

From: [Brian Coffey](#)
To: Out of scope
Cc: [Jasmine Lindsay](#); [Brian Coffey](#); [ODI \(MSD\)](#); [ODI \(MSD\)](#)
Subject: Consultation on the next care in the community Cabinet Paper
Date: Friday, 26 November 2021 1:01:24 pm
Attachments: [COVID care in the community 25 Nov 5pm.docx](#)
[image001.png](#)
Importance: High

Kia ora [Out of scope](#), please find ODI's feedback below:
Thank you for seeking comment from the Office for Disability Issues.

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.
- 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.
- 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.
- 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.
- Para 43: Add disability supports to the list of bullets
- 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'
- 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.
- 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.[\[1\]](#)

- 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.
- 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.

Any questions – please get in touch with Brian or Jasmine (cc'd)

Office for Disability Issues

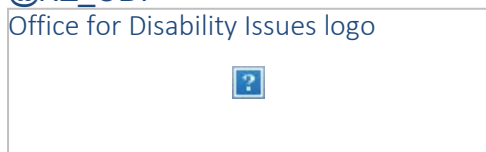
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