordination work.

96 In alignment with the Crown's responsibility to guarantee tino rangatiratanga, all steps should be taken to support Māori to isolate within their tūrangawaewae if they wish to do so, and in part, so they can access appropriate support services and networks through whānau, hapū or iwi as required.

Population implications

97 As outlined in the paper that sought agreement to the welfare system approach, some population groups are more likely to be impacted by COVID-19 and require more support to be able to safely self-isolate [CAB-21-MIN-0493 refers]. To this end, locally-led delivery through a range of existing

providers, including Māori and Pacific providers, will promote equity and responsiveness for different populations by connecting people in self-isolation to the services that best suits their needs. While it is recognised that people and whānau may need support from a range of services, centralised regional and local coordination is encouraged.

98 The Managing COVID-19 Care in the Community model intends to enable children and young people who are dependent on their parents or caregivers to remain with them during self-isolation.

99 In particular, people who are disabled are more likely to be infected with COVID-19, more likely to need additional support, and more likely to experience violence and abuse. Disabled people fear losing their supports if they need to self-isolate. Ensuring accessibility of communications and support will be critical to supporting disabled people to self-isolate.

100 The Community Connection Service is also well placed to support the different welfare needs of populations through its ability to pivot to meet need, particularly through use of discretionary funding.

Human Rights

101 There are no human rights implications.

Consultation

102 The following agencies were consulted on this paper: The Treasury, Ministry of Health, Te Tūapapa Kura Kāinga – Ministry of Housing and Urban Development, Ministry of Education, Ministry for Youth Development, Ministry for Business Innovation and Employment, the Ministry for Ethnic Communities, Ministry for Pacific Peoples, Te Puni Kōkiri, Te Arawhiti, Oranga Tamariki (Ministry for Children), the Department of the Prime Minister and Cabinet, Kāinga Ora, Office for Disability Issues and Office for Seniors.

Communications

103 Further communication approaches will be developed with relevant Ministers' offices.

Proactive Release

104 This paper will be proactively released, subject to any required redactions, following Cabinet consideration.

Recommendations

The Minister of Housing and the Minister for Social Development and Employment recommend that the Committee:

1 **note** that, in line with earlier Cabinet decisions [CAB-21-MIN-0493 refers], on 3 December 2021 the accommodation and welfare system approaches started supporting households who contacted MSD for welfare support to self-isolate

2 **note** that governance and referral functions have been established by MSD, other government agencies and partners, including in regions, to support the welfare needs of people identified by the health response

3 **note** that functions have also been set up to enable community providers to deliver local support to people required to self-isolate

4 **note** that a reporting approach is being implemented to enable oversight of how the welfare system approach is delivered

5 **note** that Cabinet has invited the Minister of Finance and the Minister for Social Development and Employment to report back to Cabinet in March 2022 to show how funding has been allocated to meet costs to support people who are self-isolating under the COVID-19 Protection Framework, including appropriate metrics [CAB-21-MIN-0493 refers]

6 **note** that the Minister of Finance and the Minister for Social Development and Employment have been jointly authorised to draw down the tagged operating contingency for the welfare system approach [CAB-21-MIN-0493 refers]

Accommodation approach

7 **note** that health entities (DHBs, PHUs and PHOs) are responsible for assessing, prioritising, and placing into alternative accommodation options when the initial health assessment indicates alternative accommodation for self-isolation is required

8 **note** that procurement of alternative accommodation will be managed through an agreed procurement agency

9 **note** that agencies have established an Alternative Accommodation Escalation Pathway to help health entities find local options for alternative accommodation

10 **note** that availability of alternative accommodation remains a critical constraint due to wider housing supply challenges and the increase in tourism over the summer period

11 **note** that for people who test positive for COVID-19 while they are away from home over the summer period, travelling home safely while maintaining isolation will be the first course of action ahead of considering alternative accommodation options

12 **note** that housing data and insights have been provided to health agencies to ensure higher-risk accommodation sites are triaged quickly to reduce risk of further transmission should a tenant / client test positive for COVID-19

13 **note** that MoH has s 9(2)(f)(iv) [redacted] left uncommitted in its CSIQ funding pool that it is proposing to use for additional supply over the summer months, but further funding is likely to be required in early 2022 for further procurement

Report back

14 **invite** the Minister of Housing and Minister for Social Development and Employment to provide an oral update to Cabinet on implementation of the housing and welfare system approach in February 2022

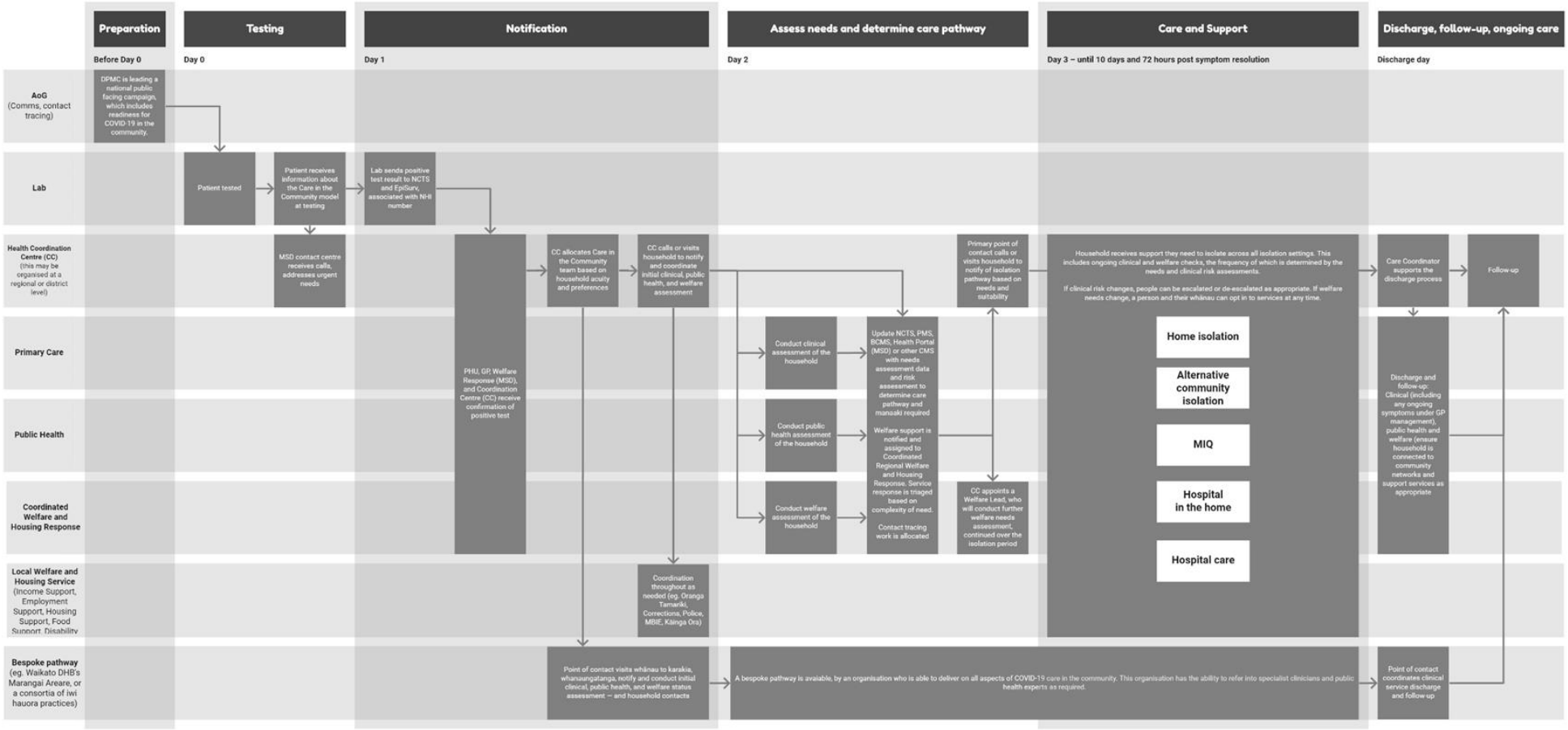
Authorised for lodgement

Hon Dr Megan Woods and Hon Carmel Sepuloni

Minister of Housing and Minister for Social Development and Employment

Appendix One: Integrated Support Pathway

How the Care in the Community model can be organised to address the experience of people and whānau



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Appendix Two: Roles and responsibilities

Table 2 – Roles of agencies/entities

Agency/entity	Role in alternative accommodation	Roles of agencies/entities in the Care in the Community model
Ministry of Health	• Provision of guidelines for accommodation requirements for safe self-isolation (apartments, motels, temporary accommodation, campgrounds, social housing services). • Funding of CSIQ to DHBs (note they have s 9(2)(f)(iv) [redacted] left uncommitted in its CSIQ funding pool that it is proposing to use for additional supply over the summer months).	• Lead agency for health messaging and the clinical guidelines, national supply chain and enabler for regional resilience for the health sector. • Supporting delivery partners with health specific information and resources. • Ongoing monitoring of COVID-19 positive people.
DHBs, PHUs, primary care and community (health) providers	• Assesses personal and clinical need of COVID-19 positive person, including suitability of accommodation for self-isolation (as per guidelines for suitability of accommodation for safe self-isolation). • Procurement and allocation CSIQ (5-10 isolation bubbles per DHB).	• Lead organisations for determining community and patient needs. Delivering information and support at a local level.
Ministry of Social Development	• Co-chair of National Accommodation Support Response Team (with HUD) and sends representative to Regional Accommodation Subfunction Group meetings. • Co-leads of Caring for Communities DCE group (with HUD). • Works with other housing agencies to support Health entities.	• Lead agency for the coordination of the welfare system response for New Zealanders living with COVID-19, which is delivered locally. • MSD is responsible for housing support within the welfare system response, which refers to income support and housing-related financial assistance to keep people in their homes while self-isolating (i.e. to sustain their current housing arrangements). • Regional planning and coordination in partnership with DHBs. • To support clients receiving Emergency Housing Special Needs Grants if their living situation is suitable for community self-isolation.
Ministry of Housing and	• Providing information on capacity and suitability of accommodation used for transitional housing or other temporary accommodation. Identifying additional places that	• To support providers of transitional housing, Housing First, COVID-19 accommodation, Rapid Rehousing, Contracted

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Urban Development	could be brought on across New Zealand and communicating this to PHOs for procurement and contracting. • Co-chair of National Accommodation Support Response Team (with MSD) and sends representative to Regional Accommodation Subfunction Group meetings. • Co-leads of Caring for Communities DCE group (with MSD). • Works with other housing agencies to support Health entities.	Emergency Housing (Rotorua). Note that they have received $10 million to help support providers COVID readiness. • Provision of guidance to housing providers, in line with health advice.
Kāinga Ora – Homes and Communities	• Member of National Accommodation Support Response Team (with MSD). • Regional Directors chair some Regional Accommodation Subfunction Group meetings. • Provision of a small number of vacant public housing properties that are awaiting retrofit in the Central North Island for temporary use as CSIQ. • Assisting with scoping of other alternative accommodation options. • Works with other housing agencies to support Health entities.	• Provision of support to public housing tenants who are self-isolating in Kāinga Ora homes.
MBIE (MIQ)	• Transfer of people to an MIQ facility under a section 70 notice. • Member of National Accommodation Support Response Team and sends representative to Regional Accommodation Subfunction Group meetings.	• Manage MIQ/MIF facilities.
MBIE (MCIR)	• Standing up Mobile Community Isolation Reserve (MICR). This service will be deployed upon authorisation by a central agency, to regions where accommodation issues have been identified and all other accommodation options have been exhausted. • Member of National Accommodation Support Response Team and sends representative to Regional Accommodation Subfunction Group meetings.	• Leveraging existing procurement and service functions that assists households affected by a natural disaster to find safe, secure and accessible temporary accommodation while their home is repaired or rebuilt.

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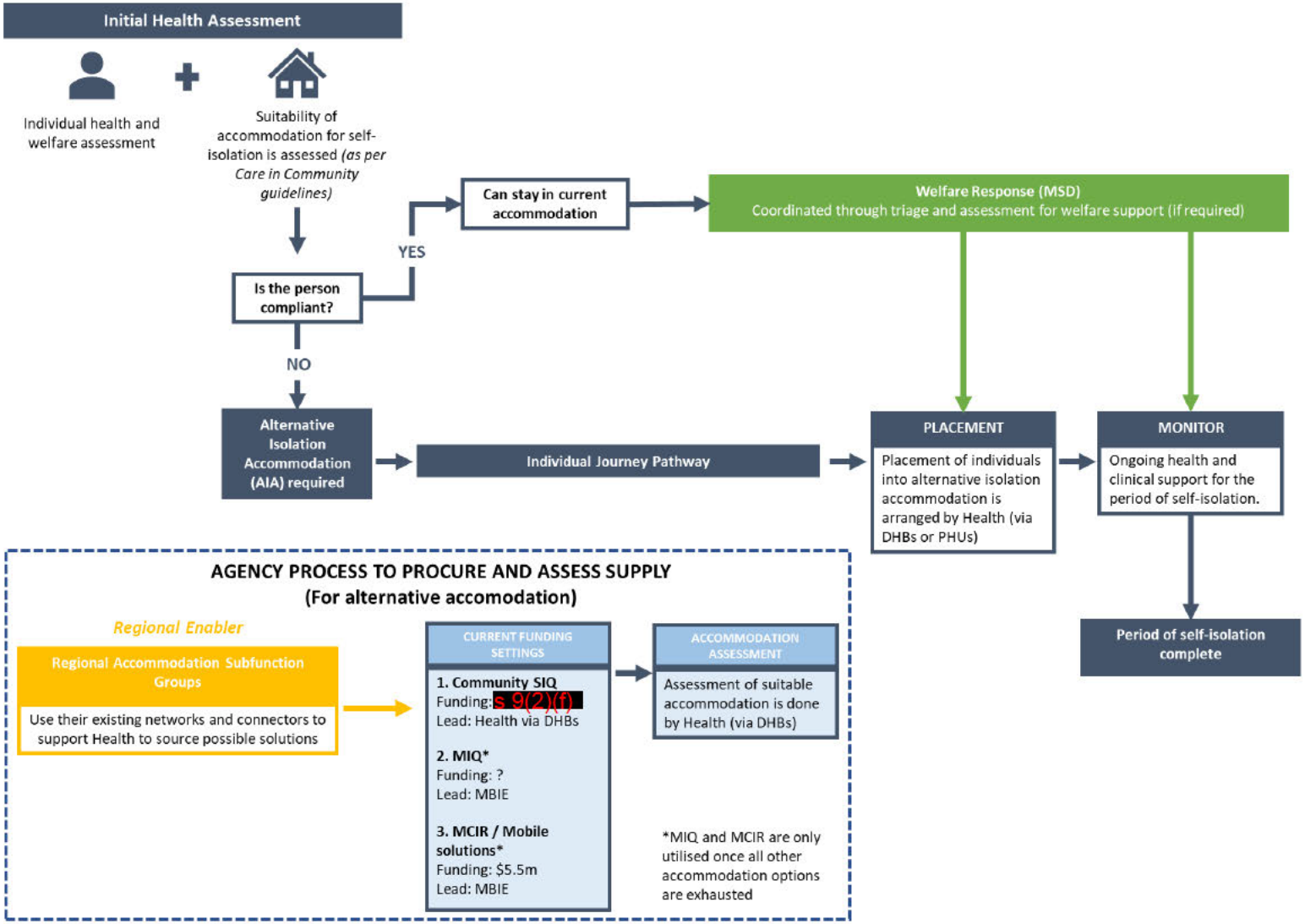
Appendix Three: Integrated Accommodation Pathway



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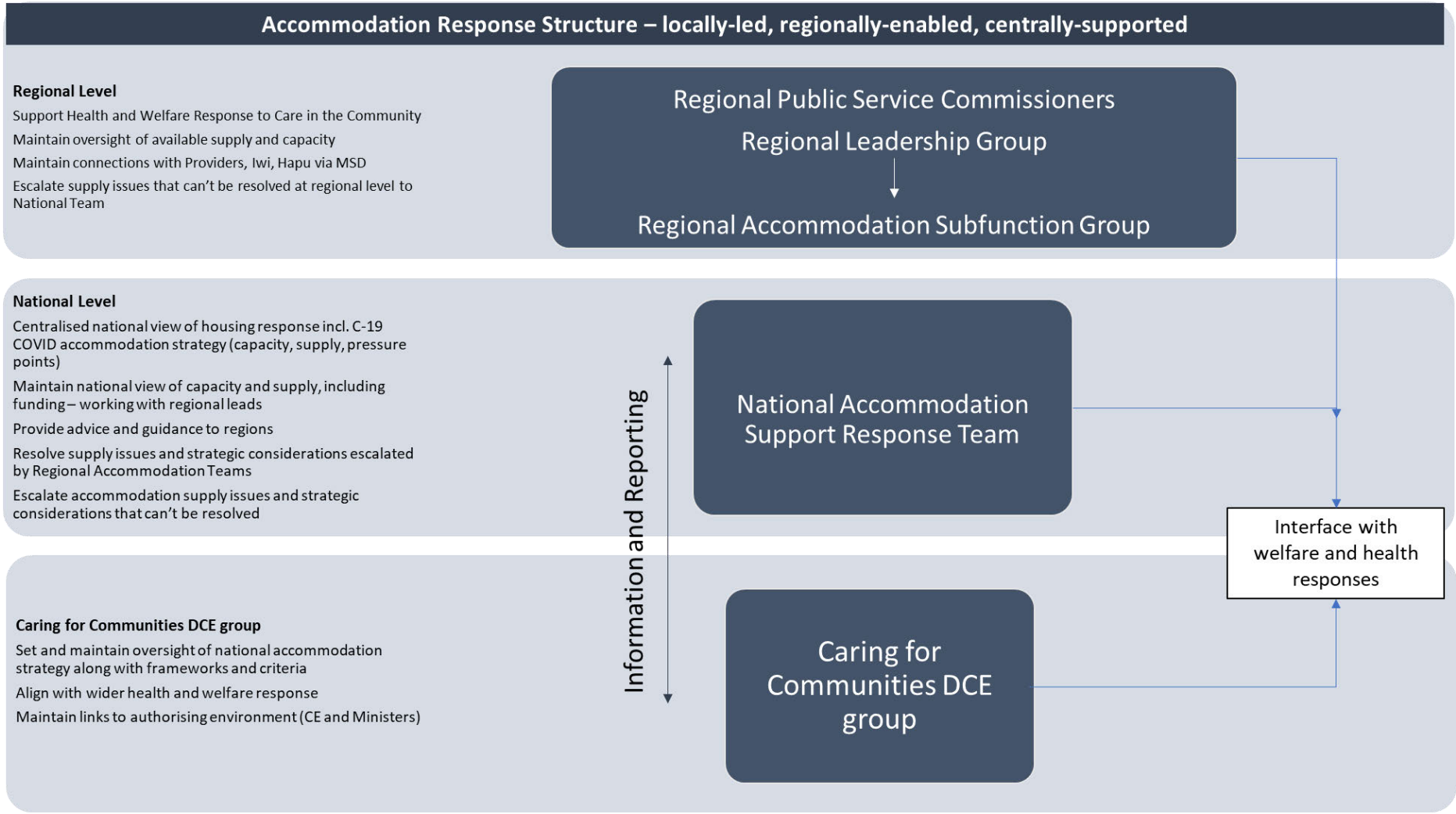
Appendix Four: Alternative Accommodation Escalation Pathway

Response structure to support Health entities with finding local alternative accommodation options



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