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Cc: [Office_Chief_Executive \(MSD\)](#); [i_request \(MSD\)](#); Out of scope [@parliament.govt.nz](#);
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[Brian Coffey](#); [ODI \(MSD\)](#)
Subject: Ministerial consultation - Care in Community - Feedback DUE COP 3 March
Date: Tuesday, 1 March 2022 12:04:57 pm
Attachments: [COVID care in the community for ministerial consultation.docx](#)

Kia ora Out of scope,

Thank you for the opportunity to provide feedback on the "COVID-19 Care in the Community programme: update on implementation" Cabinet paper as part of the Ministerial consultation process.

Please see ODI's feedback in the rubric below:

Deadline	COP 3 March
Primary	Policy DCE office
Context	Office have been sent a joint paper from Minister Little and Minister Woods on the COVID-19 Care in Community Programme, for Ministerial consultation. Further info below in notes.
Query	Can we please have collated MSD feedback across the relevant business units on this paper.
Response	<p>General comments</p> <ul style="list-style-type: none"> • ODI are pleased to read that MoH officials are engaging with disabled communities to improve and create visibility of disabled people who will require support from DHBs and care coordination hubs (refer para 36). • It is important that disabled people can access information about how to self-isolate safely. The Disability Rights Commissioner recently called for government to get up-to-date, accessible information out to disabled people, their whānau, and their carers. We note that this Cabinet paper acknowledges (refer para 111) that accessibility of communications and support is critical. However, the information on the COVID-19 website, "How to self-manage COVID-19 Unite against COVID-19 (covid19.govt.nz)" has not been translated into alternate formats, nor tailored to the diverse needs of disabled people. This has been an ongoing concern highlighted by the disabled community throughout the COVID-19 response. • We are supportive of the acknowledgement that disabled people are more likely to be without digital access (para 29). MoH officials are engaging with representatives from the disability community regarding the digital response to Omicron, and the new tools and support available (including assisted channels for people who don't have access to or are not

confident using digital technology) this week.

- It is disappointing that disability has not been built into the risk stratification tool from the outset (refer para 22). However, it is promising that opportunities to add further data, such as on disability, is being explored and we are supportive of this work being prioritised.

Recommended changes

- Correction to the Minister's title, and removal of the word "family" when referring to caregivers. MoH has advised disabled people receiving Disability Support Services that there may be possible disruptions to the services they receive. It is not the case that all disabled people have family to turn to for support. We have provided below some extra wording that MoH may want to consider including regarding continuity of disability support services to strengthen this paragraph.

Population Impact Statement (para 111):

- There remains significant risk for disabled people - high mortality rates associated with COVID-19 infections are reported for disabled people internationally. Ensuring accessibility of communications and support will be critical to supporting disabled people to isolate when needed. The lack of feeling safe is as relevant as actually being safe. **This and** will impact behaviours; in particular hesitancy in accessing COVID-19 testing.
- There is also a risk to support **access** for disabled people who rely on **family** caregivers for their support needs when those caregivers are required to self-isolate. **MoH has set a clear expectation with all providers, that all essential services, including those provided by personal carers, must remain unaffected and delivered as usual with appropriate safety measures in place to protect clients from exposure to COVID. If workforce shortages become critical, in order to identify and maintain essential carer services. MoH has asked providers to work collaboratively with their clients to confirm what, if any, services could be temporarily changed.**
- A supplementary paper was provided to the Minister of Health, the COVID-19 Response Minister, and the Minister for Disability **Issues** on 17 February 2022, outlining further detail on how the issues for disabled people have, and are, being responded to.

To assist and provide context we have copied below a "Public Communication" from the Human Rights Commission which highlights the level of vulnerability and risk disabled people are experiencing as the country transitions to new phases of the COVID response.

Notes

The COVID-19 Care in the Community programme provides support to people

who are required to self-isolate because they have tested positive for COVID-19 or are a close contact of someone who has tested positive. In December 2021, Cabinet agreed to funding for health system aspects of the Care in the Community programme for the remainder of the 2021-2022 financial year. [CAB-21-MIN-0555 refers].

In general, the implementation of the Care in the Community programme has progressed well, with forty-four local care coordination hubs now established. However, since funding was allocated, the Omicron variant has entered New Zealand and is spreading in the community, requiring a shift in the model of care. The majority of cases will be supported to self-manage, through a combination of online services and telehealth support, with in-person support provided where necessary. This will protect clinical care capacity so that people needing higher levels of support can access the care they need. Key performance metrics have been specified and can be reported once data become available. The metrics will be available on the Care in the Community dashboard.

Additional support for alternative isolation accommodation is needed to meet projected levels of demand. This paper is seeking Cabinet agreement for the Ministry of Business, Innovation and Employment to take on the role of funding and procuring all alternative isolation accommodation. Responsibility for identifying and prioritising cases requiring alternative accommodation remains with care coordination hubs and Public Health Units (PHUs).

Cabinet agreed to a range of metrics and targets for the performance and monitoring of COVID-19 Care in the Community in December 2021. This paper recommends the phasing out of three metrics, which will become obsolete in a primarily self-management model.

The paper also seeks agreement for additional metrics measuring testing and clinical assessment timeframes, self-assessment form uptake and ability to apply filters for self- and active-managed pathways, reflecting the updated model of care that will be necessary to respond to the Omicron outbreak.

Cabinet will receive a further report-back in March, with a focus on ongoing funding requirements across the health system aspects of the COVID-19 response, not limited to Care in the Community.

1/03/22 An attitude of “oh well we’ll all get it” puts the lives of many disabled people at risk.

Widespread community transmission of COVID across Aotearoa New Zealand is now the reality for us. Now as restrictions are eased let’s think about what that might mean for disabled people.

Omicron is being framed by many as “mild” or “most people will be fine”. This ignores the concerns and reality for many disabled people, and those with compromised immune systems. References to “most” leaves out the crucial fact that “some” people won’t be fine.

While surely unintentional, these narratives are inextricably linked to ableism and create a perception those 'some' lives are not worth protecting. It is a collective duty of government and the public to manage risk for the 'some'.

These concerns are real. Many disabled people were terrified in the initial stages of the pandemic after hearing overseas reports of 'Do Not Resuscitate orders' being applied to people's medical records without their consent and rationing of oxygen and hospital beds for the 'young and healthy' only. In 2020, nearly six out of every 10 who died with COVID in England were disabled. And those with learning disabilities were six times more likely to die.

Of course, we now have vaccines to bolster our defence. But I ask that from here on, anyone commenting on the effects of COVID acknowledge that for some, the effects can be serious and long-lasting. I'd also like to hear commentators and leaders keep encouraging measures like masks, social distancing and full vaccination, to protect people for whom Omicron won't be 'mild'.

Many have told me of their fears and concerns about the effect getting Omicron could have on themselves or their children. At the beginning of the pandemic, we talked a lot about the collective approach to protecting people and many I spoke to took comfort in this.

It's even more important now to stress this collective approach with widespread infection and reduced restrictions and do all we can to reduce the spread of Omicron. Having an attitude of "oh well we'll all get it" puts the lives of many disabled people at risk.

This risk to disabled people is not just Omicron. The rights to healthcare and health protection are fundamental human rights. Yet, disabled people face poorer health outcomes than non-disabled people, particularly those with learning disabilities. This is partly due to the many barriers preventing access to health (poverty, transport, inaccessible facilities, not always seeking medical attention). These barriers have not suddenly changed. In fact, with the increased pressure on our health system the pandemic creates, these barriers are potentially exacerbated.

The other way disabled people's lives get put at risk with a 'oh well we'll all get it' attitude is many disabled people rely on people coming into their home to provide daily care (things like toileting, cooking or getting people out of bed). The Ministry of Health has acknowledged the potential impact of Omicron on the carer workforce. I have been told of disabled people not having their support worker turn up because they are a close contact or have COVID.

Family and friends also provide support in our lives, particularly in times of crisis. Many families are already under pressure during this time and asking them to provide additional support to fill gaps is not an option for many people.

The other narrative needing a reality check is personal responsibility for COVID care and self-isolation in the home. Many disabled people rely on additional supports in less extraordinary times. Public messaging could now be more nuanced to address how disabled people can get this support, recognising not everyone can self-isolate.

We have heard accounts overseas of disabled people who have been given medical advice to stay home because of the risks of COVID. We need to make sure that disabled people are not further marginalised by feeling they can't go out because infection control measures are reduced.

I've been urging the Government since Covid arrived to develop a cohesive strategy that addresses the needs of disabled people in its COVID response. It must address things like:

- What and how information is provided to disabled people and the support they can

expect

- Making sure continuity of care is monitored and audited
- Collecting data to support an equitable population response to managing COVID
- The support needs of disabled people and their families when self-isolating in the community
- Addressing workforce shortages in the health and disability sector
- The supports that need to be in place for disabled people who need medical advice and services during this time.

Human rights are not just about entitlements. They are about responsibilities to each-other. If we don't mitigate the specific risks of widespread Omicron to disabled people as we ease restrictions, then we risk the lives and wellbeing of many disabled people, and those with compromised health. And that's on all of us.

-ENDS

Paula Tesoriero is the Disability Rights Commissioner at Te Kāhui Tika Tangata, the Human Rights Commission and is available for interviews.

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