From:	ODI (MSD)
To:	Out of scope parliament.govt.nz
Cc:	Jasmine Lindsay; Brian Coffey; Policy DCE Office (MSD); ODI (MSD); Julia Bergman; i request (MSD); Shaun McMaster; Out of ; Diane Turner; Out of scope ; Out of @parliament.govt.nz
Subject:	Advice from ODI and OfS - Due: 9am tomorrow (08/12) - SWC MIN CONSULT: COVID-19 Care in the Community Health System Readiness and Preparation
Date:	Wednesday, 8 December 2021 8:54:49 am
Attachments:	COVID-19 Care in the Community for SWC 15 Dec - for Ministerial consultation.docx
Importance:	High

Kia ora Out of scope ,

The Office for Disability Issues was consulted on a previous version of this paper. Our feedback at the time foused on:

- limited references to disabled people and their needs throughout the paper.
- the disability community will want assurances that government is monitoring their needs, and is responding to and resolving any issues raised. There needs to be a commitment to implement robust and ongoing monitoring to provide systematic insights on the issues for disabled people and their whānau, and how these will be addressed.

While the paper now has more references to the disabled population throughout the paper, there continues to be some areas of concern for ODI – particularly around the absence of disability data collection. If there is a commitment to disability data collection, it will be important that the community is engaged on the collection.

Reccomended changes

- Para 6: Metrics are proposed that cover all parts of the patient's journey, from positive test through to discharge from isolation and any follow-up care. The metrics will be disaggregated by patients' age, ethnicity, disability and locality, to enable tracking of how the model of care is responding to the needs of specific population groups.

- Para 19: This includes determining who makes the initial contact with whānau, and what is included in that initial contact. Where a provider exists that can undertake both clinical and welfare checks, they are enabled to do so but this will not always be the case. Regardless, initial assessments for clinical, disability, public health and welfare needs will occur within 24 hours of notification of a positive test. The first contact should include a health assessment for immediate risk, a discussion around what is important to the patient and their household, and referral to additional support if immediate assistance is required.
- Para 64 The metrics will be disaggregated by patients' age, ethnicity, disability and locality, to enable tracking of how well the model of care is responding to the needs of specific population groups, and the model can be updated to better reflect these needs.

- Para 65: Currently, all COVID-related healthcare is provided free of charge to patients. This is significantly different from the majority of primary health care, which incurs a co-payment for most people (with the exception of children under 14). For approximately 14% of the population, cost is a barrier to accessing primary care. Cost barriers to care disproportionately affect people living in the most deprived neighbourhoods, Māori and Pacific populations, disabled people and women of all ethnicities.[1]

- Para 81.4: $5.000 million for interpretation and translation services (including alternate formats) to support clinical care, to ensure that people are able to communicate their needs, and understand what is required of them during the isolation period

  (This change is not required if there is existing funding available for alternate formats).

Copy of previous feedback (please note paragraph numbers are no longer up to date)

General comments

- While we were pleased to see further consideration of the disability community in this Care in the Community Cabinet paper, there continues to be limited references to disabled people and their needs throughout the paper.
- The disability community will want assurances that government is monitoring their needs, and is responding to and resolving any issues raised. There needs to be a commitment to implement robust and ongoing monitoring to provide systematic insights on the issues for disabled people and their whānau, and how these will be addressed. Disability data can be captured as part of the risk assessment.
- Incomplete sentence in para 59

Recommended changes

- Para 5: Metrics are proposed covering all parts of the patient's journey, from positive test through to discharge from isolation and any follow-up care. The metrics will be disaggregated by patients' age, ethnicity, disability and locality, to enable tracking of how the model of care is responding to the needs of specific population groups. (outstanding)

- Para 11: The model of care is iterative, as we are taking what has been learnt from regions that already have COVID-19 in the community, and applying that to improve the model. A key part of this process is ensuring that regions and localities have the flexibility to use their health, disability and wellbeing resources pragmatically to most effectively meet the needs of their population. (resolved)

- Para 16 or 17: It would be helpful to be explicit about the need to determine what disability supports are required or the risk to a person's usual access to disability supports. (outstanding)

- Para 39: In the current COVID-19 outbreak, Māori, Pacific and disabled populations have been disproportionately affected, and are made more vulnerable to contracting COVID-19 due to underlying health inequities and/or inequitable vaccination rates. It is critically important that care in the community is delivered in a culturally competent way to reduce additional health risks. This is being managed by collaborating with Māori and Pacific health providers to support patients most at-risk from COVID-19. (resolved)

- Para 43: Add disability supports to the list of bullets (section no longer exists in Ministerial consultation version of paper)

- Para 54: We would strongly advise against the use of 'special needs' – this is not an acceptable term to use when referring to disabled people's needs. Alternative wording could be 'accommodations or additional supports' (resolved)

- Para 57: The metrics will be disaggregated by patients' age, disability status, ethnicity and locality, to enable tracking of how well the model of care is responding to the needs of specific population groups, and the model can be updated to better reflect these needs. (outstanding)

- Para 58: Currently, all COVID-related healthcare is provided free of charge to patients. This is significantly different from the majority of primary health care, which incurs a co-payment for most people (with the exception of children under 14). For approximately 14% of the population, cost is a barrier to accessing primary care. Cost barriers to care disproportionately affect people living in the most deprived neighbourhoods, Māori and Pacific populations, disabled people and women of all ethnicities.[1] (outstanding)

- Para 64.5: XYZ NUMBER for translation services (including alternate formats)

to support clinical care, to ensure that people are able to communicate their needs, and understand what is required of them during the isolation period. This assumes that 20% of cases will require translation support during isolation. (outstanding)

- Para 84: The Minister of Health, Minister of Social Development and Employment, and Associate Minister of Health announced some aspects of the Care in the Community model on 25 November. (resolved)

*I*f you have any questions, feel free to direct to Jasmine and/or Brian and cc the ODI inbox.

Ngā mihi,
ODI team

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Office for Disability Issues logo

From: Policy_DCE_Office (MSD) <Policy_DCE_Office@msd.govt.nz>
Sent: Tuesday, 7 December 2021 2:25 pm
To: ODI (MSD) <Office_for_Disability_Issues@msd.govt.nz>; Ken Bowater <Ken.Bowater002@msd.govt.nz>; Brian Coffey <Brian.Coffey005@msd.govt.nz>; Diane Turner <Diane.Turner020@msd.govt.nz>; Patrick Southee <Patrick.Southee004@msd.govt.nz>
Cc: Policy_DCE_Office (MSD) <Policy_DCE_Office@msd.govt.nz>; i_request (MSD) <i_request@msd.govt.nz>
Subject: Advice from ODI and OfS - Due: 9am tomorrow (08/12) - SWC MIN CONSULT: COVID-19 Care in the Community Health System Readiness and Preparation

Kia ora koutou,

Minister's Sepuloni's Office is seeking consultation on the attached paper, *COVID-19 Care in the Community: Health System Readiness and Preparation.*

We note that Office for Disability Issues and Office for Seniors have been consulted on this paper, and we are confirming our approach for connecting with other Policy teams and business groups in MSD.

The Minister's Office has asked for a response by 9am, Wednesday 8 December (tomorrow).

MSD has been asked to confirm:

- what feedback we gave on the attached cab paper development, and whether we are happy with where the paper landed
- what, if anything, the Middle office should consider from an MSD perspective.

If you are happy to reply directly to Minister Sepuloni's Office, please CC the Policy DCE Office and i_request (CC'd) on your response.

Otherwise, please let the Policy DCE Office know if you'd like our support with this.

Many thanks,

Ngā mihi,
Policy DCE Office team

Office of The Deputy Chief Executive, Policy
Ministry of Social Development | Aurora Centre, 56 The Terrace | PO Box 1556, Wellington
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MSD logo and crest

MSD purpose:
We help New Zealanders to be safe, strong and independent.
Manaaki tangata, manaaki whānau

From: Rikihana Dixon <Rikihana.Dixon@parliament.govt.nz>
Sent: Tuesday, 7 December 2021 1:39 PM
To: Policy_DCE_Office (MSD) <Policy_DCE_Office@msd.govt.nz>
Cc: i_request (MSD) <i_request@msd.govt.nz>
Subject: Advice - Due: 9am Tomorrow (08/12) - SWC MIN CONSULT: COVID-19 Care in the Community Health System Readiness and Preparation

Kia ora koutou,

Ministerial consultation has started on the report back to SWC on COVID-19 Care in the Community: Health System Readiness and Preparation.

On 15 November Ministers Little and Hipkins provided advice to Cabinet on some aspects of the health system's shift towards the Care in the Community model for COVID-19. This paper provides more specifics on the model of care, compliance, metrics, financial implications, and communications.

On the model of care, this has been provided with deeper detail, and this paper in particular reports back proposed metrics to monitor that cover all parts of the patient's journey, from positive test through to discharge from isolation and any follow-up care. These metrics will be disaggregated by patients' age, ethnicity and locality, to track how the model of care is responding to the needs of specific population groups and identify where improvements can be made.

To support this model, the paper seeks $905.863 million to continue scaling up this work programme, including but not limited to funding for clinical care provision (including general practice teams, Kaupapa Māori and Pacific health providers and telehealth), pharmacy, ambulance services, purchase and distribution of pulse oximeters, and funding DHBs for regional

and clinical coordination. It is important to note clinical care for specifically COVID-19 will be provided at no cost to the patient, through a combination of primary care providers, established telehealth services, and allied health professionals in a culturally appropriate and equitable way.

I note that MSD has been consulted on the cab paper - can I please have outlined in a return email:

- what feedback we gave in the cab paper development, and whether we are happy with where the paper landed
- what, if anything, the Middle office should consider from an MSD perspective

I apologise for the very tight turnaround for this, as I need to have something **by 9am tomorrow – 8th December**.

If you have any questions, please just call.

Mauri ora,

Rikihana Dixon | Private Secretary (Social Development)
DDI +64 4 817 9491 | Cell 029 200 9409 | Email Rikihana.Dixon@parliament.govt.nz

Office of Hon Carmel Sepuloni MP, Minister for Social Development & Employment, Minister for Disability Issues, Minister for ACC and Minister for Arts, Culture and Heritage

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[1] NZ Health Survey 2017-2020 pooled data
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