

Advice from other agencies regarding the removal mask mandates from medical and disability care settings, and the removal of mandatory isolation period for COVID-19

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Ara Poutama Aotearoa, Department of Corrections

1. Ara Poutama Aotearoa, Department of Corrections, 25 July 2023

From: SMART, Grace (PONEKE) <Grace.Smart@corrections.govt.nz>

Sent: Tuesday, 25 July 2023 4:59 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: HORAN, Marian (PONEKE) <Marian.Horan@corrections.govt.nz>; KEAN, Brigid (PONEKE)

<Brigid.Kean@corrections.govt.nz>; CALVERT, Kate (PONEKE) <Kate.Calvert@corrections.govt.nz>; GILLIES, Karen (PONEKE) <Karen.Gillies@corrections.govt.nz>

Subject: RE: For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning

Kia ora Claire

Please see below some bullet points from Corrections in response to the questions provided.

Impacts on population groups

- Corrections currently manages prisoners who are COVID-19 positive using powers in the Corrections Act 2004 to segregate prisoners to assess and ensure their physical health until they are symptom free.
- We will continue to be able to use this power if mandatory isolation is removed and we will continue to test prisoners if they become symptomatic, if they agree to test.
- The key risk for Corrections is that if mandates are removed and special leave is no longer offered, frontline staff may attend work with COVID-19 and there would be a resulting increase of COVID-19 in prisons.
- 53% of the prison population is Māori and this may therefore contribute to inequitable outcomes.

Changes Corrections would need to make if mandates are removed

- Frontline operational staff currently have access to special leave when they are isolating with COVID-19. If mandatory isolation is removed, Corrections will need to consider whether we continue to provide special leave or require staff to use sick leave.
- We would need to make other associated changes to our operational guidance and HR policies if the mandate is removed.
- There would not be any impacts on Corrections from the removal of the mask mandate. We would maintain our operational position that staff should wear masks when working with known positive cases. We would continue to provide access to masks for prisoners who wish to wear them.
- The current prison guidance, the COVID-19 Custodial Resilience Operating Framework (CCROF), will require review, consultation and amendment with any change to mandatory isolation. This review will need to be undertaken to align with the COVID-19 Testing Plan and Testing Guidance.

Information/guidance that would be required from MoH to support the shift

- Further guidance on managing COVID-19 in environments where viral amplification is increased would be required, regarding what is as reasonably practicable to manage positive COVID-19 cases in prisons.
- We would also need to consult with Manatū Hauora and/or Te Whatu Ora to support review of our current infection prevention and control (IPC) for prisons where viral amplification is more likely.

Ngā mihi

Grace

Grace Smart

Principal Policy Advisor | Corrections Policy

Ara Poutama Aotearoa, Department of Corrections

a: National Office, Mayfair House, 44-52 The Terrace, Wellington, 6011

p: s 9(2)(a)

e: grace.smart@corrections.govt.nz



2. Ara Poutama Aotearoa, Department of Corrections, 31 July 2023

From: SMART, Grace (PONEKE) <Grace.Smart@corrections.govt.nz>

Sent: Monday, 31 July 2023 10:43 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: KEAN, Brigid (PONEKE) <Brigid.Kean@corrections.govt.nz>; HORAN, Marian (PONEKE) <Marian.Horan@corrections.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Kia ora Claire

Corrections' feedback on the cabinet paper is as follows:

- We are comfortable with how the impacts on Corrections are discussed and how our previous bullet points have been incorporated. There appears to be one error in paragraph 49, which states that Corrections supports retaining the mask order. We are comfortable with the removal of the mask mandate and I think from looking at Appendix 5 that this should read that *Customs* supports retaining the mask order.
- In paragraph 57.1 of the Cabinet paper could we please remove the wording "(COVID-19 Custodial Resilience Operating Framework)" so that the sentence reads "Corrections will need to review, consult on and amend the current prison guidance if any change is made to mandatory isolation."
- There is a question in paragraph 78 about any issues with PCBUs recommending a lower level of isolation than the MoH guidance to employees. Corrections would align with the clinical advice provided by the Director General of Health, which will inform the guidance provided to clinical health staff in prison regarding the isolation of prisoners and COVID positive employees.
- We would recommend that the views of and impacts of Māori are more up front and visible within the paper, for example in the population implications sections in the paper (paras 27-30 and 49-52).

Ngā mihi

Grace

3. Ara Poutama Aotearoa, Department of Corrections, 7 August 2023

From: SMART, Grace (PONEKE) <Grace.Smart@corrections.govt.nz>

Sent: Monday, 7 August 2023 3:31 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: KEAN, Brigid (PONEKE) <Brigid.Kean@corrections.govt.nz>; HORAN, Marian (PONEKE) <Marian.Horan@corrections.govt.nz>; CALVERT, Kate (PONEKE) <Kate.Calvert@corrections.govt.nz>

Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

Kia ora Claire

Corrections considers we will be able to be ready if the orders are revoked from 15 August. We will be working to update guidance and operational policies for staff and people in prison over the next week in order to be prepared for this timeframe.

Ngā mihi

Grace

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: 07 August 2023 3:16 p.m.

To: 'Alice.Clowes001@msd.govt.nz'; 'Diane.Turner020@msd.govt.nz'; 'Emma.OConnell006@msd.govt.nz'; 'George.Minton001@msd.govt.nz'; 'Jessica.Dickinson021@msd.govt.nz'; 'Megan.Beecroft005@msd.govt.nz'; 'Sacha.O'Dea002@msd.govt.nz'; 'samuel.rayner004@msd.govt.nz'; 'Kathy.Brightwell@justice.govt.nz'; 'covidpolicy@justice.govt.nz'; Hilary.Tucker@justice.govt.nz; Button, Heather <Heather.Button@justice.govt.nz>; COOOffice <COOOffice@justice.govt.nz>; Saskia.Vitasovich@justice.govt.nz; 'Andy.Jackson@education.govt.nz'; 'Antony.Harvey@education.govt.nz'; 'Lisa.Sengelow@education.govt.nz'; 'Paul.Aitken@education.govt.nz'; 'Richard.Joblin@education.govt.nz'; 'Chelsea.Hansen@education.govt.nz'; 'Gayathiri.ganeshan@mbie.govt.nz'; Tracy Mears <Tracy.Mears@mbie.govt.nz>; 'Benjamin.Storey@corrections.govt.nz'; 'Brenda.Bruning@corrections.govt.nz'; 'Brigid.Kean@corrections.govt.nz'; 'Grace.Smart@corrections.govt.nz'; 'Kate.Calvert@corrections.govt.nz'; 'Kirsty.Macdonald@corrections.govt.nz'; 'Marian.Horan@corrections.govt.nz'

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>

Subject: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

Importance: High

Kia ora koutou,

Apologies, yet again, for the very short notice, but we've had some further feedback from our Minister' office - would you be able to respond to the two questions below **by 4.30pm today**?

You are receiving this email as your agency identified some consequential changes to either policy or guidance that would be required if the mandates are revoked.

Assuming that we are able to provide you with the final health guidance **by COP tomorrow**, could you please answer these questions:

1. **If the Cabinet agrees to revoke the orders, effective from 15 August, will you be able to do the things you need to do in time?**
2. **If the orders are revoked effective 15 August and those activities have not occurred, what would be the impact (from the perspective of a provider/staff member/affected member of the public)?**

Apologies for the very short notice for this request.

Thanks,

Claire

Department of Prime Minister and Cabinet

4. Department of Prime Minister and Cabinet, 4 August 2023

From: Ben McBride [DPMC] <Ben.McBride@dpmc.govt.nz>

Sent: Friday, 4 August 2023 3:22 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Andrew Old <Andrew.Old@health.govt.nz>; Peter Douglas [DPMC] <Peter.Douglas@dpmc.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

[UNCLASSIFIED]

Hi Claire

s 9(2)(g)(i)

I'm away next week, but if you need anything, Pete's my back up. His number is s 9(2)(a)

Have a good weekend

Ben

Ben McBride

Advisor, Policy Advisory Group

ben.mcbride@dpmc.govt.nz | s 9(2)(a)



**DEPARTMENT OF THE
PRIME MINISTER AND CABINET**

TE TARI O TE PIRIMIA ME TE KOMITI MATUA

5. MBIE Employment, 25 July 2023

From: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Sent: Tuesday, 25 July 2023 9:16 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Nikki Sumner <Nikki.Sumner2@mbie.govt.nz>; Tracy Mears <Tracy.Mears@mbie.govt.nz>; Hayden Fenwick <Hayden.Fenwick@mbie.govt.nz>; Kelly Hanson-White (WorkSafe) <Kelly.Hanson-White2@worksafe.govt.nz>; Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>; Emma Madison-Ross <Emma.Madison-Ross@worksafe.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Daniel Martin <Daniel.Martin@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; Emily Moxon <Emily.Moxon@health.govt.nz>; Jane Hubbard <Jane.Hubbard@health.govt.nz>; Stephen Glover <Stephen.Glover@health.govt.nz>; Mark Heffernan <Mark.Heffernan@health.govt.nz>; Jane Chambers <Jane.Chambers@health.govt.nz>

Subject: RE: For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning

Kia ora Claire,

Thanks for the heads up – it's much appreciated! Here is some early feedback from the employment relations and employment standards regulator and system.

If the isolation requirement is removed we will need to revise our guidance for employers and employees. Our current guidance stems from two points, which may no longer be appropriate if the isolation requirement is removed:

- If a worker is sick with COVID-19, an employer's first consideration should be to look after people, contain COVID-19 and protect public health. Businesses may be able to apply for the Leave Support Scheme to support their employees.
- If employers knowingly allow employees to come to a workplace when they are sick with COVID-19, they may be in breach of their duties under the Health and Safety at Work Act.

We will need to provide clear guidance to both workers and businesses. We will receive questions from the public about situations where employers and employees (or PCBUs and workers from a health and safety perspective) disagree about what should happen when someone is sick with COVID-19 or has tested positive for COVID-19. For example:

- What should employers do if an employee is sick with COVID-19 and does not have any sick leave remaining?
- Do employees need to tell their employer if they test positive for COVID-19?
- What should employers do if employees do not want to work in the same workplace as someone who has tested positive for COVID-19?

Whether the Leave Support Scheme continues or is modified will also be relevant in any changes to our guidance for employers and employees.

To date, our guidance for employers and employees has extrapolated from and referenced public health guidance and advice from the Ministry of Health. We would continue to do the same if isolation requirements change, and would therefore need and appreciate any updated guidance from the Ministry of Health and/or Te Whatu Ora.

We will work closely with WorkSafe given these issues traverse both work health and safety and employment issues. We will likely also seek to consult/involve social partners (eg the Council of Trade Unions and BusinessNZ) in revising our guidance.

One more request: can you please include Nikki Sumner from Employment Services (nikki.sumner2@mbie.govt.nz) when sending out the draft Cabinet paper later this week please?

Nāku, nā Gayathiri

6. MBIE Employment, 27 July 2023

From: Tracy Mears <Tracy.Mears@mbie.govt.nz>
Sent: Thursday, 27 July 2023 4:40 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

I suggest you either get Treasury to update their comment or put an explanation up front that the test-to-release proposal was considered but was not progressed because....



Ngā mihi

Tracy

Tracy Mears

s 9(2)(a)

From: Claire Whelen <Claire.Whelen@health.govt.nz>
Sent: Thursday, 27 July 2023 4:13 PM
To: Tracy Mears <Tracy.Mears@mbie.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Thanks – I think the section Treasury provided had a few references to it, so we may be somewhat limited in terms of being able to remove them. But I'll make sure we remove any others.

I can see how a more fulsome description at the start could be useful – will add this in.

Thanks,

Claire

From: Tracy Mears <Tracy.Mears@mbie.govt.nz>
Sent: Thursday, 27 July 2023 4:06 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

That makes sense. There were a couple of references to test-to-release which you might want to do an "Find" to remove.

And perhaps a more fulsome description at the start that the revocation of the mandate would be accompanied by guidance would make it clearer.

Will flag in our feedback

Ngā mihi

Tracy

Tracy Mears

s 9(2)(a)

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Thursday, 27 July 2023 4:02 PM

To: Tracy Mears <Tracy.Mears@mbie.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Thanks Tracy – thanks for this, it is useful feedback as we want it to be as clear as possible.

For case isolation, there are two options:

- either: keep the status quo;
- or: revoke the mandate (which would also involve providing guidance instead).

We looked at test to release in the past, but this was not an option in this round – largely to keep the choice clear. We tested this at the start of the month with the MO and they were comfortable with that approach. When we looked at it before it would have been as a step-down option, which is probably not what we're looking for at the moment.

I hope this makes a bit more sense? Let me know if not, happy to set up a time to discuss if easier.

As part of your feedback, if you're able to flag any wording or sections that are particularly confusing, that would be helpful for me to try and think about how to make it clearer.

Thanks,

Claire

From: Tracy Mears <Tracy.Mears@mbie.govt.nz>

Sent: Thursday, 27 July 2023 3:11 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Hi Claire

I've had a read of the paper and will input into MBIE's overall comments on the workplace relations but I thought I would provide some high-level feedback. Coming to it cold, I found the options considered weren't clear. Were the options to keep the self-isolation mandate or to remove it? There seemed to be a middle option of test-to-return. Was that an actual option considered?

It seemed to me that there were different terms used to mean the same situation. For example, removing self-isolation mandate seemed to be the same as relying guidance. Is that the case?

Ngā mihi

Tracy

Tracy Mears

s 9(2)(a)

7. MBIE Employment, 31 July 2023

From: Claire Whelen

Sent: Monday, 31 July 2023 11:50 am

To: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Thanks Gayathiri – that would be great.

My understanding is that the health guidance will advise people to stay home for 5 days and until they have no symptoms/feel well (I'm not sure where the wording landed), that a test may be useful if they have one (the VIC wording looked good), and to avoid vulnerable people/settings through to day 10. They were due to send it through this morning, but is now likely to be late afternoon.

The Te Whatu Ora COVID-19 clinical governance group is also looking at the guidance to health sector workers on return to work this week – so this should make it clear what they are expected to do re the last point (ie 1 or 2 tests to return).

Let me know if you think of anything else it needs to cover, as keen to make it as clear as possible to support the employment/H&S guidance.

Thanks,

Claire

From: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Sent: Monday, 31 July 2023 11:32 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Kia ora Claire,

Thanks for coming back so quickly, and for sending that document through!

Tracy and I can do 3 – 4 pm today if that works?

And in terms of questions for health advice to cover, off the top of my head:

- What are we suggesting people do when they test positive for COVID (eg stay home/don't go to workplace) and does the answer change based on when people are symptomatic?
- If we are suggesting people stay home/away from school and workplace, what are we suggesting in terms of when they can return (eg stay away for X days/until a negative test/until a certain number of days symptom free)?

Nāku, nā Gayathiri

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Monday, 31 July 2023 10:25 am

To: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Thanks Gayathiri – much appreciated.

In terms of #1 below, would it be possible to provide a bit more context around the questions that the health advice needs to rule in/rule out/specify for the employment context? I can then send this on to the clinical/public health group that has been developing the general isolation guidance. My understanding based on a meeting I went to last week is that they're going to have 'tell your employer/school' as one of the points in the guidance, but I haven't seen the final from them yet. In Australia, most state-level guidance (attached, please ignore the highlighting) includes something along the lines of 'tell your employer/school' or 'talk to them about when you should come back'.

For LSS, I just need to check something with my manager and will get back to you.

For timing of a meeting with WorkSafe – I can do anytime today if that works on your end?

Thanks,

Claire

From: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Sent: Monday, 31 July 2023 10:05 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>; Hayden Fenwick <Hayden.Fenwick@mbie.govt.nz>; Alison Marris <Alison.Marris@mbie.govt.nz>; Simon Cooke <Simon.Cooke@mbie.govt.nz>; Nikki Sumner <Nikki.Sumner2@mbie.govt.nz>; Katherine Macneill <Katherine.MacNeill@mbie.govt.nz>; Kelly Hanson-White (WorkSafe) <Kelly.Hanson-White2@worksafe.govt.nz>; Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>; Emma Madison-Ross <Emma.Madison-Ross@worksafe.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Kia ora Claire,

Thanks for sending through the draft Cabinet paper and Health Report 😊

Please see attached feedback from the employment part of MBIE. We've suggested some tracked changes and added comments to the paper, but in general:

1. We need to explore what it would mean if COVID remained a notifiable disease, and what that means in terms of public health advice about COVID. That will inform/be the starting point for our employment and health and safety guidance.
2. The Leave Support Scheme (LSS) section of the paper may need to be fleshed out more, or covered in a separate paper. We see you've got placeholders in the draft paper for this already, but what happens with the LSS ultimately depends on what we want to happen if people are sick with COVID and do not have/cannot take sick leave, and cannot work remotely.

I'm just catching up on my emails now after being away late last week, and see you've suggested a conversation between MBIE, WorkSafe and you. That sounds like a good idea from our end. Let me know any rough timing you're thinking of and I can check/wrangle diaries on the MBIE end.

Nāku, nā Gayathiri



230731 - Draft
Cabinet paper on July

8. MBIE Employment, 31 July 2023

From: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>
Sent: Monday, 31 July 2023 2:40 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

One more thing. We noticed this line in the Cabinet paper from Corrections, at para 27 in the version you sent around for feedback: *"Corrections notes that if mandates are removed and special leave is no longer offered, frontline staff may attend work with COVID-19, and there could be a resulting increase of COVID-19 in prisons."*

We thought it was a bit strange because it is entirely within Corrections' discretion to decide whether to offer special leave to employees who do not have sick leave to use when they are sick with COVID-19.

9. MBIE Employment, 7 August 2023

From: Tracy Mears <Tracy.Mears@mbie.govt.nz>
Sent: Monday, 7 August 2023 4:15 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Alison Marris <Alison.Marris@mbie.govt.nz>
Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

Hi Claire

In terms of the employment guidance, provided we get the health messages by tomorrow, we can try to get it done by 15 August but should at least be able to produce a minimum viable product.

If we aren't ready by the 15 August, the impact would be questions coming in through other channels in the employment system and confusion for some regulated parties (employers, employees, unions).

A couple of questions from us:

1. Can we contact social partners (NZCTU and Business NZ) to let them know – the timing means we may not be able to consult them on the wording.
2. Do you need anything from us to support the announcement?
3. When will the wording for the health guidance website be finished. It would be helpful to see the actual wording that will be used before we finalise our advice.

Ngā mihi

Tracy

Tracy Mears

s 9(2)(a)

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Monday, 7 August 2023 3:16 PM

To: 'Alice.Clowes001@msd.govt.nz'; 'Diane.Turner020@msd.govt.nz'; 'Emma.OConnell006@msd.govt.nz'; 'George.Minton001@msd.govt.nz'; 'Jessica.Dickinson021@msd.govt.nz'; 'Megan.Beecroft005@msd.govt.nz'; 'Sacha.O'Dea002@msd.govt.nz'; 'samuel.rayner004@msd.govt.nz'; 'Kathy.Brightwell@justice.govt.nz'; 'covidpolicy@justice.govt.nz'; Hilary.Tucker@justice.govt.nz; Button, Heather <Heather.Button@justice.govt.nz>; COOOffice <COOOffice@justice.govt.nz>; Saskia.Vitasovich@justice.govt.nz; 'Andy.Jackson@education.govt.nz'; 'Antony.Harvey@education.govt.nz'; 'Lisa.Sengelow@education.govt.nz'; 'Paul.Aitken@education.govt.nz'; 'Richard.Joblin@education.govt.nz'; 'Chelsea.Hansen@education.govt.nz'; 'Gayathiri.ganeshan@mbie.govt.nz'; Tracy Mears <Tracy.Mears@mbie.govt.nz>; 'Benjamin.Storey@corrections.govt.nz'; 'Brenda.Bruning@corrections.govt.nz'; 'Brigid.Kean@corrections.govt.nz'; 'Grace.Smart@corrections.govt.nz'; 'Kate.Calvert@corrections.govt.nz'; 'Kirsty.Macdonald@corrections.govt.nz'; 'Marian.Horan@corrections.govt.nz'

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>

Subject: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

Importance: High

Kia ora koutou,

Apologies, yet again, for the very short notice, but we've had some further feedback from our Minister' office - would you be able to respond to the two questions below **by 4.30pm today?**

You are receiving this email as your agency identified some consequential changes to either policy or guidance that would be required if the mandates are revoked.

Assuming that we are able to provide you with the final health guidance by COP tomorrow, could you please answer these questions:

1. If the Cabinet agrees to revoke the orders, effective from 15 August, will you be able to do the things you need to do in time?
2. If the orders are revoked effective 15 August and those activities have not occurred, what would be the impact (from the perspective of a provider/staff member/affected member of the public)?

Apologies for the very short notice for this request.

Thanks,

Claire

10.MBIE Employment, 8-9 August 2023

From: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Sent: Wednesday, 9 August 2023 1:12 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Tracy Mears <Tracy.Mears@mbie.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>

Subject: RE: Draft health advice and questions from MO

Kia ora Claire,

See responses below – and sorry we're a bit late with this. I think the response to question 7 should cover 6 off as well 😊

What happens if someone doesn't want to go to work because their boss has made a person with COVID-19 come to work?

Employers should support employees to isolate when they test positive for COVID-19, in line with health guidance. A worker who has concerns about health and safety in the workplace can discuss these with their employer (as the person conducting a business or undertaking, or PCBU), health and safety representative, or union representative.

Is it correct to say that no one can force someone to take a test, although they can bar entry to somewhere if they don't take a test?

[For workplaces only] An employer might have workplace policies in place related to COVID-19. These could include precautions when an employee who has just had COVID-19 returns to the workplace, such as testing or the use of masks. If an employer has a policy about testing for COVID-19, employees are expected to comply with it. If no policy is in place, an employer could create one. When making or changing any workplace policy, it is recommended employers consult employees and unions.

Nāku, nā Gayathiri

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Wednesday, 9 August 2023 12:30 pm

To: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Tracy Mears <Tracy.Mears@mbie.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>

Subject: RE: Draft health advice and questions from MO

Great – thanks Gayathiri.

I just wanted to check re question 6 – they've asked it in terms of schools, but the same question could apply equally to any PCBU. I'm assuming the response to question 7 will cover the question of testing generally (I'll probably just refer to that).

Thanks,

Claire

From: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Sent: Wednesday, 9 August 2023 11:55 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Tracy Mears <Tracy.Mears@mbie.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>

Subject: RE: Draft health advice and questions from MO

Kia ora Claire,

We have draft responses to questions 5 and 7 in your email with our lawyer right now – will try and get those to you ASAP.

Thanks also for the draft guidance – it’s been very helpful for us, and we’re shaping our key messages now.

Nāku, nā Gayathiri

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Tuesday, 8 August 2023 4:34 pm

To: Tracy Mears <Tracy.Mears@mbie.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>

Subject: Draft health advice and questions from MO

Hi Tracy and Gayathiri,

I’ve attached the draft guidance from Te Whatu Ora – please note this **has not yet been signed off by the relevant tier 2 in Te Whatu Ora**. The plan was that he would do this today, and I’ll send through the final as soon as I get it from them.

Also, our Minister’s office has asked if they can see a draft version of the employment guidance, when it is available – I realise this is pushing timeframes for you even further than they already were. Please let us know if this might be possible?

We’ve also had some specific questions come through from the MO that relate to a mix of employment / health advice. I’ve had a go at my understanding for each, but please feel free to suggest other wording if I’ve misunderstood anything, or if you think it should be phrased differently. Would you be able to let us know by 1pm tomorrow, as we’ve been asked to reply to the MO by 2pm tomorrow.

Please let us know if there is any health-specific input you need in developing the employment advice, and I can seek this from the relevant group.

Thanks,

Claire

Question	My understanding (but please feel free to correct me if I’ve misinterpreted anything)
#5 What happens if someone doesn’t want to go to work because their boss has made a person with COVID-19 come to work?	<i>[This is text you provided previously as the starting point for your guidance, but just with the reference to LSS removed]</i> <ul style="list-style-type: none">• If a worker is sick with COVID-19, an employer’s first consideration should be to look after people, contain COVID-19 and protect public health. Businesses may be able to apply for the Leave Support Scheme to support their employees.• If employers knowingly allow employees to come to a workplace when they are sick with COVID-19, they may be in breach of their duties under the Health and Safety at Work Act. <i>[If useful/relevant, could also use wording from draft comms material along the lines of:]</i>

	<ul style="list-style-type: none"> • Isolation remains an effective way to reduce the spread of COVID-19 and protect those vulnerable to more severe disease if they catch the virus. • Although the 7-day mandatory requirement is being removed, it is strongly recommended people with COVID-19 continue to isolate for at least 5 days, even if they only have mild symptoms, and that people continue to take precautions, such as wearing a mask around vulnerable people up until 10 days after your symptoms started or you tested positive. This is because some people are infectious for up to 10 days. • COVID-19 will remain a notifiable disease under the Health Act 1956.
<p>#6</p> <p>Can schools require students and teachers do RATs before coming back?</p>	<p><i>[First two paras are from the draft Cab paper]</i></p> <p>MoE will continue to recommend that all education providers (ECE, schools, and tertiary providers) follow public health guidance.</p> <p>However, education providers set their own policies and procedures to ensure they meet their obligations under the Health and Safety at Work Act 2015. As PCBUs, education providers have a duty to manage workplace risks, and any potential or actual outbreaks of communicable disease such as influenza, measles and COVID-19, among other health and safety responsibilities outlined in the Health and Safety at Work Act 2015.</p> <p>As stated in the draft Te Whatu Ora guidance:</p> <p><i>You do not need to do another RAT after testing positive. However, if you are concerned that you may still be infectious after isolating for 5 days testing negative with a RAT provides a good indication that you are unlikely to be infectious. You may still wish to wear a mask if you have contact with someone at risk of serious illness and some facilities may still require all visitors to wear masks.</i></p> <p>So, in summary schools (or any PCBU) may either require or recommend that staff/students test negative on a RAT prior to returning to the workplace or school.</p> <p>[Is there any particular process they'd have to follow to do this – eg consult with staff, talk to union, can a principal decide or does it have to go via Board etc?]</p>
<p>#7</p> <p>Is it correct to say that no one can force someone to take a test, although they can bar entry to somewhere if they don't take a test?</p>	<p>[I'm guessing that an employer could require it of employees in a particular workplace, in the same way that employers can require drug testing etc? But it would need to be in the contract and/or policy of the workplace?]</p>

Claire Whelen (she/her)

Principal Policy Analyst, COVID-19 Policy



11.MBIE Employment, 11 August 2023

From: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Sent: Friday, 11 August 2023 9:31 am

To: Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>; Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>

Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>

Subject: RE: For feedback: draft employment messages for COVID settings change [IN-CONFIDENCE]

Kia ora kōrua,

Following feedback from BusinessNZ, we're going to tweak one line in our guidance slightly (to add the words highlighted):

If employees are concerned about that being in the workplace with someone who has COVID-19 may harm them, they can talk to their employer, health and safety representative, or union representative.

This is to make it clearer that the concern is about serious risk to the worker's own health rather than a general risk arising from being around someone who has COVID-19.

Feel free to point out if there are any issues with the new wording from your perspective.

We're going to get the ball rolling on behind-the-scenes things to get our updates published next Monday/Tuesday, but this is the link we're expecting our updated guidance to be at: <https://www.employment.govt.nz/workplace-policies/coronavirus-workplace/>.

Nāku, nā Gayathiri

12.MBIE Tourism, 21 July 2023

From: Rebecca Heerdegen <Rebecca.Heerdegen@mbie.govt.nz>

Sent: Friday, 21 July 2023 11:14 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Subject: RE: For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning [IN-CONFIDENCE]

Hi Claire

Our advice is consistent with the last paper – that isolation requirements create some practical challenges for the tourism sector (but we wouldn't factor that in if we were operating in a high risk environment)

Question for you – if we moved to option 2 (guidance only), will RATs still be widely available? This will continue to be an important tool for employers in managing the health risks in their work environments.

Previous comment to be included:

- 1 The **Tourism branch from the Ministry of Business, Innovation, and Employment (MBIE)** notes that isolation requirements on tourists (domestic and international) who contract COVID19 can create both logistical and financial impacts. Tourists need to secure accommodation in which to isolate, which can be difficult as people may be travelling in remote areas, or during peak periods when accommodation options are limited. In some cases this results in having to travel 2-3 hours to get to a main centre. In some instances, this cost must be met by in-bound travel operators/businesses. The logistical and financial costs are also likely to affect visitors during Major Events, including FIFA Women's World Cup (July/August) and Winter Games (August/September). These impacts are in addition to workforce impacts noted elsewhere in this paper.
- 2 These costs do not outweigh the benefits of isolation measures during high risk periods, but should be taken into account in considering the balance of costs and benefits in the current environment.

Rebecca Heerdegen

Policy Director, Tourism

s 9(2)(a)

13. Ministry of Education, 1-6 June 2023

From: Richard Joblin <Richard.Joblin@education.govt.nz>
Sent: Tuesday, 6 June 2023 1:09 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Paul Aitken <Paul.Aitken@education.govt.nz>; Alessandra Bartlam <Alessandra.Bartlam@education.govt.nz>
Subject: RE: For feedback (due Fri 2 June) COVID-19 settings following PHRA - impact of options on your sector or community

Hi Claire

Thanks for the follow up question. Sorry I wasn't clearer.

Our messaging to the sector has always been that we are guided by the public health advice and our approach has been to advise that staff and students should follow public health guidance and we provide a link to the current MoH advice. We will continue to be guided by, and refer to, the public health advice from MoH in the future.

Hope that helps to clarify things?

Ngā mihi

Richard

Richard Joblin | Chief Adviser, System Policy
Te Pou Kaupapahere | Policy

DD s 9(2)(a) | Mobile s 9(2)(a)
National Office Kiwi Wealth House

From: Claire Whelen <Claire.Whelen@health.govt.nz>
Sent: Tuesday, 6 June 2023 12:47 pm
To: Richard Joblin <Richard.Joblin@education.govt.nz>
Subject: RE: For feedback (due Fri 2 June) COVID-19 settings following PHRA - impact of options on your sector or community

Thans for this Richard – much appreciated.

I just wanted to double check my understanding of one part of your response:

“Our guidance is that schools should encourage all staff and students who are feeling ill to not attend school and that this is usual practice and aligns with schools’ health and safety policies and/or school policies.”

If/when mandatory isolation was to be removed, it will be replaced with guidance from MoH to isolate for a specific number of days (eg. for 7 days, or 5 days, or 5 days followed by test to release etc) in addition to being asymptomatic.

I just wanted to double check whether, in that context, the MoE advice would be stay home if unwell (as above), or would it refer to the MoH advice?

Thanks,

Claire

From: Richard Joblin <Richard.Joblin@education.govt.nz>

Sent: Thursday, 1 June 2023 12:14 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Paul Aitken <Paul.Aitken@education.govt.nz>

Subject: RE: For feedback (due Fri 2 June) COVID-19 settings following PHRA - impact of options on your sector or community

Kia ora Claire

Here is our feedback on the request to for information on the scenarios and options for the education sector. It is largely the same as last time.

Early learning

In early learning the removal of mandatory isolation would mean services would manage COVID like other infectious illnesses. We would need health advice on appropriate timeframes for staff and children to stay at home. We currently have an infectious diseases requirement in our licensing criteria that details treatment and how long children should stay home eg. flu requirement for children is 'until well'. The criteria is 3rd tier legislation and we will need to update this through a legislative process so that it is clear how COVID should be managed. We also have Regulation 57(2) to manage staff with infectious illnesses to protect children – this reg doesn't specify contagious illnesses so won't need amending. In any case we could communicate through guidance initially until any criteria process is through.

Option 2 (five days, asymptomatic can leave isolation) would have little operational change from the current 7 day isolation for early learning.

The regulations are the Education (Early Childhood Services) Regulations 2008, Regulation 57 is focused on the health and safety of children.

The criteria are based on the Regulations and set out the day-to-day standards that services must follow in order to retain their licence or certificate. There are different criteria for different service types (for centre-based education and care services, home-based, hospital based education, kōhanga reo, and playgroups).

Here is a link to the criteria and regs - [Laws governing early learning – Education in New Zealand](#)

Tertiary

If Case isolation was no longer mandatory Tertiary providers will be conscious of their obligations to learners and staff (e.g. under Health and Safety at Work Act 2015, WorkSafe regulations, Education and Training Act 2020, Human Rights Act 1993, Privacy Act 2020, and the tertiary and international Code of Practice).

There may be concerns from Tertiary providers about risks of increased transmission amongst staff and students. From feedback in the past, these concerns will be significant amongst vulnerable or immune-compromised staff and students, including people with disabilities, and older staff and students. There may also be concerns about impact for Māori and Pacific students and staff and their whānau and families.

Tertiary providers have told us in the past that they prefer not have to impose their own restrictions where there aren't Government requirements in place – and also that they would rather have a clear government mandated restriction for longer, than to have frequent changes or have to impose their own restrictions.

Schooling

COVID would be managed by schools as they manage other infectious illness, that the schooling sector will continue to be guided by public health advice (eg to stay home if unwell), and that a reduction to five days would require little operational change.

The guidance to school Boards is that as PCBUs (Person Conducting a Business or Undertaking) they have a duty to manage workplace risks, and any potential or actual outbreaks of communicable disease such as influenza, measles and COVID-19, among other health and safety responsibilities outlined in the Health and Safety at Work Act 2015.

Our guidance is that schools should encourage all staff and students who are feeling ill to not attend school and that this is usual practice and aligns with schools' health and safety policies and/or school policies.

Also under section 77 of the Education and Training Act 2020 a principal of a State school may preclude a student from the school if they have reasonable grounds to believe that the student may have a communicable disease (within the meaning of the Health Act 1956).

Here is a link to that guidance

[Communicable diseases in early learning services and schools: a guide to legal powers – Education in New Zealand](#)

If one or both of the remaining mandatory measures were removed some schools may wish to set their own 'test to release' policies for students with covid but this would be up to individual schools.

For option 3 despite the fact that schools generally reflect the rate of infection in their communities as a whole, there is a possibility that some in the community, including parents of students that are immune compromised (particularly those with additional needs) may consider schools as 'high risk'. If this option was pursued clear communication how 'high risk' has been defined would be helpful.

Ngā mihi

Richard

Richard Joblin | Chief Adviser
Te Pou Kaupapahere | Policy

DDs 9(2)(a) | Mobiles 9(2)(a)

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14. Ministry of Education, 12 June 2023

From: Richard Joblin <Richard.Joblin@education.govt.nz>
Sent: Monday, 12 June 2023 10:37 am
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Subject: RE: COVID-19 measures Cabinet paper for agency consultation (due midday Mon 12 Jun)

Kia ora Claire

We don't have any particular concerns or comments about the paper.

I understand from Lisa that you wanted some additional information from us about the time that it might take to make changes in the ECE licensing regulations and in the tertiary sector if mandatory isolation was removed.

I've attached some information from Karen and Lisa about this.

Early Learning

Regulation 41 of the Education (Early Childhood Services) Regulations sets out the Minister's power to set/amend licensing criteria.

<https://www.legislation.govt.nz/regulation/public/2008/0204/latest/DLM1412606.html>

Process:

MOH would need to provide us with information on how COVID should be managed as an infectious disease in early learning services (to be added to appendix 2 <https://www.education.govt.nz/early-childhood/licensing-and-regulations/the-regulatory-framework-for-ece/licensing-criteria/centre-based-ece-services/appendix-2-infectious-diseases-for-criterion-hs26/>)

- Seek Ministerial approval to consult on the change
- Sector consultation
- Secretary for Education gazettes the change

The process generally takes up to 2 months but could be fast tracked depending on the level of consultation undertaken.

Tertiary

Tertiary would need some lead in time to update information and communicate to the sector re new requirements and/or a new strategy, and we would endorse the 8 weeks requested by Te Whatu Ora.

Hope this answers your questions

Ngā mihi

Richard

Richard Joblin | Chief Adviser, System Policy
Te Pou Kaupapahere | Policy

DDI s 9(2)(a) | Mobile s 9(2)(a)
National Office Kiwi Wealth House

15. Ministry of Education, 24 July 2023

From: Lisa Sengelow <Lisa.Sengelow@education.govt.nz>

Sent: Monday, 24 July 2023 2:41 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Richard Joblin <Richard.Joblin@education.govt.nz>; Paul Aitken <Paul.Aitken@education.govt.nz>

Subject: RE: For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning

Kia ora Claire,

Here are some early feedback bullet points from Tertiary and International about the transition planning:

- Are there any changes (legislative, policy or operational) that your agency would need to put in place as a result of the mandates being lifted? MOE would need to provide tertiary sector guidance and communications (but no legislative or policy changes are required)
- If any information or guidance is required from Manatū Hauora and/or Te Whatu Ora to support this shift? (either specifically to support your agency in relation to certain settings or sectors, or more generally to the public – TEIs may ask for guidance around whether they could set their own isolation requirements/preferences eg. after a risk assessment, and process for that. This would be largely similar to what TEIs are doing now with respect to other public health measures (such as mask wearing, ventilation etc.).)
- If the mandates were both to be removed, would there need to be any change to the remaining non-mandatory measures (eg. vaccination, antivirals, isolation guidance, mask use guidance, ventilation guidance, access to RATs, reporting, surveillance, health services) as a result? TEIs might value RATs continuing to be available free as people might not see the need to test if there is no mandate to isolate. Knowing people can test easily may help vulnerable learners and staff feel safer.
- If the mandates were both to be removed, if there is anything that should be considered from an equity perspective? Free access to RATs and masks to protect immunocompromised people and more vulnerable groups. Continued good information around good public health practices.

Ngā mihi,

Lisa

Lisa Sengelow (she/her) | Kaitātari Kaupapa Tuakana | Senior Policy Analyst
Te Pou Kaupapahere | Policy

DDI s 9(2)(a)

16. Ministry of Education, 28 July 2023

From: Lisa Sengelow <Lisa.Sengelow@education.govt.nz>

Sent: Friday, 28 July 2023 10:19 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Richard Joblin <Richard.Joblin@education.govt.nz>; Paul Aitken <Paul.Aitken@education.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Kia ora Claire,

Thanks for the chance to review the Cabinet paper. We don't have any further comments from Tertiary and International.

Great to have the sections on health services and workplace health and safety.

We are just waiting on a response from our colleagues in schooling to your specific question about schools and guidance and confirmation that the early learning text is still current – Richard will get back to you on that as soon as he can.

Ngā mihi,

Lisa

Lisa Sengelow (she/her) | Kaitātari Kaupapa Tuakana | Senior Policy Analyst
Te Pou Kaupapahere | Policy

DD s 9(2)(a)

17. Ministry of Education, 31 July 2023

From: Richard Joblin <Richard.Joblin@education.govt.nz>
Sent: Monday, 31 July 2023 3:25 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Hi Claire

How about:

“The Ministry of Education will continue to recommend that all education providers (ECE, schools, and tertiary providers) follow public health guidance. However, education providers set their own policies and procedures to ensure they meet their obligations under the Health and Safety at Work Act 2015.”

Ngā mihi

Richard

Richard Joblin | Chief Adviser, System Policy
Te Pou Kaupapahere | Policy

DDI s 9(2)(a) | Mobiles 9(2)(a)
National Office Kiwi Wealth House

From: Claire Whelen <Claire.Whelen@health.govt.nz>
Sent: Monday, 31 July 2023 2:00 pm
To: Richard Joblin <Richard.Joblin@education.govt.nz>
Cc: Paul Aitken <Paul.Aitken@education.govt.nz>; Alessandra Bartlam <Alessandra.Bartlam@education.govt.nz>;
Karen Quinn <Karen.Quinn@education.govt.nz>; Lisa Sengelow <Lisa.Sengelow@education.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Thanks Richard – would this be okay instead?

The Ministry of Education will continue to recommend that all education providers (ECE, schools, and tertiary providers) follow public health guidance. However, as PCBUs, education providers set their own policies and procedures to ensure they meet their obligations under the Health and Safety at Work Act 2015. This means that a provider could choose whether or not to follow the public health guidance.

I will run this by WorkSafe and the employment team at MBIE too – just wanted to check okay from your side?

From: Richard Joblin <Richard.Joblin@education.govt.nz>

Sent: Monday, 31 July 2023 12:54 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Paul Aitken <Paul.Aitken@education.govt.nz>; Alessandra Bartlam <Alessandra.Bartlam@education.govt.nz>;

Karen Quinn <Karen.Quinn@education.govt.nz>; Lisa Sengelow <Lisa.Sengelow@education.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Kia ora Claire

Thanks

We think you could add the first sentence – “The Ministry of Education will continue to recommend that all education providers (ECE, schools, and tertiary providers) follow public health guidance.”

But not the second one since the statement could apply equally to other parts of the education system and we don’t see a need to single out schools.

Ngā mihi

Richard

Richard Joblin | Chief Adviser, System Policy
Te Pou Kaupapahere | Policy

DDI **s 9(2)(a)** Mobile **s 9(2)(a)**
National Office Kiwi Wealth House

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Monday, 31 July 2023 12:30 pm

To: Richard Joblin <Richard.Joblin@education.govt.nz>

Cc: Paul Aitken <Paul.Aitken@education.govt.nz>; Alessandra Bartlam <Alessandra.Bartlam@education.govt.nz>;

Karen Quinn <Karen.Quinn@education.govt.nz>; Lisa Sengelow <Lisa.Sengelow@education.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Great – thanks Richard.

Is there anything that we could include in the Cabinet paper that would help support/strengthen this expectation to BoTs? (I’m just conscious that there have been cases overseas where schools have provided different advice, which is potentially even more likely in NZ context).

If not, would it be okay if I added this sentence (or similar):

“The Ministry of Education will continue to recommend that all education providers (ECE, schools, and tertiary providers) follow public health guidance. However, as schools are self-governing and set their own policies and procedures to ensure they meet their obligations under the Health and Safety at Work Act 2015, a school could choose whether or not to follow the public health guidance.”

Thanks,

Claire

From: Richard Joblin <Richard.Joblin@education.govt.nz>
Sent: Monday, 31 July 2023 11:52 am
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Paul Aitken <Paul.Aitken@education.govt.nz>; Alessandra Bartlam <Alessandra.Bartlam@education.govt.nz>;
Karen Quinn <Karen.Quinn@education.govt.nz>; Lisa Sengelow <Lisa.Sengelow@education.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Kia ora Claire

Thanks for the paper.

I've checked on your two specific questions about early learning and schooling.

In the early learning text in paragraph 75 would could add that under regulation 57 of the Education (Early Childhood Services) Regulations 2008 a service provider can exclude people from the service whom they believe to have an infectious or contagious disease.

You also asked in paragraph 77 if "is there anything to stop a Principal or BoT saying 'come back after 2 days' (or something less than the MoH guidance) given State duty of care"?

Schools are self-governing and set their own policies and procedures to ensure they meet their obligations under the Health and Safety at Work Act 2015 (the board is the PCBU). While a school could choose whether or not to follow the MoH guidelines, our advice and guidance has been, and will continue to be, that they follow public health guidance.

Ngā mihi

Richard

Richard Joblin | Chief Adviser, System Policy
Te Pou Kaupapahere | Policy

DDI s 9(2)(a) | Mobile s 9(2)(a)
National Office Kiwi Wealth House

From: Lisa Sengelow <Lisa.Sengelow@education.govt.nz>
Sent: Friday, 28 July 2023 10:19 am
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Richard Joblin <Richard.Joblin@education.govt.nz>; Paul Aitken <Paul.Aitken@education.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Kia ora Claire,

Thanks for the chance to review the Cabinet paper. We don't have any further comments from Tertiary and International.

Great to have the sections on health services and workplace health and safety.

We are just waiting on a response from our colleagues in schooling to your specific question about schools and guidance and confirmation that the early learning text is still current – Richard will get back to you on that as soon as he can.

Ngā mihi,

Lisa

Lisa Sengelow (she/her) | Kaitātari Kaupapa Tuakana | Senior Policy Analyst
Te Pou Kaupapahere | Policy

DDI s 9(2)(a)

18. Ministry of Education, 2-4 August 2023

From: Richard Joblin <Richard.Joblin@education.govt.nz>

Sent: Friday, 4 August 2023 2:40 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Danya Levy <Danya.Levy@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Paul Aitken <Paul.Aitken@education.govt.nz>

Subject: RE: COVID-19 isolation potential changes - timing between decision and coming into effect

Kia ora Claire

I've checked with our people in early learning, schooling and tertiary about how long education providers are likely to need from the health, employment, and MoE guidance being available through to reviewing and making and changes to their policies.

The early learning sector is likely to need a minimum of 2 weeks to update policies and procedures from the time that the guidance is provided to them by the Ministry, and other agencies, (ie at least two weeks from the time of the announcement assuming we were provided with the health/employment guidance before then).

For schools, it's difficult for us to accurately predict how long it would take for all schools to review and make changes to their policies. Every school sets their own policies through their Boards. Boards usually only meet once a month, so this might cause a delay with getting their policies changed officially. This means that it could take at least a month. However, schools are not likely to wait until the Board has formally put a new policy in place to update their practice and most can be expected to change practice shortly after any announcement (within days).

Tertiary and international providers will need to update their websites etc as restrictions are lifted. This should be a much easier adjustment than previous changes where restrictions were imposed. It's hard to say whether Tertiary Training Organisations (TEOs) would make policy changes beyond endorsing the guidance. Given this, we expect that a minimum of 2 weeks would be required. It would be helpful to know what the guidance will be, even if not in its final form, as this would help us with key messages and drafting for website updates. It would also be very helpful if we could give sector representatives a heads up in confidence prior to any announcement.

Ngā mihi

Richard

Richard Joblin | Chief Adviser, System Policy
Te Pou Kaupapahere | Policy

DDI s 9(2)(a) | Mobile s 9(2)(a)
National Office Kiwi Wealth House

From: Richard Joblin <Richard.Joblin@education.govt.nz>
Sent: Thursday, 3 August 2023 11:02 am
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Subject: RE: COVID-19 isolation potential changes - timing between decision and coming into effect

Hi Claire

Marian has answered the web content part of your question. I'll need to get information from other parts of the Ministry to give you a sense of how long education providers are likely to need from the health, employment, and MoE guidance being available through to reviewing and making and changes to their policies?

Richard Joblin | Chief Adviser, System Policy
Te Pou Kaupapahere | Policy

DDI s 9(2)(a) | Mobile s 9(2)(a)
National Office Kiwi Wealth House

From: Marian de Jesus <Marian.deJesus@education.govt.nz>
Sent: Thursday, 3 August 2023 10:57 am
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Richard Joblin <Richard.Joblin@education.govt.nz>
Subject: FW: COVID-19 isolation potential changes - timing between decision and coming into effect

Kia ora Claire,

Richard has forwarded your query to me.

With regards to our education website, we'll appreciate getting a notice on what the decision is at least 5 days before announcement day.

This will give us time to check our current web content, work on what text changes are needed, and get it loaded as draft, ready to press publish after the announcement.

Ngā mihi,

Marian de Jesus | National Communications Team

Te Pou Rangatōpū | Corporate

WFH: M/Th

From: Claire Whelen <Claire.Whelen@health.govt.nz>
Sent: Wednesday, 2 August 2023 5:53 pm
To: Richard Joblin <Richard.Joblin@education.govt.nz>; Lisa Sengelow <Lisa.Sengelow@education.govt.nz>; Paul Aitken <Paul.Aitken@education.govt.nz>
Cc: Danya Levy <Danya.Levy@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>
Subject: COVID-19 isolation potential changes - timing between decision and coming into effect

Kia ora Richard, Paul and Lisa,

Following on from agency feedback on the Cabinet paper, I wanted to check how long you would need in order to make changes to the website etc, if the isolation order was to be revoked? And to what extent could that work occur ahead of time (anticipating a potential change) versus needing to occur after the decision had been made? s 9(2)(h)

In addition, are you able to give a sense of how long education providers are likely to need from the health, employment, and MoE guidance being available through to reviewing and making and changes to their policies? MoJ has suggested that for them, this would require a minimum of 2 weeks, I just wanted to check if it is likely to be similar for education providers?

As I think Danya has passed on, I'm happy to coordinate between MoE and the relevant parts of Te Whatu Ora and MoH to help with any input needed for your materials.

Thanks,

Claire

Claire Whelen (she/her)

Principal Policy Analyst, COVID-19 Policy

Public Health Policy & Regulation

Public Health Agency | Te Pou Hauora Tūmatanui

s 9(2)(a) | claire.whelen@health.govt.nz

Manatū Hauora, 133 Molesworth Street, Thorndon, Wellington 6011



19. Ministry of Education, 4-7 August 2023

From: Richard Joblin <Richard.Joblin@education.govt.nz>

Sent: Monday, 7 August 2023 2:56 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Danya Levy <Danya.Levy@health.govt.nz>; Marian de Jesus <Marian.deJesus@education.govt.nz>

Subject: RE: Draft Q&A re education settings

Kia ora Claire

Lisa is going to follow up on the tertiary questions. I've got answers from schooling and early learning people to your questions on those bits of the education system.

Will schools be able to exclude students they believe are COVID-19 positive and aren't isolating?

- Under section 77 of the Education and Training Act 2020, state school principals can preclude a student from attending if they believe on reasonable grounds may have a communicable disease within the definition of the Health Act 1956. As COVID-19 is remaining a notifiable disease, this means that state school principals will be able to do this, if required.

Suggest that you add the following

- Section 77 of the Education and Training Act 2020 does not apply to private schools. Principals can request that a student or staff member with a communicable disease or is suspected of having a communicable disease, does not attend.
- For both state schools and private schools, if the person doesn't comply, principals can ask the Medical Officer of Health at their local public health service for support, which could include a direction under the Health Act.

Further detail is on the Ministry of Education website: <https://www.education.govt.nz/school/health-safety-and-wellbeing/health-and-wellbeing/communicable-diseases-in-early-learning-services-and-schools-a-guide-to-legal-powers/>

What will be the approach at early childhood education (ECE) centres?

- The Ministry of Education plans to update licensing criteria for Early Childhood Education (ECE) facilities (3rd tier legislation), which specifies exclusion periods for children for a range of common infectious diseases. Under regulation 57 of the Education (Early Childhood Services) Regulations 2008, a service provider can exclude people from the service whom they believe to have an infectious or contagious disease. [Does the second sentence relate to staff/volunteers/parents?]

Answer : "People" in reg 57 refers to adults and children.

Richard Joblin | Chief Adviser, System Policy
Te Pou Kaupapahere | Policy

DDI **s 9(2)(a)** | Mobile **s 9(2)(a)**
National Office Kiwi Wealth House

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Friday, 4 August 2023 3:48 pm

To: Richard Joblin <Richard.Joblin@education.govt.nz>; Marian de Jesus <Marian.deJesus@education.govt.nz>; Lisa Sengelow <Lisa.Sengelow@education.govt.nz>

Cc: Danya Levy <Danya.Levy@health.govt.nz>

Subject: Draft Q&A re education settings

Hi Richard, Marian and Lisa,

Our comms team is working on key lines and Q&As re revocation of mandates – to be prepared for a scenario where the Minister decides to revoke both.

I was wondering if you would be able to review the text below, and let me know if it is accurate re education settings/legislation?

What will happen in schools and other education settings when the mandates are revoked?

- The Ministry of Education will continue to recommend that all education providers (ECE, schools, and tertiary providers) follow public health guidance. The public health guidance recommends that [TBC, but likely to be that people isolate for a minimum of 5 days and until they are well enough to return], and that people let their school or employer know.

- Education providers set their own policies and procedures to ensure they meet their obligations under the Health and Safety at Work Act 2015. As PCBUs, education providers have a duty to manage workplace risks, and any potential or actual outbreaks of communicable disease such as influenza, measles and COVID-19, among other health and safety responsibilities outlined in the Health and Safety at Work Act 2015.
- We understand that there may be a gap between when the mandate is revoked and when providers are able to update their own policies – as this is likely to involve some degree of consultation with staff and families. For some smaller providers, this may be able to happen relatively quickly. For others it may take several weeks.

Will schools be able to exclude students they believe are COVID-19 positive and aren't isolating?

- Under section 77 of the Education and Training Act 2020, state school principals can preclude a student from attending if they believe on reasonable grounds may have a communicable disease within the definition of the Health Act 1956. As COVID-19 is remaining a notifiable disease, this means that state school principals will be able to do this, if required.

[What is the situation for integrated and private schools, and tertiary providers – I'm assuming that they could do this if it was in their H&S policy – just as any other PCBU?]

What will be the approach at early childhood education (ECE) centres?

- The Ministry of Education plans to update licensing criteria for Early Childhood Education (ECE) facilities (3rd tier legislation), which specifies exclusion periods for children for a range of common infectious diseases. Under regulation 57 of the Education (Early Childhood Services) Regulations 2008, a service provider can exclude people from the service whom they believe to have an infectious or contagious disease. **[Does the second sentence relate to staff/volunteers/parents?]**
- The update is likely to mirror the new health guidance in relation to isolation, and we recommend that ECE providers take this approach in the interim until the licensing criteria is able to be formally updated.

I'm checking with Te Whatu Ora when the final health guidance will be able to be shared. We'll also update the school-specific key lines that were on the TWO website. Please let us know if there is anything specific that needs to be covered in this material from your perspective.

Thanks,

Claire

Claire Whelen (she/her)

Principal Policy Analyst, COVID-19 Policy

Public Health Policy & Regulation

Public Health Agency | Te Pou Hauora Tūmatanui

§ 9(2)(a) | claire.whelen@health.govt.nz

Manatū Hauora, 133 Molesworth Street, Thorndon, Wellington 6011



20. Ministry of Education, 7 August 2023

From: Richard Joblin <Richard.Joblin@education.govt.nz>
Sent: Monday, 7 August 2023 4:41 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Paul Aitken <Paul.Aitken@education.govt.nz>
Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

Kia ora Claire

Haven't had time to check with schooling, early learning etc in the time available but I'd say our advice is that the timeframes and advice we provided last week still stand. Providers and schools are self-managing, some will be able to respond sooner than others to update their policies and practice.

Thanks

Richard

Richard Joblin | Chief Adviser, System Policy
Te Pou Kaupapahere | Policy

DDI s 9(2)(a) | Mobiles 9(2)(a)
National Office Kiwi Wealth House

From: Claire Whelen <Claire.Whelen@health.govt.nz>
Sent: Monday, 7 August 2023 3:16 pm
To: 'Alice.Clowes001@msd.govt.nz'; 'Diane.Turner020@msd.govt.nz'; 'Emma.OConnell006@msd.govt.nz'; 'George.Minton001@msd.govt.nz'; 'Jessica.Dickinson021@msd.govt.nz'; 'Megan.Beecroft005@msd.govt.nz'; 'Sacha.O'Dea002@msd.govt.nz'; 'samuel.rayner004@msd.govt.nz'; 'Kathy.Brightwell@justice.govt.nz'; 'covidpolicy@justice.govt.nz'; Hilary.Tucker@justice.govt.nz; Button, Heather <Heather.Button@justice.govt.nz>; COOOffice <COOOffice@justice.govt.nz>; Saskia.Vitasovich@justice.govt.nz; 'Andy.Jackson@education.govt.nz'; 'Antony.Harvey@education.govt.nz'; 'Lisa.Sengelow@education.govt.nz'; 'Paul.Aitken@education.govt.nz'; 'Richard.Joblin@education.govt.nz'; 'Chelsea.Hansen@education.govt.nz'; 'Gayathiri.ganeshan@mbie.govt.nz'; Tracy Mears <Tracy.Mears@mbie.govt.nz>; 'Benjamin.Storey@corrections.govt.nz'; 'Brenda.Bruning@corrections.govt.nz'; 'Brigid.Kean@corrections.govt.nz'; 'Grace.Smart@corrections.govt.nz'; 'Kate.Calvert@corrections.govt.nz'; 'Kirsty.Macdonald@corrections.govt.nz'; 'Marian.Horan@corrections.govt.nz'
Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>
Subject: Checking readiness/implications re possible COVID-19 setting change from 15 Aug
Importance: High

Kia ora koutou,

Apologies, yet again, for the very short notice, but we've had some further feedback from our Minister's office - would you be able to respond to the two questions below **by 4.30pm today?**

You are receiving this email as your agency identified some consequential changes to either policy or guidance that would be required if the mandates are revoked.

Assuming that we are able to provide you with the final health guidance by COP tomorrow, could you please answer these questions:

1. If the Cabinet agrees to revoke the orders, effective from 15 August, will you be able to do the things you need to do in time?
2. If the orders are revoked effective 15 August and those activities have not occurred, what would be the impact (from the perspective of a provider/staff member/affected member of the public)?

Apologies for the very short notice for this request.

Thanks,

Claire

21. Ministry of Education, 14 August 2023

From: Marian de Jesus <Marian.deJesus@education.govt.nz>

Sent: Monday, 14 August 2023 10:54 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Andy Jackson <Andy.Jackson@education.govt.nz>; Antony Harvey <Antony.Harvey@education.govt.nz>; Lisa Sengelow <Lisa.Sengelow@education.govt.nz>; Paul Aitken <Paul.Aitken@education.govt.nz>; Richard Joblin <Richard.Joblin@education.govt.nz>; Chelsea Hansen <Chelsea.Hansen@education.govt.nz>

Subject: RE: Request from Minister Verrall's office - timing for website updates (please reply by 11am if possible)

Kia ora Claire,

On behalf of MOE:

As soon as we got the confirmed Health decision and the final key messages from your team, we'll cross-check with the latest version we got and see if there's more info that we need to add to our web content (which is being loaded as draft webpages).

Some scenarios:

- If there are more changes compared to the draft messaging you provided, or the date from which the orders will be revoked, our team will need to cross-check it with the latest web version we have prepared, update and get it approved. We'll attempt to get this loaded and published within today but this may take until the next day to finish – so it will really depend.
- If there are no changes in today's decision compared to the draft key messages your team already shared, then we'll just finalise and publish our web content, we'll endeavour to get this published within today.

Ngā mihi,

Marian de Jesus | National Communications Team

Te Pou Rangatōpū | Corporate

WFH: M/Th

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Monday, 14 August 2023 10:23 am

To: Benjamin.Storey@corrections.govt.nz; Brenda.Bruning@corrections.govt.nz; Brigid.Kean@corrections.govt.nz; Grace.Smart@corrections.govt.nz; Kate.Calvert@corrections.govt.nz; Kirsty.Macdonald@corrections.govt.nz; Marian.Horan@corrections.govt.nz; Tracy Mears <Tracy.Mears@mbie.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Monica.Yee@ot.govt.nz; Andy Jackson <Andy.Jackson@education.govt.nz>; Antony Harvey <Antony.Harvey@education.govt.nz>; Lisa Sengelow <Lisa.Sengelow@education.govt.nz>; Paul Aitken <Paul.Aitken@education.govt.nz>; Richard Joblin <Richard.Joblin@education.govt.nz>; Chelsea Hansen <Chelsea.Hansen@education.govt.nz>; Marian de Jesus <Marian.deJesus@education.govt.nz>; Alice Clowes <Alice.Clowes001@msd.govt.nz>; Emma OConnell <Emma.OConnell006@msd.govt.nz>; Jessica Dickinson <Jessica.Dickinson021@msd.govt.nz>; Samuel Rayner <Samuel.Rayner004@msd.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>

Subject: Request from Minister Verrall's office - timing for website updates (please reply by 11am if possible)

Importance: High

Mōrena,

We've had a request from our Minister's office we would like to ask your assistance with.

They've asked **what time your websites will be updated to reflect the changes to the mandates** (provided Cabinet and the Minister agree to the proposed changes)?

Apologies for the short turnaround, but could you please let us know **by 11am** or as soon after then as possible?

Thanks,

Claire

Claire Whelen (she/her)

Principal Policy Analyst, COVID-19 Policy

Public Health Policy & Regulation

Public Health Agency | Te Pou Hauora Tūmatanui

s 9(2)(a) | claire.whelen@health.govt.nz

Manatū Hauora, 133 Molesworth Street, Thorndon, Wellington 6011



Ministry of Foreign Affairs and Trade

22.MFAT, 31 July 2023

From: PALLISER, Beverley (ECO) <Beverley.Palliser@mfat.govt.nz>

Sent: Monday, 31 July 2023 11:46 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Subject: FW: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

[UNCLASSIFIED]

Kia ora Claire,

With apologies for tardy reply, no comments from MFAT.

Thank you

Ngā manaakitanga

Beverley Palliser

Kaiāpiha Kaupapa Here - Policy Officer

Economic Diplomacy and Policy

M s 9(2)(a)

Sign up for MFAT Market Intelligence Reports [here](#)

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Ministry of Housing and Urban Development

23. Ministry of Housing and Urban Development, 31 July 2023

From: Rachael Crombie <Rachael.Crombie@hud.govt.nz>

Sent: Monday, 31 July 2023 9:51 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Bronwyn Hollingsworth <Bronwyn.Hollingsworth@hud.govt.nz>; Fiona Smith <Fiona.Smith@hud.govt.nz>; Aimee Edwards <Aimee.Edwards@hud.govt.nz>

Subject: Re: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Kia ora Claire

Thank you for the opportunity to comment on the draft Cabinet paper on July-August review of COVID-19 public health measures.

We have Providers who work with a vulnerable population and aligned with other agency feedback, we would want to see clear communications and guidance from health in relation to vulnerable communities if the mandates are revoked. Providers are expected to follow all public health advice.

It would also be good to understand the ongoing monitoring and equity plans.

Ngā mihi

Rachael Crombie ([she/her](#))

Senior Advisor | Operational Policy Team

Solutions Design and Implementation

Rachael.Crombie@hud.govt.nz | Phone: s 9(2)(a) | Mobile: s 9(2)(a)

www.hud.govt.nz | Level 8, 7 Waterloo Quay, Pipitea, Wellington



Te Tūāpapa Kura Kāinga
Ministry of Housing and Urban Development



He kāinga ora, he hapori ora - our purpose is thriving communities where everyone has a place to call home.

Ministry of Justice

24. Ministry of Justice, 31 July 2023

From: Justice COVID Policy <[REDACTED]>
Sent: Monday, 31 July 2023 11:37 am
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Knewstubb, Elspeth <Elspeth.Knewstubb@justice.govt.nz>; Stephen-Smith, Naomi <Naomi.Stephen-Smith@justice.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Kia ora Claire,

Thank you for providing us the opportunity to comment on this paper.

Please see our comment below:

Human Rights

- The public health advice is that the current risk of COVID-19 is low relative to other periods of the pandemic, the key measures of COVID-19 infection have declined since the last assessment and remained stable through winter, and the incidence of hospitalisations is reported to have stabilised.

s 9(2)(h)

Operations and Service Delivery comment

- In terms of how the changes would impact court operations, I can't see how it would impact us any worse than any other organisation or business. As proposed by the paper, I anticipate that we would prepare a policy for our staff and court users based on MBIE's guidance. My only concern would be our ability to do this by 1 September 2023, as the paper does not give an indication of timing for MBIE's guidance.

Ngā mihi,



Saskia Vitasovich (she/her)
Policy Advisor | Civil Law and Human Rights
DDI s 9(2)(a)
Saskia.Vitasovich@justice.govt.nz | justice.govt.nz

25. Ministry of Justice, 1 August 2023

From: Justice COVID Policy <covidpolicy@justice.govt.nz>
Sent: Tuesday, 1 August 2023 4:40 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Button, Heather <Heather.Button@justice.govt.nz>; COOOffice <COOOffice@justice.govt.nz>
Subject: FW: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Kia ora Claire

Please see Hilary's response to your question below 😊

Thanks,



Saskia Vitasovich (she/her)
Policy Advisor | Civil Law and Human Rights
DDI: s 9(2)(a)
Saskia.Vitasovich@justice.govt.nz | justice.govt.nz

From: COOOffice <COOOffice@justice.govt.nz>
Sent: Tuesday, 1 August 2023 11:40 am
To: Justice COVID Policy <covidpolicy@justice.govt.nz>; COOOffice <COOOffice@justice.govt.nz>
Cc: Button, Heather <Heather.Button@justice.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Kia ora Saskia,

In response to Claire's question, I estimate a minimum of 2 full weeks is required from the time MBIE/the PSC issue their draft guidance to update our internal policies and consult with the judiciary about the operation of the courts.

Therefore, 1 October 2023 is our preferred date.

Kind regards

Hilary



Hilary Tucker
Principal Advisor
Office of the Chief Operating Officer
Operations and Service Delivery
DDI: s 9(2)(a)
www.justice.govt.nz

From: Claire Whelen <Claire.Whelen@health.govt.nz>
Sent: Monday, 31 July 2023 11:55 am
To: Justice COVID Policy <covidpolicy@justice.govt.nz>
Cc: Knewstubb, Elspeth <Elspeth.Knewstubb@justice.govt.nz>; Stephen-Smith, Naomi <Naomi.Stephen-Smith@justice.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Thanks Saskia – much appreciated.

Would you be able to give an approximate indication of how long you would need to review the guidance, and update the policy for staff and court users? It's a really good point, which is likely to apply to other agencies/businesses too.

Thanks,

Claire

26. Ministry of Justice, 7 August 2023

From: COOOffice <COOOffice@justice.govt.nz>

Sent: Monday, 7 August 2023 4:41 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>; 'Alice.Clowes001@msd.govt.nz'; 'Diane.Turner020@msd.govt.nz'; 'Emma.OConnell006@msd.govt.nz'; 'George.Minton001@msd.govt.nz'; 'Jessica.Dickinson021@msd.govt.nz'; 'Megan.Beecroft005@msd.govt.nz'; 'Sacha.O'Dea002@msd.govt.nz'; 'samuel.rayner004@msd.govt.nz'; 'Kathy.Brightwell@justice.govt.nz'; 'covidpolicy@justice.govt.nz'; Hilary.Tucker@justice.govt.nz; Button, Heather <Heather.Button@justice.govt.nz>; COOOffice <COOOffice@justice.govt.nz>; Vitasovich, Saskia <Saskia.Vitasovich@justice.govt.nz>; 'Andy.Jackson@education.govt.nz'; 'Antony.Harvey@education.govt.nz'; 'Lisa.Sengelow@education.govt.nz'; 'Paul.Aitken@education.govt.nz'; 'Richard.Joblin@education.govt.nz'; 'Chelsea.Hansen@education.govt.nz'; 'Gayathiri.ganeshan@mbie.govt.nz'; Tracy Mears <Tracy.Mears@mbie.govt.nz>; 'Benjamin.Storey@corrections.govt.nz'; 'Brenda.Bruning@corrections.govt.nz'; 'Brigid.Kean@corrections.govt.nz'; 'Grace.Smart@corrections.govt.nz'; 'Kate.Calvert@corrections.govt.nz'; 'Kirsty.Macdonald@corrections.govt.nz'; 'Marian.Horan@corrections.govt.nz'; Williams, Richard <Richard.Williams@justice.govt.nz>; Gawith, Donella <Donella.Gawith@justice.govt.nz>; King, Andrea <Andrea.King@justice.govt.nz>; Baguley, Tracey <Tracey.Baguley@justice.govt.nz>; MacKenzie, Hayley <Hayley.MacKenzie@justice.govt.nz>; Thomas, Mark <Mark.Thomas@justice.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>

Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

Kia ora Claire,

Please see our response below from Operations & Service Delivery, Ministry of Justice.

Kind regards

Hilary



Hilary Tucker
Principal Advisor
Office of the Chief Operating Officer
Operations and Service Delivery
DDI: s 9(2)(a)
www.justice.govt.nz

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Monday, 7 August 2023 15:16

To: 'Alice.Clowes001@msd.govt.nz'; 'Diane.Turner020@msd.govt.nz'; 'Emma.OConnell006@msd.govt.nz'; 'George.Minton001@msd.govt.nz'; 'Jessica.Dickinson021@msd.govt.nz'; 'Megan.Beecroft005@msd.govt.nz'; 'Sacha.O'Dea002@msd.govt.nz'; 'samuel.rayner004@msd.govt.nz'; 'Kathy.Brightwell@justice.govt.nz'; 'covidpolicy@justice.govt.nz'; Hilary.Tucker@justice.govt.nz; Button, Heather <Heather.Button@justice.govt.nz>; COOOffice <COOOffice@justice.govt.nz>; Vitasovich, Saskia <Saskia.Vitasovich@justice.govt.nz>; 'Andy.Jackson@education.govt.nz'; 'Antony.Harvey@education.govt.nz'; 'Lisa.Sengelow@education.govt.nz'; 'Paul.Aitken@education.govt.nz'; 'Richard.Joblin@education.govt.nz'; 'Chelsea.Hansen@education.govt.nz'; 'Gayathiri.ganeshan@mbie.govt.nz'; Tracy Mears <Tracy.Mears@mbie.govt.nz>; 'Benjamin.Storey@corrections.govt.nz'; 'Brenda.Bruning@corrections.govt.nz'; 'Brigid.Kean@corrections.govt.nz'; 'Grace.Smart@corrections.govt.nz'; 'Kate.Calvert@corrections.govt.nz'; 'Kirsty.Macdonald@corrections.govt.nz'; 'Marian.Horan@corrections.govt.nz'

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>

Subject: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

Importance: High

Kia ora koutou,

Apologies, yet again, for the very short notice, but we've had some further feedback from our Minister' office - would you be able to respond to the two questions below **by 4.30pm today**?

You are receiving this email as your agency identified some consequential changes to either policy or guidance that would be required if the mandates are revoked.

Assuming that we are able to provide you with the final health guidance **by COP tomorrow**, could you please answer these questions:

- 1. If the Cabinet agrees to revoke the orders, effective from 15 August, will you be able to do the things you need to do in time? We will consult with the judiciary to determine how the final health guidance will impact court operations. We will implement all changes to the COVID-10 court protocols that the judiciary require if the mandates are revoked. We are unable to confirm how long it will take the judiciary to update the court COVID-19 protocols.**
- 2. If the orders are revoked effective 15 August and those activities have not occurred, what would be the impact (from the perspective of a provider/staff member/affected member of the public)? If the COVID-19 court protocols are not updated before the orders are revoked, the final health guidance will not be implemented in time.**

Apologies for the very short notice for this request.

Thanks,

Claire

Ministry of Pacific Peoples

27. Ministry of Pacific Peoples, 25 July 2023

From: Lea Ketu'u <Lea.Ketu'u@mpp.govt.nz>
Sent: Tuesday, 25 July 2023 1:37 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: MPP Advice <mppadvice@mpp.govt.nz>
Subject: RE: For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning

Hi Claire,

The Ministry continues to support public health measures that best protects Pacific communities from further burden of disease. For this reason, we have no comments or preference as this should be dependent on public health risk assessment and further should be informed by public health experts' advice.

Please note that the preferred option should also consider likelihood of compliancy and ease of access to masks.

If both mandates were removed, Health would need to be clearer on the COVID strategy moving forward particularly for vulnerable communities. From an equity and public health perspective, Health would also need to consider ease of access to vaccinations, antivirals, masks, RAT for Pacific population who bear a greater burden of the disease.

All in all the disproportionate impacts COVID has had on Pacific communities (economic vulnerability and high rates of infection, hospitalisation, and death) need to be considered before removing mandates and addressed through a broader health strategy.

Thank you,

Lea

Lea Ketu'u

Senior Policy Advisor, Influence and Advice Policy

M s 9(2)(a)

28. Ministry for Pacific Peoples, 31 July 2023

From: Nelson Tiatia <nelson.tiatia@mpp.govt.nz>
Sent: Monday, 31 July 2023 9:10 am
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: MPP Advice <mppadvice@mpp.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Thank you for the opportunity to comment on this Cabinet paper.

We would like to note the COVID-19 burden of disease on Pacific peoples includes:

1. Pacific peoples having the highest risk of hospitalisation, 2.2 times more likely than Europeans or Other.
2. Pacific peoples having the highest risk of mortality, 1.9 times more likely than Europeans or Other.
3. The Cabinet paper further notes that Pacific elderly peoples have the highest risk of death from a COVID-19 infection in Aotearoa.

For these reasons, the Ministry continues to support public health measures that best protects Pacific communities from further burden of disease and would like for Health to better articulate how they are working to improve health outcomes for Pacific given the data on COVID deaths and hospitalisations. The disproportionate impacts COVID has had on Pacific communities (economic vulnerability and high rates of infection, hospitalisation, and death) need to be considered alongside the mandates and properly addressed through a broader health strategy.

Further, we have no comments or preference on the options (as this should be dependent on public health risk assessment and further should be informed by public health experts' advice), the recommended option should consider likelihood of compliancy and ease of access to masks, RAT etc.

If both mandates were removed, Health would need to be clearer on the COVID strategy moving forward particularly for vulnerable communities. From an equity and public health perspective, Health would also need to consider ease of access to vaccinations, antivirals, masks, RAT for Pacific population who bear a greater burden of the disease.

Fa'afetai lava,

Nelson Tiatia (he/him)

Policy Advisor, Influence and Advice Policy

M s 9(2)(a)

Level 1, 101-103 The Terrace, Wellington

PO Box 833, Wellington 6140

www.mpp.govt.nz |



RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Ministry of Social Development

29. Ministry of Social Development, 2 June 2023

From: Jessica Dickinson <Jessica.Dickinson021@msd.govt.nz>

Sent: Friday, 2 June 2023 4:45 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Lucy Greig <Lucy.Greig002@msd.govt.nz>; Alice Clowes <Alice.Clowes001@msd.govt.nz>; Samuel Rayner <Samuel.Rayner004@msd.govt.nz>; Megan Beecroft <Megan.Beecroft005@msd.govt.nz>

Subject: RE: For feedback (due Fri 2 June) COVID-19 settings following PHRA - impact of options on your sector or community

Importance: High

Kia ora Claire,

Thank you for the opportunity to comment.

Please see attached collated feedback from MSD on the request below.

We also worked with Treasury to provide feedback on impacts on the Leave Support Scheme (LSS).

Please get in touch for any questions and I will forward to the relevant team for commentary.

Ngā mihi

Jess Dickinson

Policy Advisor

Regional Development Policy

Regional Public Service

The Aurora Centre | Level 9 | 56 The Terrace | PO Box 1556 | Wellington | New Zealand



Te Kāwanatanga o Aotearoa
New Zealand Government

Attachment:

Agency feedback



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Due Date: COP 2 June 2023

Security Level: IN CONFIDENCE

To: Claire Whelen, Senior Policy Analyst, COVID-19 Policy
Public Health Policy & Regulation

Collated MSD feedback on 'COVID-19 settings following PHRA - impact of options on your sector or community'

Thank you for the opportunity to review the proposed scenarios for COVID-19 settings following PHRA. MSD also provided earlier feedback in March 2023 on these options. We have retained this feedback where relevant below and included new context that has become available since the March feedback.

We have grouped the feedback by theme as it relates to each of our programmes; and addressed each relevant option within the themes below.

General MSD feedback	45
Impacts on the Care in Communities (CiC) model	46
Impacts on the Leave Support Scheme	47

General MSD feedback

Under all settings COVID-19 cases will continue and there will be some groups still detrimentally impacted by COVID-19 who will seek welfare support from the system and create additional demand for community-based social services.

Case isolation options

Option 1 - Status quo: Cases continue to be required to self-isolate for 7-days

Population impact – Seniors and people with disabilities

- The risks (real and perceived) of any COVID-19 resurgence fall disproportionately on older people and people with disabilities. The converse is that public health measures

aimed at limiting the spread of COVID-19 (such as masking or self-isolation requirements) will benefit older New Zealanders and those with disabilities.

Option 4- No mandatory isolation

- MSD already delivers extensive hardship support and can provide employment services to support people to redeploy into more sustainable employment opportunities
- MSD would close some of its COVID-19 0800 numbers with no mandatory isolation.

Mask requirement options

Option 1: Status quo – required for people who are visitors to health service settings

- No impact

Option 2: Remove the mask mandate – issue updated guidance to healthcare providers

Population impact – Disability

- We advise against removing the requirement of masks for disability and health services, given the number of people in these spaces that may be more vulnerable to COVID-19.

Impacts on the Care in Communities (CiC) model

Case isolation options:

Option 1, 2, 3A and 3B

- This feedback is relevant to all options which retain self-isolation settings (ie. option 1, 2, 3A and 3B).
- Until the end of June, these options will have no impacts on the CiC welfare support model and its main welfare elements (Community Connectors and food support).
- After June 2023 the CiC welfare model is no longer in place.
- Budget 23 continued some CiC supports for 2023/24, but there was no further funding for targeted community supports (Food and Community Connection Service) for households experiencing or impacted by COVID-19 – instead households must seek support through BAU channels. Support continued for 2023/24 includes:
 - Maintaining the community food distribution infrastructure – ensuring bulk surplus and rescued food continues to move through the community food distribution system to community food providers to supplement their stocks
 - Some transitional funding for community food providers – this equates to around three months of activity, but was not intended to support people self-isolating
 - Some transitional funding for Community Connectors, with ongoing funding for 100 FTEs to be retained after June 2023 (a reduction from 500 FTEs). This is alongside an additional 65 Community Connectors, who are being retained for one year in regions impacted by the January 2023 floods and Cyclone Gabrielle.

Option 1 - Status quo: Cases continue to be required to self-isolate for 7-days

- All CiC related funding ends in June 2023. This option will place a significant burden on community providers. The inability for people self-isolating to seek support may reduce the impact of the health objectives of this option.
- Community Connectors will still be able to support COVID-19 impacted people (noting the reduced number of FTEs). No further CiC funding will be provided to the sector except as agreed for transition. Community Connection Service FTE and community food providers will remain in place and providers will continue to support COVID-19 impacted households with remainder of funding available to their organisation until 30 June 2023.

Option 4 - no mandatory isolation requirements

- Support for COVID-19 self-isolation food parcels will cease immediately (if decision made prior to 30 June). Community Connectors will still be able to support COVID-19 impacted households (noting the reduced number of FTEs). No further CiC funding will be provided to sector except as agreed for transition. Community Connection Service FTE and community food providers will remain in place and providers will continue to support COVID-19 impacted households with remainder of funding available to their organisation until 30 June 2023. There will be continued pressure on community organisations supporting those too sick to work or dealing with the impacts of COVID-19.
- Minor impact: this would enable Community Connectors to focus more on supporting people impacted by extreme weather, as there would be less need to support people isolating with COVID-19.

Mask requirement options:

- No impact on CiC under either option 1 or option 2

Impacts on the Leave Support Scheme

- MSD and Treasury worked together to provide the following comments related to the Leave Support Scheme (LSS):

Case isolation options

Option 1 - Status quo: Cases continue to be required to self-isolate for 7-days

- The COVID-19 Leave Support Scheme (LSS) would continue to be available for employers under this scenario.

Operational impact: No operational changes would be required.

Fiscal impact: The cost of the LSS has reduced in line with the reduction in case numbers, with \$15.1 million paid out in May 2023 (compared to \$180 million paid out in March 2022).

If the scheme remains operational, current funding is likely to be sufficient to last until around October 2023.

The LSS will continue to be paid out for those legally required to self-isolate. When the legal requirement to self-isolate is removed, cases will no longer be eligible to receive support through the LSS. This would mean there would no longer be government support to business for the cost of people (voluntarily) isolating. Businesses would, therefore, face the full costs of sick leave provisions and some workers, who do not have sick leave entitlements, may not be supported (or have any income) when they are unable to work.

Option 2 – Test to release: mandatory isolation for 5 days, followed by test-to-release to a maximum of 7 days

- The LSS is paid for each eligible employee for at least 4 consecutive days of self-isolation. Treasury & MSD's view is the same as for Option 1.

Option 3 – Reduce mandatory isolation to 5 days, with either:

- **Mandate that cases not be permitted to enter high risk settings on days 6 or 7 (option 3A), or,**
- **Guidance that cases not be permitted to enter high risk settings on days 6 or 7 (option 3B)**

For the purposes of 3A and 3B, high-risk settings would be defined as: hospitals, aged residential care facilities, other residential care (eg disability), and prisons.

- The LSS is paid for each eligible employee for at least 4 consecutive days of self-isolation. Treasury & MSD's view is the same as for Option 1.

Option 4 - No mandatory isolation requirements

- The COVID-19 Leave Support Scheme will not automatically close under this scenario. The majority of applications qualify for the LSS due to the legal requirement, however there are eligibility criteria relating to people who have been advised to isolate because they or a household member are at high-risk of severe illness from COVID-19. We understand there are currently no recipients receiving the LSS for this reason.
- We recommend closing the LSS as employees and self-employed people that test positive for COVID-19 (or whose dependents are sick) would no longer be able to satisfy the eligibility requirements to access the scheme. Eligibility is not extended to those who are voluntary self-isolating (outside particular defined circumstances).
- Closing the scheme would require ending access to the at-risk cohort that have been advised to self-isolate by a medical practitioner. This category of people, as defined in public health guidance, are most at risk of severe illness from COVID-19. The public health context has shifted significantly since early 2020 when this cohort were first included in the scheme, and there are now several additional supports in place. Officials are working to ensure applicants are aware of the employment services, income support, and financial assistance for hardship available from MSD.

Operational impact: There are operational implications for MSD if the scheme were to close. This includes:

- Updating website and comms material, including declaration (e.g., for 11:59pm on day of announcement)
- Communicating the change to clients
- Preparing staff for an increase in phone calls and queries, ensuring they have the correct information and operational guidance.

Fiscal impact: Closure of the LSS will result in fiscal savings. We expect that this would result in around \$70 million that could be returned to the centre if self-isolation ends in June 2023. Applications would continue to be received from those eligible for the 8-week period after the final eligibility date.

Lucy Greig
Acting Manager, Regional and Communities Policy
Ministry of Social Development

31 May 2023

30. Ministry of Social Development, 12 June 2023

From: Jessica Dickinson <Jessica.Dickinson021@msd.govt.nz>
Sent: Monday, 12 June 2023 12:08 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Emma OConnell <Emma.OConnell006@msd.govt.nz>
Subject: RE: COVID-19 measures Cabinet paper for agency consultation (due midday Mon 12 Jun)

Kia ora Claire,

Thank you for the opportunity to review the draft Cabinet paper on COVID-19 measures that was circulated on Friday 9 June 2023.

MSD also provided previous feedback in March 2023 on these options, and on the post-PHRA options circulated on May 30, 2023.

We have suggested some minor wording changes to ensure our feedback is well reflected in the final paper-please see attached for a copy with tracked changes.

Ngā mihi
Jess Dickinson
Policy Advisor

Regional Development Policy
Regional Public Service

The Aurora Centre | Level 9 | 56 The Terrace | PO Box 1556 | Wellington | New Zealand



Te Kāwanatanga o Aotearoa
New Zealand Government

Attachment:



02. COVID-19
measures draft Cabinet

31. Ministry of Social Development, 25 July 2023

From: Jacob Flanagan <Jacob.Flanagan006@msd.govt.nz>
Sent: Tuesday, 25 July 2023 4:02 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Adelaide Gleadow <Adelaide.Gleadow001@msd.govt.nz>; Serena Curtis <Serena.Curtis012@msd.govt.nz>; Fau Logo <Fau.Logo002@msd.govt.nz>; Amy Richardson <Amy.Richardson007@msd.govt.nz>; Rebecca Brew-Harper <Rebecca.BrewHarper010@msd.govt.nz>; Megan Beecroft <Megan.Beecroft005@msd.govt.nz>; Sarah Palmer <Sarah.Palmer012@msd.govt.nz>; Miriam Mathews <Miriam.Mathews009@msd.govt.nz>; DCE_SD_Advisors (MSD) <DCE_SD_Advisors@msd.govt.nz>; DCE_Office_Strategy_and_Insights (MSD) <DCE_Office_Strategy_and_Insights@msd.govt.nz>; Molly Elliott <Molly.Elliott019@msd.govt.nz>; Dinarie Abeyesundere <Dinarie.Abeyesundere001@msd.govt.nz>; Emma OConnell <Emma.OConnell006@msd.govt.nz>; Samuel Rayner <Samuel.Rayner004@msd.govt.nz>; Lucy Langston <Lucy.Langston004@msd.govt.nz>; MCP_DCE_Office-Ext <MCP_DCE_Office@msd.govt.nz>; Kate Tagataese <Kate.Tagataese002@msd.govt.nz>
Subject: RE: For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning

SENSITIVE

Kia ora Claire,

Thanks for reaching out. See MSD's feedback on the options below in **red**.

We also have a couple of high level bullet points to raise:

- Does this PHRA have any implication for or links with the "Aotearoa New Zealand Strategic Framework for Managing COVID-19" paper going to SWC on 26 June?
- We'd like to please request that the Cabinet paper includes a recommendation that, **if option 2 is chosen (No mandatory isolation), a recommendation is included, seeking agreement to close the Leave Support Scheme**. Appreciate that this may not be possible, but it would save MSD from taking a separate Cabinet paper on closing the LSS if option 2 is chosen. We're more than happy to work with you on wording this.

Happy to answer any pātai, and look forward to receiving the draft Cabinet paper for further comment – thanks again in advance!

Nāku, nā

Jacob Flanagan (he/him)

Policy Analyst – Regional and Communities Policy

Ministry of Social Development

Feedback on options

In relation to the options that are likely to be included in the Cabinet paper:

- impacts on population groups
- impacts on sectors
- operational or practical issues
- any other feedback

Case isolation options

- Option 1: Status quo – cases continue to be required to self-isolate for 7 days

Impacts on the Leave Support Scheme

- The COVID-19 Leave Support Scheme (LSS) would continue to be available for employers under this scenario.

Operational impact: No operational changes would be required.

Fiscal impact: The cost of the LSS has reduced in line with the reduction in case numbers, with \$13.0 million paid out in June 2023. If the scheme remains operational and cases remain around 1,000 per day on average, current funding is likely to be sufficient to last until around December 2023. In addition, there is an in-principle agreement to transfer the remaining balance (around \$26 million) from the 2022/23 financial year which is yet to be approved.

The LSS will continue to be paid out for those legally required to self-isolate. When the legal requirement to self-isolate is removed, cases will no longer be eligible to receive support through the LSS. This would mean there would no longer be government support to business for the cost of people (voluntarily) isolating. Businesses would, therefore, face the full costs of sick leave provisions and some workers, who do not have sick leave entitlements, may not be supported (or have any income) when they are unable to work.

No impacts on CiC welfare response.

- Option 2: No mandatory isolation – replace with guidance instead.

Broad feedback

If option 2 is progressed, any change will need to be implemented alongside communities, to assist with understanding and adoption, and to ensure clear guidance and communication that is accessible to all people is available.

Impacts on the Leave Support Scheme

The COVID-19 Leave Support Scheme will not automatically close under this scenario. The majority of applications qualify for the LSS due to the legal requirement, however there are eligibility criteria relating to people who have been advised to isolate because they or a household member

are at high-risk of severe illness from COVID-19. We understand there are currently no recipients receiving the LSS for this reason.

If this option of no mandatory isolation is chosen, we recommend closing the LSS as employees and self-employed people that test positive for COVID-19 (or whose dependents are sick) would no longer be able to satisfy the eligibility requirements to access the scheme. Eligibility is not extended to those who are voluntary self-isolating (outside particular defined circumstances).

Closing the scheme would require ending access to the at-risk cohort that have been advised to self-isolate by a medical practitioner. This category of people, as defined in public health guidance, are most at risk of severe illness from COVID-19. The public health context has shifted significantly since early 2020 when this cohort were first included in the scheme, and there are now several additional supports in place. Officials are working to ensure applicants are aware of the employment services, income support, and financial assistance for hardship available from MSD.

Changes required: There are various implications for MSD and the Treasury if the scheme were to close. MSD would require around 10 days' notice of the LSS closing to implement the changes below. This includes:

- Seeking Cabinet agreement to close the scheme, including transfers of any remaining funding in the appropriation back to centre. This could either be via the main settings Cabinet paper or a companion Cabinet paper
- Updating website and comms material, including declaration (e.g., for 11:59pm on day of announcement)
- Communicating the change to clients
- Preparing staff for an increase in phone calls and queries, ensuring they have the correct information and operational guidance.

Fiscal impact: Closure of the LSS will result in fiscal savings. We expect that this would result in around \$40 million that could be returned to the centre if self-isolation ends in August 2023. Applications would continue to be received from those eligible for the 8-week period after the final eligibility date, meaning remaining funding would be returned to centre after this period.

No impacts on CiC welfare response.

Mask requirement options

- Option 1: Status quo – required for people who are visitors to health service settings (requirements for health service workers and patients are currently set locally with reference to relevant national IPC Guidance produced by Te Whatu Ora)

Broadly recommend.

No impacts on LSS or CiC welfare response.

- Option 2: Remove the mask mandate – and instead issue updated guidance to healthcare providers.

If this option is chosen, we encourage guidance be provided to more than just healthcare providers, but also large event holders, iwi, community groups etc. Any change will need to be implemented alongside communities, to assist with understanding and adoption, and to ensure **clear guidance and communication that is accessible to all people is available.**

No impacts on LSS or CiC welfare response.

Transition planning

If the mandates were both to be removed, what would need to occur as part of the transition?

- Are there any changes (legislative, policy or operational) that your agency would need to put in place as a result of the mandates being lifted?

As above.

- If any information or guidance is required from Manatū Hauora and/or Te Whatu Ora to support this shift? (either specifically to support your agency in relation to certain settings or sectors, or more generally to the public)

N/A – MoH would lead communications on any shift in settings, which we would advocate to be clear and accessible, as above.

- If the mandates were both to be removed, would there need to be any change to the remaining non-mandatory measures (eg. vaccination, antivirals, isolation guidance, mask use guidance, ventilation guidance, access to RATs, reporting, surveillance, health services) as a result? **Access to free RATs should remain; suggest a review of criteria for antivirals, given any removal of mandates – particularly isolation mandates – is likely to result in increased COVID-19 spread, and many disabled people, who are at higher risk of poor outcomes from COVID-19 do not currently qualify. Access to antivirals for people aged over 65, and Māori/Pacific aged 50 and over, should remain.**
- If the mandates were both to be removed, if there is anything that should be considered from an equity perspective? **Yes. Disabled and older people are at significantly greater risk of poor outcomes from COVID (both hospitalisation and death). This should be a key consideration in assessing the options, especially given they are more likely to visit health settings than the general population. From an population equity perspective, we do not recommend removing these mandates.**

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32. Ministry of Social Development, 26 July 2023

From: Jacob Flanagan <Jacob.Flanagan006@msd.govt.nz>

Sent: Wednesday, 26 July 2023 9:24 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Emma OConnell <Emma.OConnell006@msd.govt.nz>

Subject: RE: For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning

SENSITIVE

Kia ora anō Claire – as Emma mentioned, see below. Please note this reflects feedback from a range of regions and MSD business groups, and therefore a range of perspectives.

- If the mask mandate is to be removed, there would be an equity issue regarding potentially adverse impacts on vulnerable populations (particularly Māori, Pacific, older and disabled people). However, this issue has already been noted within the paper.
- Leave Support Scheme - What is the ethnic breakdown for people who received LSS? In removing LSS – Pacific are negatively impacted as a higher proportion gain work through recruitment agencies or temp contracts so have little or no bargaining rights for employees and no access to paid sick leave. Also issues with RSE and non-residence not being able to access LSS or other means of income. The impact trickles down to the aiga or family to provide support. Quite often these families are already disadvantaged.
- Families who are not normally able to access financial support via MSD have been able to do so under CiC. Now that CiC has ended, the greatest risk is that Pacific community will not re-engage with agencies and prefer to lean into the family support. Health, income and wellbeing issues will remain.
- We note that engagement and advice did not include community organisations particularly those who provided vital support and care during COVID lock down periods.
- As a general comment, what is considered as an equitable outcome for Pacific communities? Equity is mentioned and that we must consider impact however no specific description or action is suggested. Māori rightly have Te Tiriti o Waitangi to help invoke self-determination and a pathway forward that meets their specific needs and goals. However for Pacific, we are not afforded opportunities to consider what an equitable outcome looks like even though statistics prove Pacific are heavily disadvantaged and are the high users of the system.
- A number of regions have indicated support for option 2 in regards to masks (Remove the mask mandate – and instead issue updated guidance to healthcare providers) Some think it is time to move to this position given the current epidemiology of COVID and the proven effectiveness of our high vaccination status against severe disease.
- From an employer's perspective we have had a number speak of the pressure the 7 day isolation period puts on businesses to operate, and for small businesses it sometimes means closure due to lack of staff.
- From an employee's perspective the feedback has been more mixed – some say if the time period had flexibility / discretion – they worry employers may put pressure on their return before they are fully recovered and / or financial pressure may also force that early return.
- One Southland iwi group favour the retention of the status quo of both measures (option 1 for both). They believe a conservative approach is still needed due to the high number of vulnerable hapū & Māori in their communities. Marae are also considered high contact environments and the mandatory obligations works better for them when people are required to self-isolate or wear masks to help reduce spread from close contact.

- One agency says that removal of isolation mandates is supported **if** complimented by clear, common sense, community facing guidance. Key is ensuring messaging is appropriate reaching all culturally and linguistically diverse communities, as well as those who are visually and hearing impaired.
- Messaging should cover all aspects e.g. vaccination, access to antivirals, isolation guidance, mask use guidance, ventilation guidance, access to RAT's.
- We recommend it is important to ensure free and culturally appropriate access continues to all support available, e.g. vaccination, antivirals, isolation guidance, mask use guidance, ventilation guidance, access to RATs etc. This is to ensure those who are vulnerable and struggling financially are still able to get access to support e.g. RAT tests, transport to receive booster vaccination etc. Ongoing provision of up to date information and supports with Iwi and community providers such as Age Concern has proven successful in this space in relation to COVID-19 and other winter illness.
- Regardless of decision taken, messaging should continue to promote not going into vulnerable settings such as Residential Care Facilities when symptomatic.

33. Ministry of Social Development, 31 July 2023

From: Alice Clowes <Alice.Clowes001@msd.govt.nz>

Sent: Monday, 31 July 2023 1:36 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Samuel Rayner <Samuel.Rayner004@msd.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

IN-CONFIDENCE

Hi Claire,

Sorry there was a misunderstanding last week and I hadn't sent this directly through to you – here are the covering points that Harry mentions!

- MSD supports the removal of mandatory self-isolation from the end of August. With the 8-week window for LSS applications after the final date of eligibility, this would mean the LSS would be totally closed from the end of October. From an operational perspective, closing the LSS at this time would free up resources as we head into our peak season (eg students finishing study and moving to Jobseeker Student Hardship). When an announcement is made about closure of the LSS, we would expect an increase in applications which would require more resources to manage this temporary additional demand.
- A small amount of residual funding should be available for 4-6 weeks after the closure of processing (which is 8 weeks after the scheme end date) in case there are:
 - Eligibility issues that require applicants to work with IR in order for us to verify them (somewhat likely, but we'd expect very low numbers)
 - Reviews of Decisions (unlikely, but any closure announcement may impact this)
 - Complaints to the Ombudsman (very unlikely, but these can 4-6 weeks to resolve).
- Question for MoH – “As COVID-19 will remain a notifiable disease, people who test positive will be **encouraged** to tell their relevant PCBU (e.g. employer or school).” As this is a notifiable disease is it not a requirement to actually advise e.g. employer as there is a risk to other staff and clients?
- 'Test to release' (para 39) would be quite difficult to operationalise (current timeframes, revisiting structure of how LSS works etc) and may add more integrity

issues to this high trust model, as LSS can be paid when a person has to self-isolate for four or more consecutive days under the current structure. Under previous variants it was also discussed that people could continue to test positive once they were past the infectious stage (has this been explored further if still applicable for omicron/ newer variants?) and this was why test to release was previously dismissed (as there was potential that the reduction in economic and social impacts may not have been as clear cut). If this was picked as an option it would have huge impacts on MSD and our delivery of LSS.

- Timeframes and delivery: Operational Policy would require at least 10 working days to deliver the changes required for updates to MAP etc if closure of the scheme was decided upon.

Happy to discuss, sorry again for the lateness!

Ngā mihi,
Alice



Alice Clowes ([she/her](#))

Senior Policy Analyst | Employment Policy

s 9(2)(a)

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**MINISTRY OF SOCIAL
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TE MANATŪ WHAKAHIATO ORA

34. Ministry of Social Development, 31 July 2023

From: Jessica Dickinson <Jessica.Dickinson021@msd.govt.nz>

Sent: Monday, 31 July 2023 4:34 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Emma OConnell <Emma.OConnell006@msd.govt.nz>; Molly Elliott <Molly.Elliott019@msd.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Kia ora Claire,

Thank you for the opportunity for MSD to review this draft Cabinet paper and for allowing a time extension to COP Monday 31 for our feedback.

We note we may have further feedback towards COP today but provide this as an earlier copy to assist your process. I will pass on any further feedback separately.

Please note we have separately provided joint feedback with Treasury on the closure of the Leave Support Scheme so that feedback is not repeated here. We have included an additional comment regarding LSS communications in the table below.

Thanks again,

Jess

MSD's feedback by paragraph

Paragraph reference #	Comments
Paragraph 8	We recommend specifying if the intention is to review the consequences of removing the remaining two COVID-19 orders at the next review, if agreement from Cabinet is secured to revoke them on 31 August.
Paragraphs 16-17	<p>These risk factors also intersect with disability - older people and Māori are more likely to be disabled, than younger people or non-Māori (Disability rate in New Zealand - Figure.NZ).</p> <p>This means that removing the remaining COVID-19 orders could have disproportionate negative impacts on disabled people who are also likely to feel that they are at higher risk than non-disabled people. We recommend that you discuss this intersection here, and in the 'Te Tiriti o Waitangi' section.</p>
Paragraph 27	<p>MSD would like to amend the phrasing here from s 9(2)(g)(i) [REDACTED]</p> <p>We note that there are segments of the population at higher risk of worse health outcomes supporting isolation. We also note that mandatory isolation maintains some financial supports for financially vulnerable groups, including those with insecure employment. However, there is no longer a dedicated programme to support people isolating, and this puts stresses on families and community providers.</p>
Paragraph 50	MSD notes that our usual timeframe to translate documents into alternate formats are 6-8 weeks and a shorter 2-week timeframe would need additional resourcing to undertake.
Paragraph 86	<p>In the case of closure of the LSS, MSD communications would only require around 2-5 days to implement changes including updating the website and comms material, and ensuring staff have the correct information and operational guidance to answer questions and manage applications in the 8-week period after the final eligibility date.</p> <p>We also request removal of the wording in 86.3 about communicating the change to clients. We would instead put out some messaging to employers in the regions.</p>
Paragraph 88-91	<p>Below is updated wording on the Care in the Communities welfare model to replace paragraphs 88-91 in the current draft.</p> <p>We recommend renaming this section to 'Welfare Support for people with COVID-19' given that the CiC welfare model ended on 1 July 2023.</p> <p>s 9(2)(g)(i) [REDACTED]</p>

s 9(2)(g)(i)

Paragraph 115 **MSD requests amendment of our position from “support” to “mixed support” to reflect full scope of our feedback as follows:**

s 9(2)(g)(i)

Ngā mihi

Jess Dickinson

Policy Analyst

Regional Development Policy

Regional Public Service

The Aurora Centre | Level 9 | 56 The Terrace | PO Box 1556 | Wellington | New Zealand



Te Kāwanatanga o Aotearoa
New Zealand Government

35. Ministry of Social Development, 1 August 2023

From: Alice Clowes <Alice.Clowes001@msd.govt.nz>
Sent: Tuesday, 1 August 2023 10:06 am
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Samuel Rayner <Samuel.Rayner004@msd.govt.nz>; Megan Beecroft <Megan.Beecroft005@msd.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

IN-CONFIDENCE

Thank you very much Claire, sorry about the confusion. Here's the updated wording to reflect 10 days rather than 2 – 5.

Paragraph 86	<p>In the case of closure of the LSS, MSD communications and operational policy would require around 10 days to implement changes including updating the website and comms material, and ensuring staff have the correct information and operational guidance to answer questions and manage applications in the 8-week period after the final eligibility date.</p> <p>We also request removal of the wording in 86.3 about communicating the change to clients. We would instead put out some messaging to employers in the regions.</p>
--------------	--

Cheers,
Alice

36. Ministry of Social Development, 7 August 2023

From: Jessica Dickinson <Jessica.Dickinson021@msd.govt.nz>
Sent: Monday, 7 August 2023 4:33 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Emma O'Connell <Emma.O'Connell006@msd.govt.nz>; Molly Elliott <Molly.Elliott019@msd.govt.nz>; Sacha O'Dea <Sacha.O'Dea002@msd.govt.nz>
Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

IN-CONFIDENCE

Kia ora Claire,

See below for MSD's feedback:

1. If the Cabinet agrees to revoke the orders, **effective from 15 August**, will you be able to do the things you need to do in time?

Leave Support Scheme

- When isolation orders are revoked, this will trigger the closure of the Leave Support Scheme (if the recommendations reflected in Health's current Cabinet paper are agreed). MSD will be able to make the necessary changes in time for a 15 August implementation (we need to confirm if the orders will be revoked at 11:59pm on Monday 14 August for our processes), such as uploading a new LSS declaration and associated materials to our website, and communicating these changes to frontline staff.

- LSS will formally close 8-weeks after the self-isolation orders are revoked, reflecting the 8-week period allowed for employers to apply for LSS after their employee's (or their employee's dependent's) isolation period ends. This gives MSD time to prepare communications, IT changes, etc., for this formal closure.

Accessible formats

- If Cabinet agrees to revoke the orders from 15 August, MSD will not be able to provide communications in alternate formats by this date (as there is a six to eight week processing time for this).
- We encourage working directly with the Alternate Formats team at MSD (accessibility@msd.govt.nz) as there is a possibility some work may be able to be deprioritised to shorten this timeframe.

2. If the orders are revoked effective 15 August and those activities have not occurred, what would be the impact (from the perspective of a provider/staff member/affected member of the public)?

Leave Support Scheme

- MSD are confident these deadlines can be met in relation to the LSS.

Accessible formats

- Some disabled people that rely on alternate formats to get the necessary information may not be adequately informed of the changes on the date of the changes.

Thank you,

Jess

37. Ministry of Social Development, 7-10 August 2023

From: Jessica Dickinson <Jessica.Dickinson021@msd.govt.nz>

Sent: Thursday, 10 August 2023 3:00 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Emma OConnell <Emma.OConnell006@msd.govt.nz>; Molly Elliott <Molly.Elliott019@msd.govt.nz>; Sacha O'Dea <Sacha.O'Dea002@msd.govt.nz>

Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

IN-CONFIDENCE

Perfect, thanks Claire I was just about to email to confirm that to avoid confusion!

That looks good.

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Thursday, 10 August 2023 2:56 pm

To: Jessica Dickinson <Jessica.Dickinson021@msd.govt.nz>

Cc: Emma OConnell <Emma.OConnell006@msd.govt.nz>; Molly Elliott <Molly.Elliott019@msd.govt.nz>; Sacha O'Dea <Sacha.O'Dea002@msd.govt.nz>

Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

IN-CONFIDENCE

Thanks Jess – I've amended, but also kept the final sentence that Sacha emailed requesting earlier in the week – see highlighted (let me know if you don't need this anymore):

1 As the CIC Welfare Programme was wound down at the end of June 2023, MSD no longer makes direct referrals for support **or allocate additional targeted funding to partners to support those impacted by COVID-19**. However, Community connectors and food supports continue to be available from our community partners **including** to support people and whānau self-isolating and/or impacted by COVID-19 in 2023/24. **Following Budget 23 decisions, the number of community connectors across New Zealand will reduce from 500 to 165 at the end of September 2023.**

Thanks,

Claire

From: Jessica Dickinson <Jessica.Dickinson021@msd.govt.nz>

Sent: Thursday, 10 August 2023 2:47 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Emma OConnell <Emma.OConnell006@msd.govt.nz>; Molly Elliott <Molly.Elliott019@msd.govt.nz>; Sacha O'Dea <Sacha.O'Dea002@msd.govt.nz>

Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

IN-CONFIDENCE

Kia ora Claire,

We have some additional late agency feedback that we would like to add to the paper.

A small bit of feedback from MCP on the CIC para just to provide additional clarity around MSD ongoing supports available. Not drop dead important but didn't want to be misleading about what is available from MSD now CIC is ended.

We recommend para 57 be amended to the following to ensure accuracy around ongoing supports funded by MSD now CIC has ended for covid impacted people and whānau (changes in red).

As the CIC Welfare Programme was wound down at the end of June 2023, MSD no longer makes direct referrals for support **or allocate additional targeted funding to partners to support those impacted by Covid-19**. However, Community connectors and food supports continue to be available from our community partners **including** to support people and whānau self-isolating and/or impacted by COVID-19 in 2023/24.

Thank you!

Jess

From: Jessica Dickinson

Sent: Monday, 7 August 2023 4:33 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Emma OConnell <Emma.OConnell006@msd.govt.nz>; Molly Elliott <Molly.Elliott019@msd.govt.nz>; Sacha O'Dea <Sacha.O'Dea002@msd.govt.nz>

Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

Kia ora Claire,

See below for MSD's feedback:

3. If the Cabinet agrees to revoke the orders, effective from 15 August, will you be able to do the things you need to do in time?

Leave Support Scheme

- When isolation orders are revoked, this will trigger the closure of the Leave Support Scheme (if the recommendations reflected in Health's current Cabinet paper are agreed). MSD will be able to make the necessary changes in time for a 15 August implementation (we need to confirm if the orders will be revoked at 11:59pm on Monday 14 August for our processes), such as uploading a new LSS declaration and associated materials to our website, and communicating these changes to frontline staff.
- LSS will formally close 8-weeks after the self-isolation orders are revoked, reflecting the 8-week period allowed for employers to apply for LSS after their employee's (or their employee's dependent's) isolation period ends. This gives MSD time to prepare communications, IT changes, etc., for this formal closure.

Accessible formats

- If Cabinet agrees to revoke the orders from 15 August, MSD will not be able to provide communications in alternate formats by this date (as there is a six to eight week processing time for this).
- We encourage working directly with the Alternate Formats team at MSD (accessibility@msd.govt.nz) as there is a possibility some work may be able to be deprioritised to shorten this timeframe.

4. If the orders are revoked effective 15 August and those activities have not occurred, what would be the impact (from the perspective of a provider/staff member/affected member of the public)?

Leave Support Scheme

- MSD are confident these deadlines can be met in relation to the LSS.

Accessible formats

- Some disabled people that rely on alternate formats to get the necessary information may not be adequately informed of the changes on the date of the changes.

Thank you,

Jess

38. Ministry of Social Development, 9 August 2023

From: Sacha O'Dea <Sacha.O'Dea002@msd.govt.nz>

Sent: Wednesday, 9 August 2023 8:17 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Emma OConnell <Emma.OConnell006@msd.govt.nz>; Molly Elliott <Molly.Elliott019@msd.govt.nz>; Jessica Dickinson <Jessica.Dickinson021@msd.govt.nz>; Serena Curtis <Serena.Curtis012@msd.govt.nz>; Adelaide Gleadow

<Adelaide.Gleadow001@msd.govt.nz>

Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

IN-CONFIDENCE

Kia ora Claire

Apologies for sending one more last minute piece of feedback. Can you please also add a line (highlighted below) to the paragraph on Welfare Support (para 57 in the last draft I saw)

Welfare Support for people with COVID-19

s 9(2)(g)(i)

Please give me a call if you have any questions or want to discuss

Thanks

Sacha

Sacha O'Dea

Manahautū, Rautaki me Matawhānui | Deputy Chief Executive, Strategy & Insights

☎ s 9(2)(a)

✉ sacha.o'dea002@msd.govt.nz

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Manaaki tangata, manaaki whānau

39. Ministry of Social Development, 9-10 August 2023

From: Alice Clowes <Alice.Clowes001@msd.govt.nz>

Sent: Thursday, 10 August 2023 3:27 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Samuel Rayner <Samuel.Rayner004@msd.govt.nz>; Phillipa Stubbe <Phillipa.Stubbe003@msd.govt.nz>; Jan Keir-Smith <Jan.KeirSmith001@msd.govt.nz>

Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

IN-CONFIDENCE

Kia ora Claire,

To avoid confusion, how about we remove that date? All up to date info will be available on the LSS page of our work and income website.

Ngā mihi,
Alice

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Thursday, 10 August 2023 3:14 PM

To: Alice Clowes <Alice.Clowes001@msd.govt.nz>

Cc: Samuel Rayner <Samuel.Rayner004@msd.govt.nz>; Phillipa Stubbe <Phillipa.Stubbe003@msd.govt.nz>; Jan Keir-Smith <Jan.KeirSmith001@msd.govt.nz>

Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

IN-CONFIDENCE

Hi Alice – just thinking, based on the earlier email, we should probably update the date to 11 August?

From: Alice Clowes <Alice.Clowes001@msd.govt.nz>

Sent: Thursday, 10 August 2023 3:00 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Samuel Rayner <Samuel.Rayner004@msd.govt.nz>; Phillipa Stubbe <Phillipa.Stubbe003@msd.govt.nz>; Jan Keir-Smith <Jan.KeirSmith001@msd.govt.nz>

Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

IN-CONFIDENCE

Kia ora Claire,

Just flagging that after further thought our comms team have suggested this final revised wording. Flagging this with you but they will also be flagging with their Health comms contacts.

Wellbeing

If you are not working due to a medical condition, **talk to your employer about sick leave or other leave.** [Employment NZ](#) has information about leave entitlements.

The COVID-19 Leave Support Scheme is no longer available for people with COVID-19 from 15 August 2023. If you need help with urgent costs, ~~or have to take unpaid leave,~~ you may be eligible for support from Work and Income. Check www.workandincome.govt.nz or call 0800 559 009.

Ngā mihi,
Alice



Alice Clowes ([she/her](#))

Senior Policy Analyst | Employment Policy

s 9(2)(a)

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**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA

From: Claire Whelen <Claire.Whelen@health.govt.nz>
Sent: Wednesday, 9 August 2023 4:23 PM
To: Alice Clowes <Alice.Clowes001@msd.govt.nz>
Cc: Samuel Rayner <Samuel.Rayner004@msd.govt.nz>
Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

IN-CONFIDENCE

Hi Alice,

No problem – I've passed this on to the Te Whatu Ora comms people to fix the wording.

Re your question on whether it is clear that the legal requirement is no longer in place – when we looked at examples of guidance from other jurisdictions, they didn't say this explicitly (I'm assuming as it was a big announcement at the time, so assumed that people would know about it). The guidance will be that people should isolate for 5 days and until well, and all other jurisdictions that have dropped the mandate still have guidance. The mandate would just no longer be in place. Hope this makes sense? Let me know if not.

Thanks,

Claire

From: Alice Clowes <Alice.Clowes001@msd.govt.nz>
Sent: Wednesday, 9 August 2023 3:55 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Samuel Rayner <Samuel.Rayner004@msd.govt.nz>
Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

IN-CONFIDENCE

Kia ora Claire,

Sorry to bother you again, but if at all possible could you please share this with Te Whatu Ora/connect us with them?

We're just keen to understand – will this guidance be clear on the fact that the legal requirement to self-isolate is being removed? Our guidance re: LSS has always stated that people are required to isolate based on public health guidance – but if it's not clear that the legal requirement has been removed, we run the risk of mixed messaging.

We also have the following suggested wording about MSD supports.

Wellbeing

If you are not working due to a medical condition, **talk to your employer about sick leave or other paid leave.** [Employment NZ](#) has information about leave entitlements

If you need help with urgent costs, or have to take unpaid leave, you may be eligible for support from Work and Income. Check www.workandincome.govt.nz or call 0800 559 009.

Cheers,
Alice

From: Alice Clowes

Sent: Wednesday, 9 August 2023 2:47 PM

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Samuel Rayner <Samuel.Rayner004@msd.govt.nz>

Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

Kia ora Claire,

Thank you for sharing this with us.

I don't know if it's possible or not, but just wanted to flag this would be our preferred text at the end of the doc (rather than directing people to contact their local office):

Check www.workandincome.govt.nz or call 0800 559 009.

Appreciate that this is Te Whatu Ora's document though and is going through/has been through their sign out process.

Cheers,
Alice

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Wednesday, 9 August 2023 9:58 AM

To: 'Alice.Clowes001@msd.govt.nz'; 'Diane.Turner020@msd.govt.nz'; 'Emma.OConnell006@msd.govt.nz'; 'George.Minton001@msd.govt.nz'; 'Jessica.Dickinson021@msd.govt.nz'; 'Megan.Beecroft005@msd.govt.nz'; 'Sacha.O'Dea002@msd.govt.nz'; 'samuel.rayner004@msd.govt.nz'; 'Kathy.Brightwell@justice.govt.nz'; 'covidpolicy@justice.govt.nz'; Hilary.Tucker@justice.govt.nz; Button, Heather <Heather.Button@justice.govt.nz>; COOOffice <COOOffice@justice.govt.nz>; Saskia.Vitasovich@justice.govt.nz; 'Andy.Jackson@education.govt.nz'; 'Antony.Harvey@education.govt.nz'; 'Lisa.Sengelow@education.govt.nz'; 'Paul.Aitken@education.govt.nz'; 'Richard.Joblin@education.govt.nz'; 'Chelsea.Hansen@education.govt.nz'; 'Gayathiri.ganeshan@mbie.govt.nz'; Tracy Mears <Tracy.Mears@mbie.govt.nz>; 'Benjamin.Storey@corrections.govt.nz'; 'Brenda.Bruning@corrections.govt.nz'; 'Brigid.Kean@corrections.govt.nz'; 'Grace.Smart@corrections.govt.nz'; 'Kate.Calvert@corrections.govt.nz'; 'Kirsty.Macdonald@corrections.govt.nz'; 'Marian.Horan@corrections.govt.nz'

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>

Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

Kia ora koutou,

I've attached the draft guidance from Te Whatu Ora – please note this **has not yet been signed off by the relevant tier 2 in Te Whatu Ora**. The plan was that he would do that yesterday, and I'll send through the final as soon as I get it from them. We don't anticipate that there are likely to be any major changes.

Apologies for the delay on this.

Thanks,

Claire

Ministry of Social Development, Office for Seniors

40. MSD Office for Seniors, 26 July 2023

From: George Minton <George.Minton001@msd.govt.nz>
Sent: Wednesday, 26 July 2023 12:23 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Diane Turner <Diane.Turner020@msd.govt.nz>; Miriam Mathews <Miriam.Mathews009@msd.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Daniel Martin <Daniel.Martin@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; Emily Moxon <Emily.Moxon@health.govt.nz>; Jane Hubbard <Jane.Hubbard@health.govt.nz>; Stephen Glover <Stephen.Glover@health.govt.nz>; Mark Heffernan <Mark.Heffernan@health.govt.nz>; Jane Chambers <Jane.Chambers@health.govt.nz>
Subject: RE: For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning

IN-CONFIDENCE

Kia ora Claire,

Apologies for missing your deadline for initial comment yesterday, but hopefully this is still useful. We'll endeavour in any case to respond quickly to the CAB paper itself whenever circulated.

Our previous comments (attached) on the substance of the recs still stand. As previously, we don't have a firm position in opposition to removal of mask mandates or self isolation requirements. We just want to make sure the attached points are considered as part of the wider balancing of public health considerations – and register them in relation to the implementation of any changes (eg providing guidance to ARC facilities to implement their own rules).

Cheers,

George Minton ([he/him](#))

Manager, Office for Seniors

M: s 9(2)(a)

41. MSD Office for Seniors, 31 July 2023

From: George Minton <George.Minton001@msd.govt.nz>
Sent: Monday, 31 July 2023 9:43 am
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

IN-CONFIDENCE

Kia ora Claire,

No substantive change on the Office for Seniors position, but you might just want to change para 108 to the following, since the paper is no longer putting forward a range of options:

The **Office for Seniors** notes that the burden of risk from increased infections as a result of reducing self-isolation requirements will fall largely on older people. The Office does not have a position favouring retention or removal. However, if any change is implemented, it will be important to communicate this widely, including in accessible formats and through offline channels to ensure that everyone is able to fully understand and comply with new measures.

Cheers,

George Minton ([he/him](#))

Manager, Office for Seniors

M: s 9(2)(a)

42.MSD Office for Seniors, 7 August 2023

From: George Minton <George.Minton001@msd.govt.nz>

Sent: Monday, 7 August 2023 3:56 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; Diane Turner <Diane.Turner020@msd.govt.nz>

Subject: RE: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

IN-CONFIDENCE

Kia ora Claire,

Probably a nil response from us – not really anything the Office “needs to do” as such.

However, we’d have some concern that it’s likely to be difficult to get necessary information about new requirements, as well as measures individuals might want to take to protect themselves, out in time. This is especially so for groups at greater risk from COVID, many of whom are also more likely to be digitally excluded (eg older people, disabled people).

As a practical note, we’d be keen to have any comms material on the above matters through ASAP to share through our channels.

Cheers,

George Minton ([he/him](#))

Manager, Office for Seniors

M: s 9(2)(a)

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Monday, 7 August 2023 3:16 pm

To: 'Alice.Clowes001@msd.govt.nz'; 'Diane.Turner020@msd.govt.nz'; 'Emma.OConnell006@msd.govt.nz'; 'George.Minton001@msd.govt.nz'; 'Jessica.Dickinson021@msd.govt.nz'; 'Megan.Beecroft005@msd.govt.nz'; 'Sacha.O'Dea002@msd.govt.nz'; 'samuel.rayner004@msd.govt.nz'; 'Kathy.Brightwell@justice.govt.nz'; 'covidpolicy@justice.govt.nz'; Hilary.Tucker@justice.govt.nz'; Button, Heather <Heather.Button@justice.govt.nz>; COOOffice <COOOffice@justice.govt.nz>; Saskia.Vitasovich@justice.govt.nz'; 'Andy.Jackson@education.govt.nz'; 'Antony.Harvey@education.govt.nz'; 'Lisa.Sengelow@education.govt.nz'; 'Paul.Aitken@education.govt.nz'; 'Richard.Joblin@education.govt.nz'; 'Chelsea.Hansen@education.govt.nz'; 'Gayathiri.ganeshan@mbie.govt.nz'; Tracy Mears <Tracy.Mears@mbie.govt.nz>; 'Benjamin.Storey@corrections.govt.nz'; 'Brenda.Bruning@corrections.govt.nz'; 'Brigid.Kean@corrections.govt.nz'; 'Grace.Smart@corrections.govt.nz'; 'Kate.Calvert@corrections.govt.nz'; 'Kirsty.Macdonald@corrections.govt.nz'; 'Marian.Horan@corrections.govt.nz'

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>

Subject: Checking readiness/implications re possible COVID-19 setting change from 15 Aug

Importance: High

Kia ora koutou,

Apologies, yet again, for the very short notice, but we've had some further feedback from our Minister' office - would you be able to respond to the two questions below **by 4.30pm today**?

You are receiving this email as your agency identified some consequential changes to either policy or guidance that would be required if the mandates are revoked.

Assuming that we are able to provide you with the final health guidance **by COP tomorrow**, could you please answer these questions:

1. **If the Cabinet agrees to revoke the orders, effective from 15 August, will you be able to do the things you need to do in time?**
2. **If the orders are revoked effective 15 August and those activities have not occurred, what would be the impact (from the perspective of a provider/staff member/affected member of the public)?**

Apologies for the very short notice for this request.

Thanks,

Claire

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43. Ministry of Transport, 25 July 2023

From: Carl Van Der Meulen <c.vandermeulen@transport.govt.nz>
Sent: Tuesday, 25 July 2023 2:58 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Carmen Mak <C.Mak@transport.govt.nz>
Subject: RE: For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning

Hi Claire,

Thanks for the opportunity to provide feedback on the next review of COVID-19 public health measures. We have received feedback from across the transport system.

Feedback on options

Case isolation options: all responses from the transport sector supported *option 2: no mandatory isolation period and replace with guidance*

Mask requirement options: most responses supported *option 2: remove the mask mandate* (with other responses indicating this requirement does not have a direct impact on transport, therefore did not provide feedback)

Sector comments

Respondents also provided the following comments.

- General comments and feedback were consistent that there is a sense of 'rule fatigue' and that "COVID-19 is now just another illness and no longer justifies special treatment"
- General comments on equity: sick leave usage through the required isolation periods has created a strain on available sick leave for some staff
- Sector impacts: the road freight industry employs around 30,000 staff and there are about 4,700 firms; over 60% of those have fewer than two employees. Therefore, the impacts of mandatory 7-day isolation are disproportionate and substantial for the smaller operators and have a degree of inequity when applied across the board (the larger firms can more readily cope with a few staff being absent whereas a small firm cannot). In many cases the road freight sector can also operate in a contactless manner.
- Sector impacts: all port companies have reported that the isolation requirements are continuing to impact port operations, especially in specialist skills such as maritime pilots who are required to continue isolating when they are symptom-free
- Sector impacts: Airways have had occasional service disruptions due to the mandatory isolation requirements.
- Sector impacts: Airlines and airports estimate that around 50-80 staff could return to work if they were symptom free and not mandated to isolate.

MoT comments

- The Ministry of Transport strongly supports *option 2: no mandatory isolation period and replace with guidance*.
- The Ministry of Transport has no comment on the mask requirements in health services settings as this is outside our swim lane

- The aviation sector in particular has not yet fully recovered from the pandemic. The mandatory isolation requirements are continuing to impact the provision of aviation services and exacerbate current capacity constraints in the high demand environment for the sector. On occasions this has contributed to lengthy queues at screening points, disruptions to ground handling services delaying flights, inability of airfields to maintain required cat 7 rescue fire services, disruptions to Airways services. The Ministry and CAA have been working with the aviation sector since September 2022 to increase resilience in the sector.
- MoT also notes that for the maritime sector there is a vessel management framework which enables port employees to work on ships that have known/suspected cases on board. This contributes to the sense of inequity that this framework cannot apply to port staff and that they are required to isolate.

Transition planning

A move to replacing mandatory isolation with guidance would not require significant transition planning for the transport sector. We no longer provide sector specific guidance. A short transition period may be useful for PCBUs to review and update their sicknesses policies in line with updated Health guidance about managing COVID-19 in the workplace.

UAC website

I checked the UAC website to see how easy/accessible it is to get guidance about [COVID-19 symptoms](#). The information on UAC implies that isolation is not mandatory, so you may wish to review this (e.g. it indicates you only have to stay home while you have symptoms or if a health authority tells you to):

If you test positive

While you have symptoms:

- Stay home. Do not go to work or school. Do not socialise.
- Wash your hands often.
- Sneeze and cough into your elbow, and disinfect shared surfaces often.
- If health authorities tell you to self-isolate, do so immediately. If you are waiting for test results you will also need to self-isolate.

Regards,

Carl

Carl van der Meulen

Kaiwhakahaere | Manager

Kōwhiri-19 | Covid-19 Readiness and Response

Te Manatū Waka Ministry of Transport

M: s 9(2)(a) | E: c.vandermeulen@transport.govt.nz | transport.govt.nz



TE MANATŪ WAKA
MINISTRY OF TRANSPORT

Hāpaitia ana ngā tāngata o Aotearoa kia eke
Enabling New Zealanders to flourish

44. Ministry of Transport, 31 July 2023

From: Carmen Mak <C.Mak@transport.govt.nz>
Sent: Monday, 31 July 2023 10:43 am
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Carl Van Der Meulen <c.vandermeulen@transport.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Hi Claire

Thank you for the update.

We have no comments on the draft Cabinet paper.

Kind regards

Carmen

Carmen Mak (she/her)
Pou Whakahaere | Director
Te Pūnaha Waka me ngā Whakaritenga | System and Regulatory Design
M: s 9(2)(a) | E: c.mak@transport.govt.nz



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New Zealand Customs Service

45. New Zealand Customs Service, 21 July 2023

From: STRICKSON Paula <Paula.Strickson@customs.govt.nz>

Sent: Friday, 21 July 2023 1:44 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Subject: FW: For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning

Kia ora Claire,

I thought that I would send Rachel's comments to you now, rather than wait until Tuesday.

Rachel has made some good points below in the table.

Have a good weekend.

Paula

From: MASON Rachael <Rachael.Mason@customs.govt.nz>

Sent: Friday, 21 July 2023 7:18

To: STRICKSON Paula <Paula.Strickson@customs.govt.nz>; HING Denise <Denise.HING@customs.govt.nz>; SOPER David <David.Soper@customs.govt.nz>; RENNIE Scott <Scott.Rennie@customs.govt.nz>; RUDHALLHYETT Pip <Pip.RudhallHyett@customs.govt.nz>

Cc: CHONG Tina <Tina.Chong@customs.govt.nz>; PARULKAR Vijay <Vijay.Parulkar@customs.govt.nz>

Subject: RE: For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning

Hi Paula see my comments in the table below

Thanks for this.

Regards

Rachael

Ngā mihi

Rachael Mason

Pou Whakahaere Haumarutanga, Oranga | Manager Health Safety and Wellbeing
People and Capability | New Zealand Customs Service | Te Mana Ārai o Aotearoa
PO Box 29, Auckland

Mobile 029 771 2892

Rachael.Mason@customs.govt.nz

www.customs.govt.nz

From: STRICKSON Paula <Paula.Strickson@customs.govt.nz>

Sent: Thursday, 20 July 2023 16:35

To: HING Denise <Denise.HING@customs.govt.nz>; MASON Rachael <Rachael.Mason@customs.govt.nz>; SOPER David <David.Soper@customs.govt.nz>; RENNIE Scott <Scott.Rennie@customs.govt.nz>; RUDHALLHYETT Pip <Pip.RudhallHyett@customs.govt.nz>

Kia ora koutou,

Health has provided an early heads-up that they will be circulating a draft Cabinet paper seeking decisions on the remaining COVID-19 mandated responses for agency consultation at **COP Wednesday 26 July, requesting 48-hour feedback by COP Friday 28 July.** Health anticipate that ministerial consultation on the paper will occur between 4-9 August. The paper is due for consideration by SWC on 16 August, and by Cabinet on 21 August.

As per previously, Health are seeking early feedback **by COP on Tuesday 25 July** on the questions in the table below to inform the Cabinet paper. Bullet points in an email are fine. Policy will collate Customs feedback as usual. Please send back to me.

<p>Feedback on options</p> <p>In relation to the options that are likely to be included in the Cabinet paper:</p> <ul style="list-style-type: none"> • impacts on population groups • impacts on sectors • operational or practical issues • any other feedback 	<p>Case isolation options</p> <ul style="list-style-type: none"> • Option 1: Status quo – cases continue to be required to self-isolate for 7 days • Option 2: No mandatory isolation – replace with guidance instead. Provided the guidance emphasises good practise like not coming to work visibly sick or symptomatic (is good communicable disease practise overall), same hygiene measures and explicit statements about protection of vulnerable populations and limiting contact whilst unwell. Most appropriate timing to introduce would be beginning October or when epidemiologists think the winter wave of flu and Covid are likely to tail off into spring
<p>Transition planning</p> <p>If the mandates were both to be removed,</p>	<p>Mask requirement options</p> <ul style="list-style-type: none"> • Option 1: Status quo – required for people who are visitors to health service settings (requirements for health service workers and patients are currently set locally with reference to relevant national IPC Guidance produced by Te Whatu Ora) Keep – still needed for vulnerable populations – provides some ongoing equity protection by default and adherence to national IPC Guidance has rigor. Does not stop an organisation setting that as a minima and doing more when needed in an infection surge and retaining its own PCBU risk assessments and measures but states a minima which should not be breached. Vulnerable workers in other industries still need to be able to point to health measures to protect them against employers that may then dismiss them altogether if nothing is still stated. Our staff interact with citizens in this space and may have whanau experiencing less optimal employment practises than ours. If we want to support staff ability to come to work, we have to see them as being impacted also by that overall system and therefore having our productivity potentially impacted as well. • Option 2: Remove the mask mandate – and instead issue updated guidance to healthcare providers. <ul style="list-style-type: none"> • Are there any changes (legislative, policy or operational) that your agency would need to put in place as a result of the mandates being lifted? • If any information or guidance is required from Manatū Hauora and/or Te Whatu Ora to support this shift? (either specifically to support your agency in relation to certain settings or sectors, or more generally to the public)

what would need to occur as part of the transition?

Should be narrated as a commitment continuing to expect high levels of infection control and being all our responsibility to protect vulnerable others. Would be helpful to also keep the emphasis on the basics of good hygiene infection control processes. If other PCBU's still require their measures (e.g. some CCA's exporters to China) we still need to comply with those and we have made practical provision for that already at the same time accommodating the removal of the traffic light system. We would simply re issue those guidances as required as part of HSW controls.

- If the mandates were both to be removed, would there need to be any change to the remaining non-mandatory measures (eg. vaccination, antivirals, isolation guidance, mask use guidance, ventilation guidance, access to RATs, reporting, surveillance, health services) as a result?

I strongly advocate the retention of the non-mandatory measures as protective and expected especially in relation to access to pharmaceuticals, ventilation guidance, Rats and health services. I suspect surveillance is highly challenged already re compliance and accuracy but secondary and tertiary health care providers should still be reporting to preserve planning and patency of acute care service provision and access to appropriate triage and levels of care e.g. I'd hate to see those metrics not visible to emergency, intensive care services and ventilation bed capacity for planning and delivery purposes. Review Summer of 2024 .

As a service we need to retain as much protection for our people at work and as citizens enabled to be well enough to come to work and retention provides some buffer to that.

- If the mandates were both to be removed, if there is anything that should be considered from an equity perspective?

I think moving too quick to just completely normalise will stress the health care system even more and where there are equity challenges that is directly tied to the patent provision of those services. Retention of the non - mandatory measures will provide some level of ongoing protective factors and enable health services to not have to add additional challenges to seeing patients in current and foreseeable capacity crises.

It also enables services like Customs to have a solid health rationale to up gear our practises at the Border if things changed or we felt our risk profile was changing. We still remain at the frontline of exposure to new variants which can mutate much faster – we don't get the lead time on preparing for the arrival of new variants like we used to in the early days because the mutations are happening so fast now. Although currently more benign and waning in severity, it's still a risk at this stage of transition in my HSW assessment

Thank you

Paula

46. New Zealand Customs Service, 27 July 2023

From: STRICKSON Paula <Paula.Strickson@customs.govt.nz>
Sent: Thursday, 27 July 2023 3:31 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: STRICKSON Paula <Paula.Strickson@customs.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Tēnā koe Claire,

No further feedback from Customs.

Ngā mihi nui,

Paula

Paula Strickson ([She/Her](#)), Principal Policy Analyst | Kaitohutohu Mātāmua

| Policy Legal and Strategy

New Zealand Customs Service | Te Mana Ārai o Aotearoa

Mobile [s 9\(2\)\(a\)](#) Paula.Strickson@customs.govt.nz | [customs.govt.nz](https://www.customs.govt.nz)



NEW ZEALAND CUSTOMS SERVICE
TE MANA ĀRAI
O AOTEAROA

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47. New Zealand Police, 31 July 2023

From: CORLETT, Aeron <Aeron.Corlett@police.govt.nz>

Sent: Monday, 31 July 2023 8:32 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: DONALDSON, Bronwyn <Bronwyn.Donaldson@police.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Daniel Martin <Daniel.Martin@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; Emily Moxon <Emily.Moxon@health.govt.nz>; Jane Hubbard <Jane.Hubbard@health.govt.nz>; Stephen Glover <Stephen.Glover@health.govt.nz>; Mark Heffernan <Mark.Heffernan@health.govt.nz>; Jane Chambers <Jane.Chambers@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>

Subject: RE: [EXTERNAL] Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Kia ora Claire,

Thank you for the opportunity to provide feedback on the draft Cabinet paper on COVID-19 public health measures.

We have not identified any significant impacts on Police and have no comments on the paper.

Please let us know if you need anything further.

Ngā mihi,

Aeron

Aeron Corlett *(she/her)*

Policy Advisor

Policy and Partnerships Group

P s 9(2)(a)

E aeron.corlett@police.govt.nz



48. New Zealand Police, 25 July 2023

From: CORLETT, Aeron <Aeron.Corlett@police.govt.nz>

Sent: Tuesday, 25 July 2023 3:18 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: DONALDSON, Bronwyn <Bronwyn.Donaldson@police.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Daniel Martin <Daniel.Martin@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; Emily Moxon <Emily.Moxon@health.govt.nz>; Jane Hubbard <Jane.Hubbard@health.govt.nz>; Stephen Glover <Stephen.Glover@health.govt.nz>; Mark Heffernan <Mark.Heffernan@health.govt.nz>; Jane Chambers <Jane.Chambers@health.govt.nz>

Subject: RE: [EXTERNAL] For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning

Kia ora,

Thank you for the opportunity to provide early feedback on the review of COVID-19 public health measures and transition planning.

We have not identified any significant impacts on Police that would need to be noted. However, we look forward to receiving the draft Cabinet paper later this week.

In terms of contacts, it would be great if you could please add me to the list for Police (Aeron Corlett – aeron.corlett@police.govt.nz).

Ngā mihi,

Aeron

Aeron Corlett *(she/her)*

Policy Advisor

Policy and Partnerships Group

P s 9(2)(a)

E aeron.corlett@police.govt.nz



Te Aka Whai Ora

49. Te Aka Whai Ora, 18 July 2023

From: Patrick Fischer-Reid <Patrick.Fischer-Reid@health.govt.nz>
Sent: Tuesday, 18 July 2023 11:08 am
To: Daniel Martin <Daniel.Martin@health.govt.nz>
Cc: Brian Watson <Brian.Watson@health.govt.nz>; Karyn Cardno <Karyn.Cardno@health.govt.nz>; Emmeline Croft <Emmeline.Croft@health.govt.nz>; Hauora Hapori <hauorahapori@health.govt.nz>
Subject: RE: Te Aka Whai Ora input to PHRA

Thanks Daniel. I'm not anticipating any further feedback from Te Aka Whai Ora, s 9(2)(h). I'll review it once you circulate, but I'll likely just be sharing it for information to other folk here.

From: Daniel Martin <Daniel.Martin@health.govt.nz>
Sent: Tuesday, 18 July 2023 11:06 am
To: Patrick Fischer-Reid <Patrick.Fischer-Reid@health.govt.nz>
Cc: Brian Watson <Brian.Watson@health.govt.nz>; Karyn Cardno <Karyn.Cardno@health.govt.nz>; Emmeline Croft <Emmeline.Croft@health.govt.nz>; Hauora Hapori <hauorahapori@health.govt.nz>
Subject: RE: Te Aka Whai Ora input to PHRA

Thanks Patrick, I have updated TAWO's comment in the briefing.

s 9(2)(h). Note we are (as usual) working on condensed timeframes with the briefing going through sign out Thursday afternoon, so any feedback/comments need to come back by midday Thursday to ensure we can implement them.

Ngā mihi,

Dan

From: Patrick Fischer-Reid <Patrick.Fischer-Reid@health.govt.nz>
Sent: Tuesday, 18 July 2023 10:54 am
To: Daniel Martin <Daniel.Martin@health.govt.nz>
Cc: Brian Watson <Brian.Watson@health.govt.nz>; Karyn Cardno <Karyn.Cardno@health.govt.nz>; Emmeline Croft <Emmeline.Croft@health.govt.nz>; Hauora Hapori <hauorahapori@health.govt.nz>
Subject: Te Aka Whai Ora input to PHRA

Mōrena Daniel,

Please find below Te Aka Whai Ora input for the PHRA brief this week. This has been approved by my DCE. The only change from the draft I shared with you last week is to the paragraph highlighted below, which we have adjusted in discussion with Te Whatu Ora.

I have still included the paragraph regarding COVID-19 remaining a notifiable disease, but there is no need to include this content if the brief doesn't contemplate a change there. We'd also be happy with a generic statement that Te Aka Whai Ora or health agencies recommend no change to the current status of COVID-19 as a notifiable disease, if you want to include a one-liner to deal with this.

When are you expecting to circulate the brief that will go up to the Minister? Keen to keep our ELT in the loop on this, especially if this ends up being the last regular PHRA for COVID-19.

Te Aka Whai Ora input

Te Aka Whai Ora supports the orderly removal mandatory case isolation and mandatory masking requirements. Te Aka Whai Ora considers the current risk to be low relative to other periods of the epidemic.

There remains an elevated risk of mortality for some population groups, with the higher rates of mortality for elderly Māori being of particular concern. Additionally, there is uncertainty about whether there will be a seasonal surge in COVID-19 cases or hospitalisations through the winter period, when the health system is already facing a high seasonal workload.

Te Whatu Ora has recommended that the remaining COVID-19 Orders are revoked on 1 October 2023 in order to allow sufficient time to manage the operational impact of the change. Te Aka Whai Ora supports this approach. Should Ministers wish to revoke these Orders sooner, Te Aka Whai Ora recommends that this occurs no earlier than 1 September 2023. This would minimise the risk to vulnerable communities over winter and allow time for health agencies to inform the public and the health sector of the changes and reinforce key messages to reduce the risk from COVID-19.

Further, Te Aka Whai Ora considers that there is a need for a continued focus on interventions that help to reduce the risk of the spread or outbreak of COVID-19 and other respiratory diseases such as influenza, as well as measures to specifically reduce the risk for Māori. This should include (but not be limited to):

- *an ongoing strong focus on immunisation programmes for Māori;*
- *ensuring timely diagnosis of COVID-19 cases to enable access to anti-viral therapeutics for eligible people;*
- *clear, effective and appropriate communications to the health sector, the general population and specific demographic groups to promote and encourage behaviours such as wearing a mask when ill or in high-risk environments; and*
- *consideration by Te Whatu Ora of organisational policies to promote or require the consistent use of medical masks in healthcare settings (such as hospitals), where the risk to individuals at high-risk of serious illness or death from COVID-19 is greatest.*

(If required) COVID-19 as a notifiable disease under the Health Act 1956

Currently, COVID-19 is a notifiable disease, within the meaning of the Health Act 1956. This requires reporting of COVID-19 cases to public health authorities in certain circumstances, and enables certain other provisions of the Health Act 1956 to apply.

Te Whatu Ora has advised that its capacity to undertake proactive outreach to whānau with a COVID-19 case is likely to be very limited if COVID-19 ceases to be classified as a notifiable disease. Existing outreach and engagement with whānau Māori who are otherwise disengaged from the health system (such as not being enrolled or not undertaking routine screening) is a key factor in reducing the incidence serious illness from COVID-19 among Māori by improving timely access to anti-virals for those most at risk.

For this reason, Te Aka Whai Ora supports COVID-19 remaining a notifiable disease, at least until more detailed consideration can be given to the implications of removing COVID-19 as a notifiable disease and any alternatives to achieve similar outcomes for Māori and other at-risk populations.

Ngā mihi,

Patrick Fischer-Reid (they/them)

Principal Policy Advisor

waea pūkoro: s 9(2)(a) | Īmēra: patrick.fischer-reid@health.govt.nz

Te Aka Whai Ora
Māori Health Authority

Te Aka Whai Ora – Māori Health Authority

TeAkaWhaiOra.nz

50. Te Aka Whai Ora, 21 July 2023

From: Elly Amiri <Elly.Amiri@health.govt.nz>
Sent: Friday, 21 July 2023 2:04 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Maori Health Authority Govt Services <mhagovernmentservices@health.govt.nz>
Subject: RE: For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning

Kia ora Claire

I understand that Patrick F-R (named contact in your table) has been working with the appropriate teams on the Cab paper. We have no further feedback at this stage.

Ngā mihi

Elly

Elly Amiri (She/Her)

Principal Advisor, Ministerial Services

Kaiaki Matua, Te Toko Minita

waea pūkoro: s 9(2)(a) | Īmēra: elly.amiri@health.govt.nz

Te Aka Whai Ora
Māori Health Authority

Te Aka Whai Ora – Māori Health Authority

TeAkaWhaiOra.nz

*Please note that I do not have mobile access to my emails.
If something is urgent then please give me a call or send me a text.*

51. Te Aka Whai Ora, 26 July 2023

From: Patrick Fischer-Reid <Patrick.Fischer-Reid@health.govt.nz>
Sent: Wednesday, 26 July 2023 10:14 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Subject: RE: For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning

Hey Claire, no further feedback at this stage, but you're welcome to use our input from the brief. We were very comfortable with where that process landed this time around and that there was something very close to a consensus on the way forward, with only minor differences in opinion about the specific date for changes to come into effect.

If the Cab paper reflects what was in the last version of the brief we saw (which I assume has been finalised by now?) then we won't have any major comments. If the Minister wants to take it in a different direction, then let's have a chat tomorrow.

Patrick

52. Te Aka Whai Ora, 31 July 2023

From: Patrick Fischer-Reid <Patrick.Fischer-Reid@health.govt.nz>
Sent: Monday, 31 July 2023 8:09 am
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Selah Hart <Selah.Hart@health.govt.nz>; Kim Dougall <Kim.Dougall@health.govt.nz>; Hauora Hapori <hauorahapori@health.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Thanks Claire. Just to close the loop on the comments I had from last week, it was really just that we wanted to see the advice we provided on the brief reflected in this paper too (which I see you have now added). There's a typo in para 52 (a stray "where" at the beginning of the sentence), but otherwise we're comfortable with the paper as it is now.

From our point of view, the most important part of that advice is not around the timing of the change, but the content now at para 53 regarding the importance of ongoing measures to reduce the harm caused by COVID-19 (vaccinations, anti-virals, comms etc).

Ngā mihi,

Patrick Fischer-Reid (they/them)

Principal Policy Advisor

waea pūkoro: s 9(2)(a) | īmēra: patrick.fischer-reid@health.govt.nz

Te Aka Whai Ora
Māori Health Authority

Te Aka Whai Ora – Māori Health Authority

TeAkaWhaiOra.nz

53. Te Aka Whai Ora, 31 July 2023

From: Patrick Fischer-Reid <Patrick.Fischer-Reid@health.govt.nz>
Sent: Monday, 31 July 2023 10:43 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Here you go – I've done it in tracked changes obviously, so you can see where I've added content. This is all almost exactly what we said in the brief, just reworked to fit the format of the Cabinet paper (so it is split across a few different sections).

Patrick

Inserted paragraphs 28-29:

- 3 Te Aka Whai Ora supports the orderly removal of mandatory case isolation requirements, noting that there remains an elevated risk of mortality for some population groups, with the higher rates of mortality for elderly Māori being of particular concern.
- 4 Te Aka Whai ora supports Te Whatu Ora's recommendation that the remaining COVID-19 Orders are revoked on 30 September to allow sufficient time to manage the operational impact of the change. However, should Ministers wish to revoke these Orders sooner, revocation on or after 31 August would help to minimise the risk to vulnerable communities over winter, as well as allowing time for health agencies to inform the public and health sector of the changes, and to reinforce key messages to reduce the risk from COVID-19.

Inserted paragraphs 53-54:

- 5 Te Aka Whai Ora supports the orderly removal of mask requirements, noting that there remains an elevated risk of mortality for some population groups, with the higher rates of mortality for elderly Māori being of particular concern.
- 6 Te Aka Whai ora supports Te Whatu Ora's recommendation that the remaining COVID-19 Orders are revoked on 30 September to allow sufficient time to manage the operational impact of the change. However, should Ministers wish to revoke these Orders sooner, revocation on or after 31 August would help to minimise the risk to vulnerable communities over winter, as well as allowing time for health agencies to inform the public and health sector of the changes, and to reinforce key messages to reduce the risk from COVID-19.

Inserted paragraph 139 in Appendix 6: Agency feedback on non-mandatory measures if mandates are revoked:

- 7 Te Aka Whai Ora considers there is a need for a continued focus on interventions that help to reduce the risk of the spread or outbreak of COVID-19 and other respiratory diseases such as influenza, as well as measures to specifically reduce the risk for Māori. This should include (but not be limited to):
 - 7.1 an ongoing strong focus on immunisation programmes for Māori
 - 7.2 ensuring timely diagnosis of COVID-19 cases to enable access to anti-viral therapeutics for eligible people
 - 7.3 clear, effective, and appropriate communications to the health sector, the general population and specific demographic groups to promote and encourage behaviours such as wearing a mask when ill or in high-risk environments
 - 7.4 consideration by Te Whatu Ora of organisational policies to promote or require the consistent use of medical masks in healthcare settings (such as hospitals), where the risk of individuals at high-risk of serious illness or death from COVID-19 is greatest.

Te Arawhiti

54. Te Arawhiti, 24 July 2023

From: Falloon, Roger <Roger.Falloon@tearawhiti.govt.nz>
Sent: Monday, 24 July 2023 11:20 am
To: claire <whelen@health.govt.nz>
Cc: Papers2review@tearawhiti.govt.nz; Hart, Stevie-Rae <Stevie-Rae.Hart@tearawhiti.govt.nz>; Sargent, Melanie <Melanie.Sargent@tearawhiti.govt.nz>
Subject: RE: For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning

Kia ora Claire

Thanks for providing a heads-up on a Cabinet paper reviewing the remaining mandatory measures for Covid-19, and seeking any early feedback on the questions in the table you sent through.

We don't have any feedback on the operational questions in the table. However, if the Cabinet paper proposes to remove the remaining mandatory measures for Covid-19, we would expect the paper to include a Treaty analysis, and an outline of what engagement has occurred with Māori on the matter, given the importance of Covid issues to Māori.

Cheers

Roger



Roger Falloon (he/him)

PRINCIPAL ANALYST, TE HĀPAI Ō STRATEGY, POLICY & LEGAL

DDI: s 9(2)(a)

WEB: tearawhiti.govt.nz

The Office for Māori Crown Relations – Te Arawhiti

Level 3, Justice Centre, 19 Aitken Street, SX10111, Wellington 6011

Rāhina Rātū Rāapa Rāpare Rāmere



55. Te Arawhiti, 31 July 2023

From: Falloon, Roger <Roger.Falloon@tearawhiti.govt.nz>
Sent: Monday, 31 July 2023 10:11 am
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Sargent, Melanie <Melanie.Sargent@tearawhiti.govt.nz>; Papers2review@tearawhiti.govt.nz; Ken Heaton <Ken.Heaton@health.govt.nz>; Daniel Martin <Daniel.Martin@health.govt.nz>
Subject: Draft Re: Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Kia ora Claire

Thank you for sending through the draft paper on remaining Covid-19 public health measures for any feedback by 11 am 31 July.

We note that the paper currently presents optiow

ns for Cabinet on whether or not to revoke the mask mandate and case isolation measures, and whether revoking would take place from 31 August or alternatively from 30 September.

We note further that a report to the Minister of Health has been finalised seeking her preferences on a date for revoking the measures. The report doesn't seek the Minister's view on whether or not the measures should be revoked. However, the report indicates that Te Whatu Ora and Te Aka Whai Ora support revoking of the measures on 30 September, while Whaikaha supports retention of the measures.

It is good that the draft Cabinet paper includes a Te Tiriti o Waitangi section at paragraph 90 and that there is a placeholder in paragraph 94 for text to describe engagement with Māori.

Paragraph 91 discusses the options of the dates, and some ongoing actions to mitigate the impacts on Māori from any revocation.

We suggest paragraph 91 would flow better at the end of the section after the paragraphs describing the Māori interest in this issues, the relevant Treaty principles, and the outcome of engagement with Māori (currently a placeholder).

As trade-offs are being considered, paragraph 91 might also be re-worked to include some high-level analysis of what these trade-offs are, and factors for Ministers to consider in balancing them.

Cheers

Roger



Roger Falloon ([he/him](#))

PRINCIPAL ANALYST, TE HĀPAI Ō STRATEGY, POLICY & LEGAL

DDI: [s 9\(2\)\(a\)](#)

WEB: tearawhiti.govt.nz

The Office for Māori Crown Relations – Te Arawhiti

Level 3, Justice Centre, 19 Aitken Street, SX10111, Wellington 6011

Rāhina Rātū Rāapa Rāpare Rāmere



56. Te Arawhiti, 4-8 August 2023

From: Hart, Stevie-Rae <Stevie-Rae.Hart@tearawhiti.govt.nz>

Sent: Tuesday, 8 August 2023 5:48 pm

To: Brian Watson <Brian.Watson@health.govt.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>

Subject: RE: Update on COVID-19 PH measures Cabinet paper - will go directly to Cabinet 14 Aug

Kia ora Brian,

Thanks for the update on the Ministers Office's views.

The proposed revocation of remaining measures/mandates is a significant step in our COVID-19 journey – our consistent advice throughout the pandemic has been that informing iwi Māori of proposals this significant in nature is insufficient.

Even if there is a strong desire to make certain decisions on Monday, our view is that Cabinet should still be informed of iwi Māori views on those planned decisions.

I guess the other practical consideration is that – if you're informing someone, you should probably expect feedback because you can't control whether they share their views. And there'll be expectations that that feedback is passed on.

I've separately messaged Stephen today (attached) recommending that MOH reach out to the NICF to advise of the proposals with a request to meet, so that feedback can be gained. We still consider this is an important step to take here.

Feeding views gained back to Ministers would also help them to prepare for dealing with any questions raised directly by iwi Māori to them in their own interactions.

Aku mihi,

Stevie-Rae

From: Brian Watson <Brian.Watson@health.govt.nz>

Sent: Tuesday, 8 August 2023 4:15 pm

To: Hart, Stevie-Rae <Stevie-Rae.Hart@tearawhiti.govt.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>

Subject: RE: Update on COVID-19 PH measures Cabinet paper - will go directly to Cabinet 14 Aug

Hey Stevie-Rae

Possibly a good starting point in TWO for your question would be Chrystal O'Connor
Chrystal.O'Connor@health.govt.nz. She's Acting GM Outbreak Response, but used to be responsible for Testing and that area is part of the Outbreak Response Group.

On the engagement issue, I've spoken with the Office. They're happy for agencies to engage stakeholders to let them know the change is coming to assist any preparations, but not necessarily seeking feedback on the change. I interpret that as informing rather than engaging or consulting...thoughts appreciated

Cheers

Brian

From: Hart, Stevie-Rae <Stevie-Rae.Hart@tearawhiti.govt.nz>

Sent: Tuesday, 8 August 2023 12:37 pm

To: Brian Watson <Brian.Watson@health.govt.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>

Subject: RE: Update on COVID-19 PH measures Cabinet paper - will go directly to Cabinet 14 Aug

Kia ora kōrua,

Different to engagement – I wanted to reach out to you both about the points made in the paper around continued access to masks / RATs etc.

I know that supply of those resources is led by Whatu Ora, but I was wanting to put forward to you both re the possibility of having existing / unused stock distributed to Māori and Pacific communities in a final push – if there won't be any further free resourcing.

Are you aware if this is something that has been thought about?

My previous contact for resources at MOH then Whatu Ora was Kirk Mariner but I know he's shifted. Is there someone you can recommend to pick this up with?

Aku mihi,

Stevie-Rae

From: Brian Watson <Brian.Watson@health.govt.nz>

Sent: Monday, 7 August 2023 12:29 pm

To: Hart, Stevie-Rae <Stevie-Rae.Hart@tearawhiti.govt.nz>

Cc: Claire Whelen <Claire.Whelen@health.govt.nz>; Dunn, Kelly <Kelly.Dunn@tearawhiti.govt.nz>
Subject: RE: Update on COVID-19 PH measures Cabinet paper - will go directly to Cabinet 14 Aug

Will do Stevie-Rae

From: Hart, Stevie-Rae <Stevie-Rae.Hart@tearawhiti.govt.nz>

Sent: Monday, 7 August 2023 11:22 am

To: Brian Watson <Brian.Watson@health.govt.nz>

Cc: Claire Whelen <Claire.Whelen@health.govt.nz>; Dunn, Kelly <Kelly.Dunn@tearawhiti.govt.nz>

Subject: Re: Update on COVID-19 PH measures Cabinet paper - will go directly to Cabinet 14 Aug

Kia ora Brian,

Ka pai - thanks for the reply, would be keen to be kept updated on what you hear back.

Aku mihi,

Stevie-Rae

On 7/08/2023, at 11:03, Brian Watson <Brian.Watson@health.govt.nz> wrote:

Kia ora Stevie-Rae

The speed of this has caught us out tbh – we thought we had another couple of weeks. I've discussed with the Maori Health Directorate to see what we can do this week.

We'll know later today following the officials meeting whether the Minister will take this forward next week.

Cheers

Brian

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Monday, 7 August 2023 10:49 am

To: Brian Watson <Brian.Watson@health.govt.nz>

Subject: FW: Update on COVID-19 PH measures Cabinet paper - will go directly to Cabinet 14 Aug

From: Hart, Stevie-Rae <Stevie-Rae.Hart@tearawhiti.govt.nz>

Sent: Monday, 7 August 2023 9:41 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Dunn, Kelly <Kelly.Dunn@tearawhiti.govt.nz>

Subject: RE: Update on COVID-19 PH measures Cabinet paper - will go directly to Cabinet 14 Aug

Tēnā koe Claire,

Ngā mihi o te wā – thanks for sending through the updated paper, and for forwarding it on to Kelly too 😊

I just wanted to check in around engagement on the proposed revocation of remaining measures – the draft included a placeholder for views learned through engagement but we see this has now been removed. Can you please confirm whether engagement has happened? As noted in Roger's email to you on 24 July, COVID-19 matters remain important to Māori and given the proposal's here, and the expedited timeframes now at play, Cabinet should

be aware of iwi Māori views on the decisions they're planning to make – and iwi Māori should have a heads up of what's being planned.

And just in terms of Whatu Ora's isolation guidance – we'd be keen to review, along with any other planned guidance around masking and other COVID-19 cautious behaviours that will sit on the Unite against COVID-19 website, given this is likely to be the last set of fresh guidance for a while.

Thanks heaps,

Stevie-Rae

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Friday, 4 August 2023 3:55 pm

To: beb@beb.govt.nz; David.Wansbrough2@customs.govt.nz; Fiona.McKissock@customs.govt.nz; Benjamin.Storey@corrections.govt.nz; Brenda.Bruning@corrections.govt.nz; Brigid.Kean@corrections.govt.nz; Grace.Smart@corrections.govt.nz; Kate.Calvert@corrections.govt.nz; Kirsty.Macdonald@corrections.govt.nz; Marian.Horan@corrections.govt.nz; Mark.Bryant@crownlaw.govt.nz; Heather.Raeburn@mch.govt.nz; Paula.Strickson@customs.govt.nz; Richard.Bargh@customs.govt.nz; Tracey.Davies2@customs.govt.nz; Amanda.Shaw@dia.govt.nz; Paul.Barker@dia.govt.nz; Ben.McBride@dpmc.govt.nz; Simon.Dunkerley@dpmc.govt.nz; Andy.Jackson@education.govt.nz; Antony.Harvey@education.govt.nz; Lisa.Sengelow@education.govt.nz; Paul.Aitken@education.govt.nz; Richard.Joblin@education.govt.nz; Chelsea.Hansen@education.govt.nz; Gayathiri.ganeshan@mbie.govt.nz; Fiona.Thomson@ethniccommunities.govt.nz; Gwen.Rashbrooke@ethniccommunities.govt.nz; Pratima.namasivayam@ethniccommunities.govt.nz; Anne.Shaw@hud.govt.nz; Fiona.Smith@hud.govt.nz; Paige.Gear@hud.govt.nz; Brightwell, Kathy <Kathy.Brightwell@justice.govt.nz>; Justice COVID Policy <covidpolicy@justice.govt.nz>; Dean.Ford@mbie.govt.nz; business.continuity@mbie.govt.nz; Hayden.Fenwick@mbie.govt.nz; Heather.Kirkham@mbie.govt.nz; Jane.Frooms@mbie.govt.nz; Joe.Harbridge5@mbie.govt.nz; Karl.Woodhead@mbie.govt.nz; Matt.Shaw@mbie.govt.nz; Melanie.Taylor3@mbie.govt.nz; Rebecca.Heerdegen@mbie.govt.nz; Shayne.Gray@mbie.govt.nz; Tracy.Mears@mbie.govt.nz; DM-ECO@mfat.govt.nz; JulieR.Collins@mpi.govt.nz; Mary.craythorne@mpi.govt.nz; Alice.Clowes001@msd.govt.nz; Diane.Turner020@msd.govt.nz; Emma.OConnell006@msd.govt.nz; George.Minton001@msd.govt.nz; Jessica.Dickinson021@msd.govt.nz; Megan.Beecroft005@msd.govt.nz; Sacha.O'Dea002@msd.govt.nz; samuel.rayner004@msd.govt.nz; Jesse.Nichols005@msd.govt.nz; Rima.Khorshid@nema.govt.nz; sarah.holland@nema.govt.nz; Monica.Yee@ot.govt.nz; Lea.Ketu'u@mpp.govt.nz; Matthew.Aileone@mpp.govt.nz; mppadvice@mpp.govt.nz; tuitapuono.milford@mpp.govt.nz; Anne.O'Driscoll@pco.govt.nz; Bronwyn.Donaldson@police.govt.nz; Jeremy.Wood@police.govt.nz; Alex.Chadwick@publicservice.govt.nz; Bryan.Dunne@publicservice.govt.nz; Papers2review@tearawhiti.govt.nz; Hart, Stevie-Rae <Stevie-Rae.Hart@tearawhiti.govt.nz>; Fraser, Warren <Warren.Fraser@tearawhiti.govt.nz>; Erin.Keenan@tpk.govt.nz; Juliana.Johnson@tpk.govt.nz; Patty.Green@tpk.govt.nz; c.vandermeulen@transport.govt.nz; C.Mak@transport.govt.nz; Amy.Spittal@treasury.govt.nz; Becci.Whitton@treasury.govt.nz; Harry.Nicholls@treasury.govt.nz; Maori Health Authority Govt Services <mhagovernmentsservices@health.govt.nz>; Patrick Fischer-Reid <Patrick.Fischer-Reid@health.govt.nz>; Rawiri McKree Jansen <Rawiri.McKreeJansen@health.govt.nz>; Health New Zealand Govt Services <hnzgovernmentsservices@health.govt.nz>; Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>; chris.thornborough@worksafe.govt.nz; kelly.hanson-white2@worksafe.govt.nz; Brian.Coffey005@whaikaha.govt.nz; Christy.richards017@whaikaha.govt.nz; Jasmine.Lindsay007@whaikaha.govt.nz; Office For Disability Issues@whaikaha.govt.nz; Nikki Sumner <Nikki.Sumner2@mbie.govt.nz>; CORLETT, Aeron <Aeron.Corlett@police.govt.nz>; Jonathas.Santos@education.govt.nz; kate.pope@ethniccommunities.govt.nz; Fiona Smith <Fiona.Smith@hud.govt.nz>; Leilani.Unasa@mpp.govt.nz; Johnston, Anna <Anna.Johnston@justice.govt.nz>; Mata, Kaute <Kaute.Mata@justice.govt.nz>; hannelie.nel@crownlaw.govt.nz; Samuel Rayner <samuel.rayner004@msd.govt.nz>; Puhinga.Hunia@education.govt.nz; ngaruna.kapinga@corrections.govt.nz; Chiefs@nema.govt.nz; Nic Turner <Nic.Turner@health.govt.nz>; Peter Douglas [DPMC]

<Peter.Douglas@dpmc.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Daniel Martin <Daniel.Martin@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; Emily Moxon <Emily.Moxon@health.govt.nz>; Jane Hubbard <Jane.Hubbard@health.govt.nz>; Stephen Glover <Stephen.Glover@health.govt.nz>; Mark Heffernan <Mark.Heffernan@health.govt.nz>; Jane Chambers <Jane.Chambers@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>; Andrew Old <Andrew.Old@health.govt.nz>

Subject: Update on COVID-19 PH measures Cabinet paper - will go directly to Cabinet 14 Aug

Kia ora koutou,

Thank you again for taking the time to provide feedback on the draft Cabinet paper on COVID-19 public health measures. We recognise the timeframes were very tight, and really appreciate all the work that occurred to get feedback back to us in time.

I've attached a copy draft Cabinet paper – which has been sent to Minister Verrall's office.

I'd like to highlight a few key developments, which are reflected in the attached paper:

1. The draft Cabinet paper is likely to go out for ministerial consultation from 7-9 August.
2. The Minister will now take the paper directly to Cabinet on 14 August.
3. The current indication we have is that if the mandates are revoked, this may happen as early as 15 August. (ie decision and announcement on 14 Aug, with the revocation coming into effect at on 15 Aug).
4. However, in a cover briefing we've provided with the Cabinet paper and/or the Cabinet paper itself we've noted the feedback agencies have provided regarding the timing needed or requested from decision to either announcement or implementation, or to get updated guidance ready.
5. We'd recommend agencies prepare assuming the orders will be revoked on 15 August. If this timing presents major difficulties, you may want to include this as part of the ministerial consultation process.
6. If we hear anything further from our Minister next week on likely/possible timeframes for implementation, we'll let you know.
7. Te Whatu Ora have signalled that they will be able to share the isolation guidance that would replace the mandate early next week.

Ngā mihi,

Claire

57. Te Arawhiti, 8 August 2023

From: Hart, Stevie-Rae <Stevie-Rae.Hart@tearawhiti.govt.nz>

Sent: Tuesday, 8 August 2023 11:40 am

To: Stephen Glover <Stephen.Glover@health.govt.nz>

Cc: Dunn, Kelly <Kelly.Dunn@tearawhiti.govt.nz>

Subject: Re: Engagement on COVID-19 settings?

Kia ora Stephen me ngā mihi o te wā,

Yip, I've seen the paper and am conscious that this is a significant step in our COVID-19 journey so engaging (incl meeting) with the NICF is important.

Would suggest that the first step would be for MOH to email Antony Thompson as the lead for the NICF's Hauora ILG to set out what's being proposed and ask to meet to discuss. The email should also include Lorraine Toki and Bill Hamilton, given their engagement on this previously.

It would be appropriate for the email to be sent by and engagement to include Johnny Whaanga.

For ease and to save yourselves from searching through old emails, here are their email addresses:

s 9(2)(a)

Are you able to share any plans for any broader engagement, including with Māori health providers?

I'm separately going to reach out to Claire and Brian re the points made in the paper around continued access to masks / RATs etc - we want to check in re existing / unused stock being distributed to Māori and Pacific communities. I know that's a Whatu Ora lead (previously managed by Kirk Mariner but I know he's shifted roles) but I'll go them in the first instance to check in around that suggestion.

Aku mihi,

Stevie-Rae

On 8/08/2023, at 09:55, Stephen Glover <Stephen.Glover@health.govt.nz> wrote:

Kia ora Stevie-Rae

The Government is considering changes to the COVID-19 settings. Hopefully you'll have seen the Cabinet paper that was circulated over the last couple of weeks.

I'd be keen to discuss what engagement with the NICF, or the technicians group, might be appropriate. We're expecting to step down settings and remove mandatory measures, rather than imposing any new restrictions. We've also updated the strategic framework to guide our COVID-19 approach (this is the same as has been operating for the last year or more, and focused on navigating the next phase of the outbreak.

In this context, I thought an email update outlining the changes and the public health measures that will be (mostly) integrated into, and delivered through, business-as-usual health services might strike the right balance. I could provide some content for this. But happy to attend/support a meeting if that would be more appropriate.

Sorry, this is now fairly urgent as decisions have been brought forward – we're expecting to go directly to Cabinet on Monday, with announcements and introduction early next week.

Ngā mihi nui

Stephen

Stephen Glover (he/him)

Group Manager

COVID-19 Strategy, Legislation and Royal Commission

Ka mua, ka muri

Strategy, Policy and Legislation | Te Pou Rautaki

Mobile s 9(2)(a)

58. Te Puni Kōkiri, 31 July 2023

From: Marewa Taiepa Shields <Marewa.Shields@tpk.govt.nz>
Sent: Monday, 31 July 2023 10:49 am
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Charles Smith <Charles.Smith@tpk.govt.nz>; Erin Keenan <Erin.Keenan@tpk.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Kia ora Claire,

Thank you for allowing TPK to comment on this paper.

We support the recommended changes to revoke the mandatory orders for the 7-day self-isolation period and mask-wearing, provided Māori and disabled communities receive adequate and ongoing support to respond to these changes where needed. We also support Te Aka Whai Ora's recommendation to focus on interventions that help reduce the risk of the spread or outbreak of COVID-19 and other respiratory diseases. Regardless of when the orders will be revoked, we strongly suggest that Māori health providers are able to maintain the tikanga of their workplaces.

We also support the Te Tiriti o Waitangi consideration to respond accordingly by re-introducing mandatory measures if the COVID-19 risk profile worsens. However, it is important to ensure that communications around any changes are transparent, accessible and ongoing to keep iwi, hapū, whānau and Māori communities informed. Effective communication will strengthen the government's commitment to Te Tiriti o Waitangi as well as the Māori-Crown relationship.

Ngā mihi,

Marewa

Marewa Shields
Analyst | Kaimātai
Te Puni Kōkiri, Te Tari Matua

Tauwaea DDI: | *Waea Pūkoro M:* s 9(2)(a)
Waea Whakaahua F: s 9(2)(a) | *Paetukutuku W:* www.tpk.govt.nz

Te Puni Kōkiri, Te Puni Kōkiri House, 143 Lambton Quay, Wellington 6011, New Zealand
PO Box 3943, Wellington 6140, New Zealand

Te Whatu Ora

59. Te Whatu Ora, 7-10 July 2023

From: Jane Lawless <Jane.Lawless@health.govt.nz> On Behalf Of Office of the Director Outbreak Response

Sent: Monday, 10 July 2023 9:12 pm

To: Brian Watson <Brian.Watson@health.govt.nz>; Daniel Martin <Daniel.Martin@health.govt.nz>

Cc: Claire Whelen <Claire.Whelen@health.govt.nz>; Nic Turner <Nic.Turner@health.govt.nz>; Patrick Fischer-Reid <Patrick.Fischer-Reid@health.govt.nz>; Hauora Hapori <hauorahapori@health.govt.nz>; Karyn Cardno <Karyn.Cardno@health.govt.nz>; Chris Scahill <Chris.Scahill@health.govt.nz>; Carmel Leonard <Carmel.Leonard@health.govt.nz>; Petra Hunting <Petra.Hunting@health.govt.nz>; Chrystal O'Connor <Chrystal.O'Connor@health.govt.nz>; Anita Frew <Anita.Frew@health.govt.nz>; Rosie Muldowney <Rosie.Muldowney@health.govt.nz>

Subject: Re: The next PHRA for COVID-19 settings

Kia ora Brian

Thank you for the informative responses to our initial questions. The clarification was very helpful. We would like to take up your offer to meet to further discuss. We can confirm our attendees later but keen to get time in the diaries. Are you able to commit to Thursday morning for an initial discussion? As you have suggested we would be keen to see this as the beginning of an ongoing collaboration to inform the CAB paper and the 2024 funding bid. It would be good to involve Te Aka Whai Ora to ensure we provide joined up advice.

Ngā mihi nui,

Jane Lawless

Manager

Advisory, Office of the Director

Outbreak Response, National Public Health Service

133 Molesworth Street, Wellington | PO Box 6011

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 Please consider the environment before printing this e-mail

From: Brian Watson <Brian.Watson@health.govt.nz>

Sent: Monday, 10 July 2023 12:44 pm

To: Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>; Daniel Martin <Daniel.Martin@health.govt.nz>

Cc: Claire Whelen <Claire.Whelen@health.govt.nz>; Nic Turner <Nic.Turner@health.govt.nz>; Patrick Fischer-Reid <Patrick.Fischer-Reid@health.govt.nz>; Hauora Hapori <hauorahapori@health.govt.nz>; Karyn Cardno <Karyn.Cardno@health.govt.nz>; Chris Scahill <Chris.Scahill@health.govt.nz>; Carmel Leonard <Carmel.Leonard@health.govt.nz>; Petra Hunting <Petra.Hunting@health.govt.nz>; Chrystal O'Connor <Chrystal.O'Connor@health.govt.nz>; Anita Frew <Anita.Frew@health.govt.nz>

Subject: RE: The next PHRA for COVID-19 settings

Kia ora Jane

Thanks for your email. I've provided answers to your questions below based on my interpretation of what you're seeking clarification on.

I see some of the questions relate to the "what next" if the mandates are removed. Both 'The COVID Strategic Framework' which is being considered by SWC next week and the April briefing 'drawdown of COVID-19 Response tagged contingency for 2023/24' (H2023022618) discuss at a high level the short-medium longer term transition of the COVID response from mandates. Agree that as health agencies that some of the next steps needs to start being firmed up.

For reasons outlined below, this PHRA is focused on determining whether the risk associated with COVID requires the ongoing use of emergency powers rather than options for dealing with COVID-related issues

- Ministers have indicated (and recent Cabinet decisions have confirmed) their desire to retain the mandatory requirements until the end of winter. Cabinet was reluctant to make changes coming into winter, particularly with the operational and communication implications. The Minister's view is that we need to seriously consider moving on from mandates.

s 9(2)(h)

- Funding for 2023/24 is obviously premised on moving to a new normal post-winter. TWO planning assumptions are largely based on 1 Oct date and tied to an assumption of case isolation being removed. It's why we need to understand operational implications for TWO if the self-isolation order is removed earlier than that OR the mandate being kept in place beyond that date.

So probably is worthwhile to meet and discuss some of these broader questions from policy and operational perspectives, as it will likely be needed for the CAB paper and will also inform a funding bid for Budget 24.

Cheers
Brian

From: Jane Lawless <Jane.Lawless@health.govt.nz> **On Behalf Of** Office of the Director Outbreak Response

Sent: Friday, 7 July 2023 5:37 pm

To: Daniel Martin <Daniel.Martin@health.govt.nz>

Cc: Claire Whelen <Claire.Whelen@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Nic Turner <Nic.Turner@health.govt.nz>; Patrick Fischer-Reid <Patrick.Fischer-Reid@health.govt.nz>; Hauora Hapori <hauorahapori@health.govt.nz>; Karyn Cardno <Karyn.Cardno@health.govt.nz>; Chris Scahill <Chris.Scahill@health.govt.nz>; Carmel Leonard <Carmel.Leonard@health.govt.nz>; Petra Hunting <Petra.Hunting@health.govt.nz>; Chrystal O'Connor <Chrystal.O'Connor@health.govt.nz>; Anita Frew <Anita.Frew@health.govt.nz>

Subject: Re: The next PHRA for COVID-19 settings

Kia ora Daniel

Te Whatu Ora can provide the high-level update requested in the timeframe required noting that this will be a very tight turnaround. While we can provide this feedback in this timeframe and for this process, it does not allow for meaningful consultation.

Our advice is likely to be similar to that provided in the last round and we will use the existing information we have provided as a base to facilitate developing our response.

To support us to provide informed advice, could you please come back to us with urgency on the following questions:

- What is the rationale for not including any options to reduce rather than remove isolation (for example 5 days +/- TTR)? Is this a signal from the Minister of a preferred direction towards having no intermediate step between the status quo and no isolation requirement? **The Minister's Office is happy for only the remove and retain options to be considered in the forthcoming Cabinet paper.**
- Should the isolation order be removed, is the intention that this will be with or without guidance, with or without notifiable disease status, and what if any surveillance requirements will remain in place? **As with masking, if the Isolation Order is revoked there is an expectation this will be replaced with guidance, and will form part of the DG's advice. After speaking with ODPH, the notifiable disease status could be removed. Any ongoing surveillance would need to be premised on the purpose of such an activity, any related monitoring framework, and how such monitoring integrates with other related disease monitoring we're undertaking. Going forward, the question is what do we care about in particular with COVID and why.**
- Should the isolation order be removed, what is the assessment/ thinking around protection of priority populations and on the potential impact on antiviral uptake (with predicted lower levels of testing)? **Across the system, those vulnerable populations will remain a priority. We've all needed to think about this in previous PHRAs, but the discussions have always settled on the retention or otherwise of mandates. There's a mix of policy and operational questions to determine the ongoing response that will be driven by broader social determinants of health that go beyond COVID. COVID has just highlighted existing issues and provided a limited set of tools to address them. Removing those tools obviously shifts the emphasis back to how those issues are now address within other BAU work and to give effect to Pae Ora.**
- What is the thinking on identifying changing patterns of morbidity and mortality? **Presumably this would form part of any discussion of the intent of any ongoing surveillance/monitoring?**
- What is envisaged regarding the threshold for considering a change back to an outbreak status? **If we understand this correctly, it depends on the risk associated with the outbreak situation. It's based on an assessment of relevant facts and whether the legal tests are met rather than there being hard threshold. If mandates are removed, but the situation worsens or a variant of concern emerges, then that risk would be assessed and recommendations made to the Minister.**

We have copied in Te Aka Whai Ora and Whaikaha to keep all of the key partners in the loop as we are developing our advice and response.

Let us know if it would be useful to set up a meeting with Outbreak Response staff to discuss.

I hope you have a great weekend.

Ngā mihi

Jane Lawless

**Advisory, Office of the Director
Outbreak Response, National Public Health Service**

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60. Te Whatu Ora, 20 July 2023

From: Rosie Muldowney <Rosie.Muldowney@health.govt.nz>

Sent: Thursday, 20 July 2023 1:31 pm

To: Brian Watson <Brian.Watson@health.govt.nz>; Daniel Martin <Daniel.Martin@health.govt.nz>

Cc: Claire Whelen <Claire.Whelen@health.govt.nz>; Patrick Fischer-Reid <Patrick.Fischer-Reid@health.govt.nz>; Hauora Hapori <hauorahapori@health.govt.nz>; Becky Jenkins <Becky.Jenkins@health.govt.nz>; Juliet Rumball-Smith <Juliet.Rumball-Smith@health.govt.nz>; Karyn Cardno <Karyn.Cardno@health.govt.nz>; Chris Scahill <Chris.Scahill@health.govt.nz>; Dani Coplon <Dani.Coplon@health.govt.nz>; Carmel Leonard <Carmel.Leonard@health.govt.nz>; Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>; Chrystal O'Connor <Chrystal.O'Connor@health.govt.nz>; Jane Lawless <Jane.Lawless@health.govt.nz>; Nic Turner <Nic.Turner@health.govt.nz>; Petra Hunting <Petra.Hunting@health.govt.nz>; Sharon Sime <Sharon.Sime@health.govt.nz>; Anita Frew <Anita.Frew@health.govt.nz>

Subject: Outbreak Response feedback on the Review of the COVID-19 Orders July 2023 Briefing

Importance: High

Kia ora Brian and Daniel,

Please find attached feedback on the Review of the COVID-19 Orders July 2023 briefing for your consideration in drafting the final advice.

Thank you for the opportunity to input into this paper. Broadly, we are comfortable with the direction being taken. We have provided suggested content to strengthen the rationale for the position we have taken, particularly around the timing of the changes and the status of COVID-19 as a communicable disease. Comments are detailed in the document, but please let us know if you require any further clarification on points that have been made.

Ngā mihi

Rosie

Rosie Muldowney (she/her)

Senior Advisor

Advisory, Office of the Director

Outbreak Response, National Public Health Service

īmēra: rosie.muldowney@health.govt.nz

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H2023028724

Review of the COVID-

61. Te Whatu Ora, 25 July 2023

From: Joanne Francey <Joanne.Francey@health.govt.nz> **On Behalf Of** Office of the Director Outbreak Response
Sent: Tuesday, 25 July 2023 4:34 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Brian Watson <Brian.Watson@health.govt.nz>; Daniel Martin <Daniel.Martin@health.govt.nz>
Subject: Re: For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning

Kia ora Claire,

Thank you for the opportunity to provide feedback on the PHRA review of the remaining COVID-19 public health measures. Our feedback is attached. Note that we have previously supplied a more fulsome version of this information. In summary:

- We support the removal of the remaining mandates.
- We strongly recommend retaining the mandates until the end of winter to avoid putting any additional pressure on the health system.
- We will be ready to operationalise the removal of mandatory COVID-19 requirements by 1 October 2023
- Should the decision be made prior to remove the mandates prior to this we will need at a minimum 2-weeks to make necessary changes to our operating systems.

Along with the feedback table, we have included the Annexe from the memorandum we supplied to you on 13 July 2023: *Manatū Hauora request for operational considerations to inform COVID-19 Settings Cabinet paper*

Ngā mihi

Joanne Francey

Advisor

Advisory, Office of the Director

Outbreak Response, National Public Health Service

waeapūkorō: s 9(2)(a) / īmēra: joanne.francey@health.govt.nz

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Te Whatu Ora – Health New Zealand

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Te Whatu Ora Outbreak Response Directorate Feedback on the PHA review of the remaining COVID-19 public health measures 21 July 2023	
Feedback on options In relation to the options that are likely to be included in the Cabinet paper: <ul style="list-style-type: none"> • impacts on population groups • impacts on sectors • operational or practical issues • any other feedback 	Case isolation options Option 1: Status quo – cases continue to be required to self-isolate for 7 days Option 2: No mandatory isolation – replace with guidance instead.
	Mask requirement options Option 1: Status quo – required for people who are visitors to health service settings (requirements for health service workers and patients are currently set locally with reference to relevant national IPC Guidance produced by Te Whatu Ora) Option 2: Remove the mask mandate – and instead issue updated guidance to healthcare providers.
<ul style="list-style-type: none"> • Assumptions 	This feedback is based on the assumption that both the Masks Order and Isolation Order are removed. We recognise that mandatory COVID-19 requirements should be removed and replaced with good public health practices that are supported by strong guidance and communications. Te Whatu Ora is well advanced in planning for the operational implications of this change.
<ul style="list-style-type: none"> • impacts on population groups 	As covered below, Te Whatu Ora is orienting its resources towards continuing to provide a high level of support to priority groups.
<ul style="list-style-type: none"> • impacts on sectors 	Based on the CRA modelling, the primary healthcare sector and acute hospital services will be impacted by a short-term rise in the number of cases and hospitalisations associated with removal of the isolation order. The removal of the masks order will impact sectors who are subject to masking mandates
<ul style="list-style-type: none"> • operational or practical issues 	See below material on transition planning and the table in Annexe 1
<ul style="list-style-type: none"> • any other feedback 	We will be ready to incorporate and operationalise removal of the mandatory COVID-19 requirements by 1 October 2023 as previously agreed by and through the Ministers of Health and Finance. Should a decision be made for implementation to occur earlier, we will require a minimum two-week lead in timeframe post-Cabinet decisions. This will allow necessary changes to be made across technology platforms, the Communicable Diseases Manual (CDM), community guidance in a range of languages and accessible formats and ensuring continuation of the appropriate supports to priority populations. We note roles and responsibilities for the PHA and NPHS need to be defined prior to any changes in relation to settings. As an example, decisions relating to management of an outbreak in schools, aged residential care (ARC) facilities or hospital settings.

	<p>While not coupled with the review and decisions relating to the COVID-19 orders, consideration will need to be given to the status of COVID-19 as a notifiable disease. Te Whatu Ora recommend taking a precautionary approach around the timing of any change to the status quo.</p>
<p>Transition planning</p> <p>If the mandates were both to be removed, what would need to occur as part of the transition?</p>	<p>A lead-in time is necessary to enable operational changes to be put in place</p> <p>Following the 22 May 2023 COVID-19 Public Health Risk Assessment (PHRA) we provided Manatū Hauora with advice that any option other than the status quo would have significant operational implications that could require up to 8 weeks lead time.</p> <p>Te Whatu Ora are factoring in removal of mandates into our COVID-19 transitional plan</p> <p>On 26 May 2022 (HR2023024265 refers) joint Ministers of Health and Finance agreed to fund a limited, prioritised set of COVID-19 services as part of a transition towards a longer-term approach for the management of COVID-19, targeting communities at greatest risk of serious illness from COVID-19, including Māori, Pacific peoples, disabled peoples, the elderly and the otherwise clinically vulnerable. This provided a three-phase transition across service delivery areas for the COVID-19 Health System Response, and we see benefit in aligning the rationale for when COVID-19 settings changes should occur, with the rationale for these phases. The phases agreed through H2023024265 are as follows:</p> <ol style="list-style-type: none"> a. Over winter (1 July to 30 September 2023), COVID-19 response activities will be maintained to mitigate pressures on the health system. The focus during this time will be to continue delivering targeted care to priority populations, achieve high levels of uptake of the bivalent booster and maintain therapeutic access. b. From 1 October to 30 December 2023, there will be a significant reduction in services provided, aligned with seasonal demand and potential changes to policy settings. It is assumed that mandatory isolation for COVID-19 cases will cease, resulting in the discontinuation of funding for national case investigation and alternative accommodation. Funding would be reduced for COVID-19 primary care outside of those priority population groups most at risk, and no further purchases of Rapid Antigen Tests (RATs) as part of the public health response. Other services will scale down or stop completely. c. From 1 January to 30 June 2024, there will be a transition to a new business as usual sustained prevention and control programme which will be critical for the population and public health management of COVID-19 and pandemic resilience.
<ul style="list-style-type: none"> • Are there any changes (legislative, policy or operational) that your agency would need to put in place as a result of the mandates being lifted? 	<p>National Infection, Prevention and Control guidance (IPC) has been reviewed and updated in preparation for the removal of the mask mandate. While we do not oppose the removal of the mask mandate prior to 1 October 2023, we believe that there is merit in aligning the removal of both remaining mandates so that we are</p>

	<p>facilitating one set of changes with the health system and community rather than two.</p> <p>We will be ready to operationalise changes across technology platforms and develop guidance to be available in a range of languages and accessible formats by 1 October 2023. Should a decision be made for implementation to occur earlier, we will require a minimum two-week lead in post-Cabinet decisions. See Annexe 1 for a summary of the operational implications.</p>
<ul style="list-style-type: none"> • If any information or guidance is required from Manatū Hauora and/or Te Whatu Ora to support this shift? (either specifically to support your agency in relation to certain settings or sectors, or more generally to the public) 	<p>Since late May 2023, in anticipation of a future change to COVID-19 settings as signalled by Manatū Hauora, Te Whatu Ora have developed draft National Infection Prevention Control (IPC) guidance and have been preparing for technology, content and communications changes in readiness of future changes.</p> <p>We are concerned that once the isolation mandate is removed, people’s behaviour is likely to change. Strong public communications and public health messaging will be critical to ensuring that the public can comply with recommended actions and behaviours, that those at greatest risk understand the services available and that access to antivirals has been retained. We will work closely with the Office of the Director of Public Health to provide clear, consistent and agreed messaging.</p> <p>Before a decision is made to remove the isolation order, we suggest that Manatū Hauora undertake modelling on behavioural changes resulting from the removal of mandates, and subsequent impact on hospitalisation and mortality. This should be completed based on COVID-19 remaining a notifiable disease, as well as removing this status.</p> <p>Strong, consistent public messaging will be required to encourage the public to continue to take appropriate and proportionate measures to protect themselves from the risk of infection or re-infection.</p>
<ul style="list-style-type: none"> • If the mandates were both to be removed, would there need to be any change to the remaining non-mandatory measures (eg. vaccination, antivirals, isolation guidance, mask use guidance, ventilation guidance, access to RATs, reporting, surveillance, health services) as a result? 	<p>We will continue to recommend symptomatic testing and uploading of test results to enable access to clinical management and antivirals. The focus will continue to be on vulnerable and priority populations, and to protect HSS capacity and mitigate system pressures.</p> <p>We have provided advice separately on our strong recommendation that COVID-19 should remain a notifiable communicable disease. Many of the non-mandatory measures we use to manage COVID-19 depend on a positive result notification to identify and engage with those that require clinical assessment and treatment, including the provision of antivirals. Without this, the care pathway may be compromised with resulting negative impacts on priority populations, including increased hospitalisations and mortality and consequent detrimental impacts on Hospital and Specialist Services operations and capacity.</p>

• If the mandates were both to be removed, if there is anything that should be considered from an **equity** perspective?

We note that priority populations who support mandates may publicly oppose their removal. These groups will need to be involved in developing strategies to mitigate the risks to these communities.

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Annexe 1: Outbreak Response Initial and Indicative Operational Considerations: COVID-19 Settings

Table 1 COVID-19 Mandate Change Options Considerations July 2023 Te Whatu Ora

CASE ISOLATION – Option 1 - Status Quo – cases continue to be required to self-isolate for 7-days

CASE ISOLATION		
Option & description	Framing Questions	Te Whatu Ora response – operational considerations
Option 1 – Status Quo – cases continue to be required to self-isolate for 7-days	Any operational or practical issue with the options?	No change. Funding is available to enable Alternative Isolation Accommodation and Community Connectors across the 7-day period (refer H2023024265) to 30 December 2023. Funding for COVID-19 enables the National Investigation Centre to focus on contacting priority populations to enable support where required and facilitate access to antivirals where indicated. Services currently include, but are not limited to, case management, telehealth and Alternative Isolation and Accommodation services. There is retained funding to 31 December 2023 for this express purpose.
	Any advice on what may improve compliance with the measures?	The current winter campaign underway includes messaging to support staying home when sick, wearing masks in crowded indoor spaces and information to raise aware of the different healthcare options available to the public.
	If 7-day isolation remained and the visitor mask mandate was revoked, what measures or actions would you recommend from an operational perspective?	No change.
	Any other feedback?	

CASE ISOLATION – Option 2a - No mandatory isolation and retention of notifiable CD status

Option & description	Framing Questions	Te Whatu Ora response – operational considerations
CASE ISOLATION – Option 2a no mandatory isolation and retention of notifiable CD status	Any operational or practical issue with the options?	<p>Public communications These changes would require a public health announcement approach, similar to those used to announce alert level changes, but on a smaller scale, as they rely on people’s willingness to do the right thing and take actions to protect themselves and others. All existing public communications will need to be reviewed and changed to make it clear that isolation is still strongly recommended but is no longer a mandatory requirement. This public communication would include recommendations to test and upload results with specific focus on priority populations and those that meet antivirals eligibility criteria. Confirmation would be required that isolation could still be enforced if appropriate/necessary. This requires a Manatū Hauora policy direction.</p> <p>Broad changes to web content and public messaging needs to be socialised with our Treaty partners and put into accessible formats and translated. Extensive translations and alt formats will be required to ensure priority populations are aware of what is required of them and how they can access help and guidance.</p> <p>Guidance requirements New guidance for many sectors will need to be produced to ensure management recommendations are well understood by all sectors.</p> <p>Clear guidance for public health services and clinicians will be required on what their roles will be moving forward. It will require significant engagement to undertake the relevant consultation and then to develop the appropriate guidance. We will engage with Manatū Hauora on this to confirm the policy position and direction.</p>

Guidance for management of cases and/or outbreaks in high-risk settings need to be proportional to the risk. We are likely to provide guidance that high-risk settings (for transmission) continue to apply a voluntary 7-day isolation period.

Health guidance for employees around off work requirements will be necessary. However, who is responsible for this will need to be clarified. Te Whatu Ora, as an employer, will need to update guidance for healthcare workers and consider paid leave considerations. Engagement with healthcare worker unions will be required.

COVID-19 chapter of Communicable Disease Manual

A COVID-19 chapter of the Communicable Disease Manual (CDM) is under development with expected completion and publication by 1 October 2023. If the publication of the COVID-19 CDM Chapter was required earlier, further iterations would be necessary.

Discussions are ongoing between Manatū Hauora Public Health Agency and the National Public Health Service regarding roles and responsibilities. This delineation will be required to be finalised prior to any changes in relation to settings to inform the COVID-19 CDM Chapter. This includes decisions around expected management of outbreaks in schools, aged residential care (ARC) facilities and hospital settings and understanding any threshold for Public Health Service involvement.

Isolation is technically available within broader communicable disease management, but clear guidance for COVID-19 management would be required from the Public Health Agency (PHA), leveraging current legislative frameworks and powers to act s 9(2)(h)

However, it is highly unlikely as cases are not routinely investigated or managed by Public Health Services. In practice this will likely mean no mandatory isolation for COVID-19.

Testing and surveillance

Test results will still be required to be reported by laboratories and health care providers. Communications will recommend that individuals continue to test and enter positive results in My Covid Record (or through the Assisted Channels), which will allow for identification of priority cases both to their primary care provider, and community hubs who can support access to antivirals. This will ensure the proactive management of cases who are eligible for antivirals, further supporting decreased hospitalisations and mortality.

The national case investigation service would be unlikely to continue in its current form – no proactive follow up of cases would occur once mandates are removed.

The COVID-19 Testing Plan will need to be reviewed and updated. The availability of free RATs to the public is proposed to cease from 1 January 2024.

Considerations will need to be given on how priority populations will continue to have access to testing to ensure access to timely clinical management and antivirals post 1 January 2024. Noting that these actions will be implemented irrespective of changes to the COVID-19 settings.

Technology changes – consideration of new pathways may be needed between systems if case investigation of priority populations is no longer proactive, dependent on the need to retain the National Contact Tracing Solution (NCTS) when there is no case investigation.

Care in the Community

The Primary and Community Care sector review has resulted in an update to the Model of Care for COVID-19, in place from 1 October 2023. This will focus on access and provision of antiviral therapies. Changes have been made under the assumption that isolation mandates would be removed. This aligns with Pharmac's criteria for antiviral therapies and has a pro-equity lens applied. This continues the scaled approach to a post pandemic business as usual where there is more emphasis on people reaching out for help (rather than being proactively contacted), to bring COVID-19 in line with other disease processes.

Strong communication messages would be important and focused on priority groups to ensure understanding of the importance of testing and seeking antivirals if eligible.

		<p>When isolation is removed people's behaviour is likely to change and assumptions are made that many people will no longer enter their positive results as there is no requirement to do so. This could result in a lower number of people seeking antivirals when they would be eligible and may result in more severe outcomes in a higher number of people (hospitalisations and death).</p> <p>Alternative Isolation and Accommodation will cease.</p>
	Any advice on what may improve compliance with the measures?	<p>A large and robust communication campaign will be required to support these changes. A campaign focusing on raising people's awareness of eligibility for antiviral medicines targeting priority populations, and whānau/support people, will be required. If decisions were made and communicated early, updated public health messaging could be included in the winter campaign brand and covered under current media bookings.</p> <p>Communications will need to be developed to promote testing and entering of results, voluntary isolation and proactively engaging with primary care and pharmacies to access antivirals.</p>
	If all mandates were removed, what additional measures or actions would you recommend from an operational perspective?	<p>As above, guidance/recommendations will need to be developed for both individuals and entities. Decision would be sought from Manatū Hauora as to who these should be tailored towards from a policy perspective.</p>
	Any other feedback?	<p>Confirmation is required on whether or not schools, businesses, public settings etc can still exclude people from attending if they have COVID-19. If able to exclude, there will need to be options available to Public Health Services to support this recommendation (linked to CDM), as well as capacity to ensure a consistent approach to this across the country.</p>

CASE ISOLATION – Option 2b no mandatory isolation and removal of notifiable CD status

Option & description	Framing Questions	Te Whatu Ora response – operational considerations
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<p>CASE ISOLATION – Option 2b no mandatory isolation and removal of notifiable CD status</p>	<p>Any operational or practical issue with the options?</p>	<p>Our assessment of the operational considerations for this option are the same as for Option 2a but with the following additional implications:</p> <p>We will need to develop alternative pathways for priority populations to enable support (if available when there is no mandate) and facilitate access to antivirals where indicated. We will recommend that individuals continue to register their positive results to My COVID Record (or the Assisted Channels), or to see their Primary Care Provider. Strong Communications/messaging will be required to support this.</p> <p>If there is no requirement to report results (notify) then Primary and Community care and Hubs would lose the ability to proactively reach out to those that may be eligible for AVTs this in turn may lead to more severe health outcomes of COVID-19 for some of those in the priority populations. Robust communications would be important to mitigate this risk.</p> <p>Reporting of COVID-19 would reduce the ability for robust surveillance systems and data gathering would be diminished, making it more difficult to implement public health measures relating to a sustained prevention and control programme.</p> <p>In removing COVID-19 as a notifiable disease, there will be no requirement for a COVID-19 Chapter in the Communicable Diseases Manual (CDM). This has implications for Public Health Services and Medical Officers of Health managing and promoting public health actions relating to COVID-19. The CDM is also utilised by other health professionals in understanding actions required to support both a risk assessment (e.g. outbreaks), and reduction of impact on the wider community.</p> <p>The CDM aims to inform and assist those frontline staff in Public Health Services (PHS), providing national protocols that describe the standard practice PHSs would normally follow in the prevention and control of communicable diseases. This would need to be replaced with guidance, which is likely to both be difficult to keep up to date, as well as communicate effectively and consistently.</p>
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MASKS

Note: This section has been updated from our June response to reflect actions that have been taken

Option & description	Framing Questions	Te Whatu Ora response – operational considerations
MASKS Option 1 – Status quo – required for people who are visitors to health service settings (requirements for health service workers and patients are currently set locally with reference to relevant national IPC guidance produced by TWO)	Any operational or practical issue with the options?	No change. National Infection, Prevention and Control guidance (IPC) has been reviewed and updated to include necessary changes to this guidance. Healthcare providers should have their own IPC guidance in place for staff and visitors. The current Mask Order does not replace this requirement.
	Any advice on what may improve compliance with the measures?	Supportive communication on expectation and reason for mask wearing.
	If visitor mask mandate retained and isolation revoked, what measures or actions would you recommend from an operational perspective?	Robust communications to recommend isolating if people feel unwell, and for them to test. Recommended isolation if people are COVID-19 positive. As above, supportive communication on expectations and reasons for mask wearing. More infectious people in the community/settings and masks are effective for source control, reducing the risk of transmission in healthcare settings. There would be the responsibility to ensure healthcare providers have access to good collateral to support them in their interactions with the public in asking them to abide by mask wearing requirements.
	Any other feedback?	N/A
MASKS Option 2 – Remove the mask mandate – issue updated guidance to healthcare providers	Any operational or practical issue with the options?	<p><u>Regional and local communication resource</u></p> <p>With the removal of the mask mandate, individual healthcare providers will need to review their existing IPC policies and guidance to ensure it is fit for purpose. The provider's IPC policy would need to determine if they will require people i.e., visitors, to wear masks.</p> <p>Te Whatu Ora would support this at a national level, with guidance, to support the change and implementation. This may include the provision of legal advice that healthcare providers can use to understand if policies can be enforced, and what legislation enables enforcement (e.g., the Health and Safety at Work Act 2015).</p> <p>A national guidance document has been drafted and endorsed through the national COVID-19 clinical advisory group and will be key to enable national consistency to enable facilities/policy makers to review and update their IPC policies. It is important there is room for flexibility for different services, and the risks and needs of facilities.</p> <p>National or regional support on an ongoing basis will ensure policies are proportionate to risk, response to change and are consistently applied in the same geographic areas. Sector support will be managed through ensuring national guidance documents remain current, are fit for purpose and communicated to the sector through regular established communication channels.</p> <p>Decisions will be made on whether we take a central approach to supporting the sector that articulates how we expect this to work at a local level and specific guidance for vulnerable groups. This may include information around criteria for assessing risk and determining when masks could be required, which would need to be developed with consultation.</p> <p>Based on experience in schools, healthcare settings are also likely to require additional resources to respond to complaints and/or answer questions from visitors</p>

	<p>about mask wearing policies. It is likely there will be diverse perspectives on this – ranging from those who feel aggrieved at being asked to wear a mask to those who feel worried about going to healthcare settings where people may not be wearing masks.</p> <p>Increase workload for IPC workforce IPC workforce within healthcare facilities will likely experience increased demand in responding to queries on mask wearing if the mandate is removed.</p> <p>There would be no direct impact to the supply of Personal Protective Equipment (PPE) to healthcare providers for healthcare as a result of the change. PPE is provided to healthcare providers based on funding arrangements, IPC guidance, and Health and Safety Legislation – not the current Mask Order. From 1 October 2023, all Te Whatu Ora health service providers (regional hospitals) will need to start purchasing their own PPE supplies from the central supply using their TWO budgets. All non-TWO health service providers (and other users such as those in vulnerable communities) will return to self-sourcing and purchasing PPE from the private market. This has been communicated to health service providers since late May 2023.</p>
Any advice on what may improve compliance with the measures?	Advice that mask wearing by health care visitors is still important to prevent the transmission of COVID-19 and other respiratory viruses will be required. Ongoing targeted communication will be necessary.
If all mandates were removed, what additional measures or actions would you recommend from an operational perspective?	Guidance would provide a recommendation on the use of masks within healthcare settings. This would seek to mitigate the risk of increased transmission within these settings.
Any other feedback?	

ⁱ Preliminary analysis of the potential impact by ethnicity by applying population proportions to date to the CMA modelling output (using an assumption of weak seasonality) suggests that in the short term (7-week period):

- a. no mandate with low compliance with guidance: an additional 111 hospitalisations for Māori (535 v 424), and an additional 76 hospitalisations for Pacific Peoples (365 v 289)
- b. no mandate with high compliance with guidance: an additional 60 hospitalisations for Māori, and an additional 41 hospitalisations for Pacific Peoples. It is important to note that modelling scenarios by ethnicity do not account for differences in household size, multigenerational household composition and differential access to care in Māori and Pacific Communities. Therefore, it is likely that the scenarios above under-estimate the magnitude of impact from change in isolation policy.

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Thursday, 20 July 2023 3:54 pm

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Cc: Brian.Watson@health.govt.nz <Brian.Watson@health.govt.nz>; Daniel.Martin@health.govt.nz <Daniel.Martin@health.govt.nz>; Ken.Heaton@health.govt.nz <Ken.Heaton@health.govt.nz>; Emily.Moxon@health.govt.nz <Emily.Moxon@health.govt.nz>; [Jane Hubbard](mailto:Jane.Hubbard)

<Jane.Hubbard@health.govt.nz>; Stephen Glover <Stephen.Glover@health.govt.nz>; Mark Heffernan <Mark.Heffernan@health.govt.nz>; Jane Chambers <Jane.Chambers@health.govt.nz>

Subject: For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning

Kia ora koutou,

As some agencies will already be aware, we are in the process of doing another regular review of COVID-19 public health measures, with a focus on the two remaining mandatory measures – case isolation and masks in health service settings.

The Director-General of Health's recommendations are currently in the process of being finalised.

The [PM indicated in mid-April](#) that he'd expect that at the end of winter mandates are no longer likely to be needed, and we are now approaching the end of winter.

In the past, we have sought early feedback from population and operational agencies, however this round we would like to invite all agencies that wish to provide **early feedback by COP on Tuesday 25 July** on the questions in the table below.

You are welcome to just send through bullet points in an email. We'll then use the content to draft up the Cabinet paper/advice for agency feedback. At that point, you'll be able to review what we've written and add in any agency-specific positions if required. For agencies that have already been involved in consultation on the Health Report covering the material usually covered in the PHRA memo, please feel free to refer to, or build on your input into that advice.

This email is also an early heads-up that we will be circulating the draft Cabinet paper for agency consultation at **COP Wednesday 26 July, requesting 48-hour feedback by COP Friday 28 July**. We anticipate that ministerial consultation on the paper will occur between 4-9 August. The paper is due for consideration by SWC on 16 August, and by Cabinet on 21 August.

We appreciate that timeframes for consultation are very tight, and hope this early heads-up will make this a bit more manageable. Please let us know if you have any questions.

Ngā mihi,
Claire

62. Te Whatu Ora, 30-31 July 2023

From: Chrystal O'Connor <Chrystal.O'Connor@health.govt.nz>

Sent: Monday, 31 July 2023 10:54 am

To: Nicholas Jones <Nicholas.Jones@health.govt.nz>; Andrew Old <Andrew.Old@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Dawn Kelly <Dawn.Kelly@health.govt.nz>; Nick Chamberlain <Nick.Chamberlain@health.govt.nz>

Cc: Claire Whelen <Claire.Whelen@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>

Subject: RE: For action: Update re COVID-19 Orders and Cabinet paper

Hi Nic,

Your assumptions below re reporting of COVID test result and access to AVs are correct - reporting of results will still be encouraged in particular to enable proactive outreach for AV prescribing for priority populations.

The changes you have referenced below regarding the national case investigation service and technology pathway to support this have been well socialised with Joint Minister's who approved COVID funding for 23/24. It was an explicit planning assumption that when mandatory isolation orders end the national case investigation service would also cease.

- Technology changes to support a change to the pathway of care - e.g. removal of proactive outreach for priority cases via the national case investigation service
- Decommissioning of the national case investigation service delivered via one of the telehealth providers

Hope that clarifies for now.

Thanks,

Chrystal O'Connor (she/her)
Interim Director | Kaiwhakahaere Rōpū
Outbreak Response, National Public Health Service

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Te Whatu Ora – Health New Zealand
TeWhatuOra.govt.nz

From: Nicholas Jones <Nicholas.Jones@health.govt.nz>

Sent: Monday, 31 July 2023 10:47 am

To: Chrystal O'Connor <Chrystal.O'Connor@health.govt.nz>; Andrew Old <Andrew.Old@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Dawn Kelly <Dawn.Kelly@health.govt.nz>; Nick Chamberlain <Nick.Chamberlain@health.govt.nz>

Cc: Claire Whelen <Claire.Whelen@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>

Subject: RE: For action: Update re COVID-19 Orders and Cabinet paper

Thanks Chrystal

I note you have mentioned changes to care pathways for COVID. I presume decisions to introduce changes have been made independently of my advice on the need for an isolation order. I have assumed that persons testing positive for COVID by RAT will continue to be able to report their illness and access antiviral medications. There may be a case for making the proposed changes but in my view this should be considered independently of any decisions on isolation orders.

- Technology changes to support a change to the pathway of care - e.g. removal of proactive outreach for priority cases via the national case investigation service
- Decommissioning of the national case investigation service delivered via one of the telehealth providers

From: Chrystal O'Connor <Chrystal.O'Connor@health.govt.nz>

Sent: Sunday, 30 July 2023 7:18 pm

To: Andrew Old <Andrew.Old@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Dawn Kelly <Dawn.Kelly@health.govt.nz>; Nick Chamberlain <Nick.Chamberlain@health.govt.nz>

Cc: Nicholas Jones <Nicholas.Jones@health.govt.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>; Ken Heaton

<Ken.Heaton@health.govt.nz>

Subject: RE: For action: Update re COVID-19 Orders and Cabinet paper

Evening all,

In short, from an operational perspective the 31 August (the end date for current authorisations in place) is preferable.

The main areas in which TWO need to manage operational change are as follows;

- Drafting of the COVID Communicable Disease manual - this is on track to be completed by 25 August 2023
- Technology changes to support a change to the pathway of care - e.g. removal of proactive outreach for priority cases via the national case investigation service
- Decommissioning of the national case investigation service delivered via one of the telehealth providers
- Communication collateral - updates across various products and webpages including translation of materials for priority populations.
- Development of local IPC guidance that aligns to national IPC guidance re mask wearing in healthcare settings - national IPC guidance has been developed but this needs adapting locally which requires socialising with local health care settings.
- Healthcare worker guidance - this enables a return to work prior to the recommended isolation period, whilst this is independent of mandates and in place this is being considered by the COVID Clinical Advisory group this coming week.

A lot of the ground work for these has been started and whilst some elements will be completed earlier than other's the **CD chapter, technology changes and communications updates** will require the longest lead in time.

The other consideration worth noting is the timing of knowing a decision has been made and being able to communicate this.

There will be a balance in not 'getting ahead' of any decisions / announcements vs a practical reality of needing to socialise changes, update clinical pathways / guidance and a big change in decommissioning the national case investigation service - this will require exiting a contract with providers and their workforce being advised.

If it is possible for a decision to be made but the removal of mandates being some time after the decision is made and announced that would be ideal. **s 9(2)(h)** but if the Minister was able to make a decision, announce that mandates will not be extended from 31 August this gives us and our stakeholder time to know and understand change before implementing it.

Happy to take further questions / feedback on this.

Thanks,

Chrystal O'Connor (she/her)

**Interim Director | Kaiwhakahaere Rōpū
Outbreak Response, National Public Health Service**

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63. Te Whatu Ora, 1 August 2023

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Tuesday, 1 August 2023 1:13 pm

To: Nic Turner <Nic.Turner@health.govt.nz>

Cc: Chrystal O'Connor <Chrystal.O'Connor@health.govt.nz>; Chris Scahill <Chris.Scahill@health.govt.nz>; Jane Lawless <Jane.Lawless@health.govt.nz>; Karyn Cardno <Karyn.Cardno@health.govt.nz>; Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>; Dani Coplon <Dani.Coplon@health.govt.nz>; Carmel Leonard <Carmel.Leonard@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>

Subject: RE: Feedback on the draft COVID-19 Public Health Settings Cabinet paper

Importance: High

Hi Nic,

Thanks for this. I've tried to turn the content re TWO operational implications into a table, which will be an appendix. We're not sure at this stage if it will be an appendix to the Cabinet paper, or the cover memo.

I was wondering if you could review the table? There are some queries, and also some gaps I was wondering if you could have a look at? We're trying to keep it as brief as possible, focusing on any changes that have happened recently or are planned (whether due to the mandates being revoked, or funding decisions, or something else) – or confirming no change.

This will be going to Andrew at 3pm, but if there is anything still outstanding at that point I can put a placeholder in.

 [Appendix 4 for TWO.docx](#)

Thanks,

Claire

From: Nic Turner <Nic.Turner@health.govt.nz>

Sent: Monday, 31 July 2023 4:59 pm

To: Brian Watson <Brian.Watson@health.govt.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Chrystal O'Connor <Chrystal.O'Connor@health.govt.nz>; Chris Scahill <Chris.Scahill@health.govt.nz>; Jane Lawless <Jane.Lawless@health.govt.nz>; Karyn Cardno <Karyn.Cardno@health.govt.nz>; Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>; Dani Coplon <Dani.Coplon@health.govt.nz>; Carmel Leonard <Carmel.Leonard@health.govt.nz>

Subject: Feedback on the draft COVID-19 Public Health Settings Cabinet paper

Kia ora Claire and Brian,

Thanks very much for your patience while we have prepared our feedback on the Cabinet paper alongside advice on the operational considerations.

Please find attached our *interim* draft feedback, specifically pertaining to operational considerations/impacts. Te Whatu Ora Executive Leadership Team will consider the broader position of the agency regarding the mandate

changes when it meets tomorrow. We will provide you with further information on this/an updated copy of our feedback as soon as we can following the meeting.

We have inserted placeholder comments against paras 50 and paras 127-129, to indicate where we expect to include paras that reflect the discussion at ELT.

We have also converted the draft Aide Memoire (which we shared with you on Friday) to a memo, following the direction from the Minister's Office this afternoon. We will aim to have this to you tomorrow morning so that you can incorporate this into the covering Health Report that will accompany the draft Cabinet paper.

Thanks again for your support through this process. Let us know if you require anything further immediately or if you have questions regarding our feedback.

Ngā mihi

Nic

Nic Turner (he/him)

Principal Advisor

Advisory, Office of the Director

Outbreak Response, National Public Health Service

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NPHS feedback -
Draft Cabinet paper o

64. Te Whatu Ora, 2 August 2023

From: Petra Hunting <Petra.Hunting@health.govt.nz>

Sent: Wednesday, 2 August 2023 11:01 am

To: Andrew Old <Andrew.Old@health.govt.nz>

Cc: Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>; Chrystal O'Connor <Chrystal.O'Connor@health.govt.nz>; National Public Health Service <NPHS@health.govt.nz>; Saskia Patton <Saskia.Patton@health.govt.nz>; Jane Lawless <Jane.Lawless@health.govt.nz>; Nic Turner <Nic.Turner@health.govt.nz>; Dawn Kelly <Dawn.Kelly@health.govt.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>

Subject: Memo from Nick Chamberlain re: Operational implications of removal of isolation orders and mask mandates

Importance: High

Kia ora Andrew,

Please find attached a memo from Dr Nick Chamberlain detailing the operational implications of the removal of isolation orders and mask mandates.

This responds to Hon. Dr Ayesha Verrall's request for this information to be included as an appendix to either the Settings Cabinet paper, or the Cabinet paper's associated cover briefing.

We shared an earlier version of this memo with your team so it could be incorporated into the Cabinet paper, and are happy to work with your team to support getting this together.

Ngā mihi,

Petra

Petra Hunting ([she/her](#))

Principal Advisor

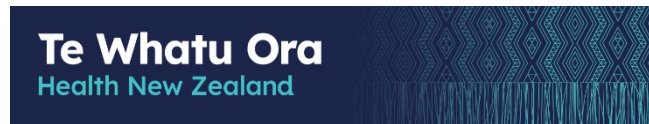
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Te Whatu Ora – Health New Zealand

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Memorandum

To:	Dr Andrew Old – Deputy Director-General of Health, Public Health Agency, Manatū Hauora
From:	Dr Nick Chamberlain – National Director, National Public Health Service, Te Whatu Ora
Subject:	Update on the operational implications of removal of isolation orders and mask mandates
Date:	31 July 2023

Purpose

1. This memo responds to Hon. Dr Ayesha Verrall's request to provide a comprehensive stocktake of the operational implications if mandatory COVID-19 settings are removed, in consultation with Manatū Hauora. We understand Manatū Hauora will address the implications of social supports provided by the Ministry of Social Development (MSD) including the Leave Support Scheme (LSS) as part of agency consultation on the draft COVID-19 Public Health Settings Cabinet paper.
2. Information provided in this memo is intended to be considered as background supplementary information, to accompany the draft Cabinet Paper on COVID-19 Public Health Settings.

Context

3. Service impacts contingent on the removal of the COVID-19 Orders are confined to specific operational areas. For the isolation Order, this relates to Alternate Isolation Accommodation, and the National Case Investigation Service (NCIS). We expect there will be behavioural shifts relating to testing and reporting of test results, which could impact on access to antivirals. For the Masks Order, changes will be required to Infection Prevention and Control (IPC) guidance for health services alongside change communications and key messaging for the general public.
4. The resulting operational change requirements are not extensive. They primarily involve technology, content and communications updates, to ensure that the public, including high-priority populations, and the wider health sector, understand how best to protect themselves and others, alongside how and where to access support and services. A minimum of 5 days from decision to implementation will be necessary to make required changes.
5. If the Isolation Order and mask mandates are removed, we will continue to recommend symptomatic testing and uploading of test results to enable access to clinical management and antivirals. We will also continue to provide guidance reflecting public health advice for cases to isolate for at least five days. Our focus will remain on vulnerable and priority populations accessing antiviral therapy, thereby protecting Hospital Specialist Services (HSS) capacity and mitigating wider health system pressures.
6. Many transitional changes underway as part of the agreed scaled approach to a new "business as usual" are not contingent on the Isolation Orders and mask mandates being revoked. We have provided a summary of these under the section titled 'Operational changes not contingent on removal of isolation order and mask mandate'.

Response to Minister's request – Stocktake of operational implications contingent on removal of isolation and mask mandate

Public health advice

7. Operational guidance will align to public health advice that will continue to recommend symptomatic testing and uploading of test results to enable access to clinical management and antivirals.
8. For isolation, guidance will continue to recommend people with COVID-19 isolate, but for a reduced minimum period of time of at least five days, reflecting public health advice.
9. A COVID-19 chapter for the Communicable Diseases Manual is in development and will be completed in advance of mandates being removed.

Guidance and other communications for health services and the public

10. The requirement for visitors to healthcare settings to wear a mask will be replaced with recommended guidance. National IPC guidance has been developed and continues to recommend mask use for visitors to healthcare settings.
11. It is expected that health and disability providers will develop local policies based on the national IPC guidance.
12. Guidance to enable healthcare workers who test positive for COVID-19 or are a household contact to return to work has been in place since early 2022. This guidance is independent of the isolation mandates. The COVID-19 Clinical Advisory Group has recently recommended that the test to return approach continues. This guidance takes a precautionary approach to managing the return to work for staff, due to the vulnerability of patients. It enables staff to either return to work after a minimum of four days with a negative RAT result, or on the eighth day without needing a negative RAT result, so long as they are asymptomatic or only have mild symptoms.
13. Changes across technology platforms and guidance will be available in a range of languages and accessible formats. We are working to have these ready with five days' notice of Cabinet's (or the Minister's) decision.

Case Investigation

14. Case investigation services, delivered via one of our telehealth providers, will end when the isolation mandate is removed. This service proactively contacts priority cases (Māori and Pacific aged 35 and over and all other cases aged 65 and over) who have not completed the online case investigation form.
15. Public Health Services will respond to requests for advice as required, for example for outbreaks in high-risk settings.

Alternate Isolation Accommodation

16. We currently have alternate accommodation options for COVID-19 cases or household contacts who cannot isolate safely. When mandates are removed, this service will no longer be funded or available.

Leave Support Scheme

17. Manatū Hauora has provided a summary on the LSS in the Cabinet Paper based on the information provided by the Ministry of Social Development on the service and operational implications for social supports when the legal requirement to self-

isolate is removed. Of note, cases will no longer be eligible to receive support through the LSS, resulting in no further government-funded support to businesses for the cost of employees isolating. Businesses would incur the costs of sick leave provisions.

Operational changes not contingent on removal of isolation order and mask mandate

18. This section describes the operational changes currently underway across COVID-19 Health System Response services. The arrangements for a scaled transition of the COVID-19 Public Health Response towards a longer-term pandemic resilient approach is underway, as agreed to by Cabinet and Ministers.¹ Appendix 1 details the agreed changes, transition activities and progress to date.

COVID infrastructure

19. There are 16 Care in the Community coordination hubs that support and leverage service through 64 Kaupapa Māori providers and 13 Pasifika providers. Funding for these services reduces in October 2023, then will remain unchanged from October through to the end of June 2024.
20. A small number (six) of integrated community testing sites are currently operating across the motu to support demand. Decommissioning of these sites is included in the agreed transition plan, and all sites will be closed no later than 30 November 2023. The collection of RATs and polymerase chain reaction (PCR) testing is delivered mainly through primary care, pharmacies and integrated healthcare services.
21. Twenty Māori and Pacific providers are contracted as part of a distribution channel for RATs and masks. Twelve community providers are contracted to offer assisted RATs to population groups unable to self-test.

Funded Primary and Community Care

22. From 1 October 2023, the eligibility criteria for access to funded primary and community care will reduce to align with antiviral eligibility criteria. This will allow for an assessment and supply of antivirals only, supported via virtual or in-person consultation. This reflects the final step down in primary and community care funding which we expect will end by March 2024, dependent on the outcomes of a utilisation review in December 2023.

COVID-19 National Telehealth Service

23. The COVID-19 Healthline service operates as a channel for people to seek advice, supported by clinical escalation pathways. This will be embedded in broader national telehealth services for the future.

Access to publicly funded PPE

24. Communications on the cessation of Personal Protective Equipment (PPE) supply with customers who access the Central Supply for PPE commenced in June. Publicly-funded PPE will still be accessible to users of the Central Supply until Te Whatu Ora reaches its desired national stockpile level of 12-weeks' high-pandemic usage to ensure we remain prepared for a future health emergency or pandemic.

Testing

25. Positive results will continue to be uploaded to ESR regardless of notifiable status.

¹ SWC Minute SWC-22-SUB-0239 refers, with subsequent operational changes agreed by the Ministers of Health and Finance in May 2026 (H2023024265 refers).

26. Public communications will recommend that individuals continue to test and enter positive results in My Covid Record (or through the Assisted Channels), which will enable identification of priority cases, both to their primary care provider and community hubs who can support access to antivirals. This will ensure the proactive management of cases who are eligible for antivirals, further supporting decreased hospitalisations and mortality rates.

Reporting and Surveillance

27. The domestic operational surveillance approach will continue to include wastewater testing and whole genome sequencing of PCR tests.
28. Cessation of COVID-19 Aotearoa Modelling through Treasury decisions means there is not up-to-date case modelling projections and therefore comparisons between actual and modelled trends will not be provided.
29. Not specific to the removal of mandates, reporting is planned to be on fewer measures that are more specific to severe disease (eg. hospitalisation rates), using business as usual mechanisms which may impact on frequency. Surveillance of cases will continue as per all notifiable diseases, noting that increasing under-ascertainment of cases would recommend this measure is given less importance.
30. Testing information, antiviral uptake and vaccination information will continue to be regularly reported.

Communications

31. The Unite Against COVID-19 brand will be retired by the end of this year. A public health information website will be launched by Te Whatu Ora and the Unite Against COVID-19 website, www.covid-19.govt.nz, will be decommissioned. COVID-19 related content and collateral will be Te Whatu Ora branded with historic information archived. Our Unite Against COVID-19 social media channels will remain until the Unite Against COVID-19 website is decommissioned.



Dr Nick Chamberlain
National Director
National Public Health Service
Te Whatu Ora - Health New Zealand

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Appendix 1 Agreed transitions for the COVID-19 Health System Response and COVID-19 Vaccination Programme (2023/24)

Timeline of key changes to service delivery 2023/24												
Initiative	Service	2023						2024				
		Quarter 1			Quarter 2			Quarter 3			Quarter 4	
		July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Vaccine and Immunisation Programme	COVID-19 vaccination	Continued delivery of 2023 winter campaign targeted at ALL 30+ and high-risk groups (current eligibility of 1 April 2023) from July to October 2023			Maintain a baseline vaccination programme from October 2023 to March 2024 at ~15,000 vaccines per month			Winter Campaign for 2024 targeted at high-risk groups (exact eligibility to be confirmed through the immunisation strategy and on Public Health advice in Nov/Dec 2023.)				
Care in the Community	Alternate Isolation Accommodation	Current eligibility is aligned with isolation requirements. Reduced requirements. Removed when mandatory isolation ends.						Removed (assuming mandatory isolation removed)				
	Clinical assessment in primary care (GPs, Pharmacy, After hours)	Maintain funded consults for COVID-19 positive patients who are eligible for antivirals (AV) and/or considered priority or clinically vulnerable			From 01 October only those eligible for antivirals will be funded. The service will not continue after 28 February 2024 based on current forecasts. Te Whatu Ora will indicate to the primary care sector that funding is reducing. Consultation with the primary and community care sector leads has determined that eligibility is now to be aligned with Phamac's AV access criteria							
	Hubs (incl Kaupapa Māori hubs)	Funding supports maintaining current capacity of Hubs (50 hubs targeted to Māori and Pacific populations)			Reduced post Winter. To be directed from the central care coordination hubs (i.e., Districts) which will further narrow the provision of service in the community to focus on Māori and Pacific populations and those who meet AV criteria							
National Investigation Centre	Case investigation	Maintain follow up of priority cases through winter (Māori and Pacific ≥ 35, ALL 65+) No proactive follow up once mandatory isolation removed			No proactive follow up once mandatory isolation removed			No COVID-19 funding to support this activity. The core function of the National Investigation Centre will be integrated into Te Whatu Ora and not funded through COVID-19 appropriations.				
Central Supply	Access to publicly funded PPE and consumables	Prepurchase of a small volume of PPE (nitrile gloves and isolation gowns) to boost stock and maintain a minimum 12-week high-pandemic use level of all PPE and consumables stock			Transition to centralised purchasing for Te Whatu Ora PPE and consumables and integrated management with the national reserve. From 1 October 2023, all Te Whatu Ora health service providers (regional hospitals) will need to start purchasing their own PPE and consumable supplies from the central supply using their Te Whatu Ora budgets. All non-Te Whatu Ora health service providers (and other users) will need to start returning to self-sourcing and purchasing supplies from the private market.							
		Continued distribution of surplus stock (above minimum 12-week high pandemic usage), maintenance of equipment where required and warehousing of ICU equipment, PPE, infusion pumps, and consumables										
Telehealth	COVID-19 National Telehealth Services	Maintain existing telehealth services (outbound and inbound) at sufficient level to meet expected demand			Maintain existing telehealth services (outbound and inbound) at sufficient level to meet expected demand			Maintain existing telehealth services (outbound and inbound) at sufficient level to meet expected demand				
Testing & Laboratory Services	Community testing infrastructure	From 1 July community testing sites reduced by 30 percent						From 1 July community testing sites reduced by 30 percent				
	Laboratory capacity	From 1 July, PCR processing capacity will be purchased on a price-per-test basis, with minimal surge capacity retained. This has resulted in up to 1,000 PCR per day across nine Laboratory Services on a "fee for service" agreement.										
	PHA Surveillance	Whole Genome Sequencing (WGS) reduced to 400 per week with ability to surge to 1,000. Wastewater testing retained at lower levels										
	Primary care testing consultation	Maintain funded consults for COVID-19 positive patients who are eligible for antivirals (AV) and/or considered priority or clinically vulnerable			Maintain funded consults for COVID-19 positive patients who are eligible for antivirals (AV) and/or considered priority or clinically vulnerable							
	RATs	RATs will continue to be provided at no cost to the public within existing supply until end of 2023. From 1 July, funding for the Māori and Pacific distribution channel is maintained at reduced levels through to June 2024						From 1 January 2024, RATs will no longer be funded as part of the public health response to COVID-19				
Equity	Māori and Pacific COVID-19 wraparound services	Funding is available to support Pacific and Māori providers through Winter 2023 for isolation support and wrap around services if needed in the event of a surge						Broader policy considerations are needed to support access to manaaki supports in the future management of communicable disease				

65. Te Whatu Ora, 4 August 2023

From: Nic Turner <Nic.Turner@health.govt.nz>

Sent: Friday, 4 August 2023 10:02 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>; Sharon Sime <Sharon.Sime@health.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; Chrystal O'Connor <Chrystal.O'Connor@health.govt.nz>; Carmel Leonard <Carmel.Leonard@health.govt.nz>

Subject: RE: Current version of COVID-19 settings Cabinet paper and cover memo

Mōrena Claire,

As Chrystal said, the document has been developed and is in use – the 'current' version is on the website here: <https://www.tewhatauora.govt.nz/for-the-health-sector/covid-19-information-for-health-professionals/covid-19-information-for-all-health-professionals/guidance-for-critical-health-services-during-an-omicron-outbreak>

It is an existing piece and is independent of the mandates but has been reviewed in light of the proposals to remove isolation requirements, to ensure there is clear guidance for healthcare workers to return to work when positive. The COVID-19 Clinical Advisory group discussed removing pathways 2 & 3 within Table 1, as pathways for returning to work.

In terms of timing, it will be ready once changes have been incorporated. The new version will be published once announcements on settings are made (with no strong rationale for publishing ahead of announcements).

[@Sharon Sime](#) let me know if I've got anything wrong.

Ngā mihi

Nic

Nic Turner (he/him)

Principal Advisor

Advisory, Office of the Director

Outbreak Response, National Public Health Service

waea pūkoro: s 9(2)(a) | imēra: nic.turner@health.govt.nz

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Te Whatu Ora – Health New Zealand

[TeWhatuOra.govt.nz](https://www.TeWhatuOra.govt.nz)

From: Chrystal O'Connor <Chrystal.O'Connor@health.govt.nz>

Sent: Friday, 4 August 2023 9:46 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Nic Turner <Nic.Turner@health.govt.nz>; Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>

Subject: RE: Current version of COVID-19 settings Cabinet paper and cover memo

Hi Claire,

I'll ask [@Nic Turner](#) to please confirm as he has been liaising with SMEs on this but the HCW guidance has been in place since last year, it has been reviewed in light of mandate changes but I don't believe any material changes have been made.

We included it in response to the Minister's request for information on operational changes. I think it's material to include somewhere to give assurance there is a pathway for HCW to return to work even though this isn't as a direct result of mandates.

Thanks,

Chrystal O'Connor (she/her)

**Interim Director | Kaiwhakahaere Rōpū
Outbreak Response, National Public Health Service**

waea pūkoro: +64 21 749 423 | īmēra: chrystal.o'connor@health.govt.nz
133 Molesworth Street, Wellington | PO Box 5013, Wellington 6140



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TeWhatuOra.govt.nz

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Friday, 4 August 2023 9:36 am

To: Chrystal O'Connor <Chrystal.O'Connor@health.govt.nz>; Nic Turner <Nic.Turner@health.govt.nz>; Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>

Subject: RE: Current version of COVID-19 settings Cabinet paper and cover memo

Thanks Chrystal – re the Guidance for HCWs, I just wanted to double check, do you mean that:

- the document has been developed and is in use (ie in the 'other changes' section, and if so, which month should this go under?)
- the document has been developed, but will only come into effect when the mandates are revoked? (ie will go in the 'direct consequences of revoking mandates' section.

Also just wanted to check if the review resulted in a change from the status quo – if there is no change, we can probably delete this one completely? It sounded to me like it was a change from the status quo.

Here's the text for context:

Guidance to enable healthcare workers who test positive for COVID-19 or are a household contact to return to work - this guidance has been in place since early 2022, and is independent of the isolation mandates. The COVID-19 Clinical Advisory Group has recently recommended that the test to return approach continues. This guidance takes a precautionary approach to managing the return to work for staff, due to the vulnerability of patients. It enables staff to either return to work after a minimum of four days with a negative RAT result, or on the eighth day without needing a negative RAT result, so long as they are asymptomatic or only have mild symptoms.

Thanks,

Claire

From: Chrystal O'Connor <Chrystal.O'Connor@health.govt.nz>

Sent: Thursday, 3 August 2023 9:34 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Nic Turner <Nic.Turner@health.govt.nz>; Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>

Subject: RE: Current version of COVID-19 settings Cabinet paper and cover memo

Hi Claire,

Thanks for this copy. Two short items from me please;

1. The Guidance for Health Care Workers is under the "timing to be confirmed" section in appendix one of the cover memo when it does in fact exist already. Can this be amended please to reflect this?
2. I recognise that the operational impacts have been incorporated into appendix one and that the Minister's Office has been clear about the desire for one package of information. I do think that appendix one doesn't lay out quite as clearly the operational delivery for COVID services with and without mandates. This was an action point from the weekly official's mtg (request attached). Could the attached memo from Nick to Andrew please be included in the package to the MO to close out this action pointing out that relevant detail has been included in the cover note? Is that possible please?

I will be on leave from midday tomorrow so please liaise directly with Nic on these requests if there are any issues.

Thanks for the big effort on this over the week. Hope sign-out goes smoothly at your end.

Chrystal O'Connor (she/her)

Interim Director | Kaiwhakahaere Rōpū

Outbreak Response, National Public Health Service

waea pūkoro: +64 21 749 423 | Īmēra: chrystal.o'connor@health.govt.nz

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TeWhatuOra.govt.nz

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Thursday, 3 August 2023 2:49 pm

To: Nic Turner <Nic.Turner@health.govt.nz>; Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>

Cc: Chrystal O'Connor <Chrystal.O'Connor@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>

Subject: Current version of COVID-19 settings Cabinet paper and cover memo

Hi Nic and Outbreak Response,

As discussed earlier – I've attached copies of the draft Cabinet paper and cover memo, for your visibility. I've made the changes Nic flagged based on the versions from earlier today.

The papers have gone to the DG for signout overnight (and to CLO at the same time), and will then go on to the MO tomorrow.

Please let us know if you have any questions.

Thanks,

Claire

Claire Whelen (she/her)

Principal Policy Analyst, COVID-19 Policy

Public Health Policy & Regulation

Public Health Agency | Te Pou Hauora Tūmatanui

s 9(2)(a) | claire.whelen@health.govt.nz

Manatū Hauora, 133 Molesworth Street, Thorndon, Wellington 6011



66. Te Whatu Ora, 7-8 August 2023

From: Dani Coplon <Dani.Coplon@health.govt.nz>

Sent: Tuesday, 8 August 2023 9:20 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Nic Turner <Nic.Turner@health.govt.nz>; Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>; Public Health Agency ODDG <PHA-ODDG@health.govt.nz>; Kate J Clark <Kate.J.Clark@health.govt.nz>; Karyn Cardno <Karyn.Cardno@health.govt.nz>; Dawn Kelly <Dawn.Kelly@health.govt.nz>; Chrystal O'Connor <Chrystal.O'Connor@health.govt.nz>

Subject: RE: New isolation guidance - checking process and timeframes for sign-off

Kia ora team PHA

Hope this finds the PHA team well.

As per our discussion with you yesterday, Te Whatu Ora is not providing isolation guidance. Broad public communications have been drafted by both the PHA and Te Whatu Ora to support the removal of the isolation and mask mandate. These key messages and our joint advice can be utilised to support agencies in the development of their sector guidance or narrative. However, we (Te Whatu Ora) will not be formally publishing guidance outside of

our own sector (Health). National Infection prevention and control guidance has been developed for health care workers as part of our requirements to ensure our employees and patients remain safe.

Being clear and succinct is critical. The Public Health advice has come from the PHA to Ministers. As the health operational entity responsible for managing the day to day operations, we have developed key messages and altered our tools scripts to support the PHA advice.

As the lead in the All of Government response, the PHA needs to support agencies with the proposed changes and implications. This was and is the directive as part of the transition of the roles. This was communicated clearly throughout the feedback in the Cabinet paper design and the advice.

The key communications are with our National Director for sign off. He may or may not get these back to us today. I'm unclear as to how a commitment has been made on our behalf.

Happy to share the Te Whatu Ora "in confidence no govt policy" readiness key messages with you once they have been approved through the appropriate channels, noting this will be pre-emptive of any Cabinet decisions. Danya has worked alongside us and developed the Public Health Advice messages, I'm sure these could also be utilised to support agencies.

Happy to discuss

Ngā mihi

Dani

Dani Coplon

Critical Projects Lead

Office of the Director for Outbreak Response

waea pūkoro: s 9(2)(a) | īmēra: Dani.Coplon@health.govt.nz

133 Molesworth Str, Thorndon, Wellington



Te Whatu Ora – Health New Zealand

TeWhatuOra.govt.nz

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Tuesday, 8 August 2023 7:10 am

To: Nic Turner <Nic.Turner@health.govt.nz>; Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>; Public Health Agency ODDG <PHA-ODDG@health.govt.nz>; Kate J Clark <Kate.J.Clark@health.govt.nz>; Dani Coplon <Dani.Coplon@health.govt.nz>; Karyn Cardno <Karyn.Cardno@health.govt.nz>; Dawn Kelly <Dawn.Kelly@health.govt.nz>

Subject: RE: New isolation guidance - checking process and timeframes for sign-off

Kia ora Nic,

Just to let you know – we checked with the agencies that need to use the isolation guidance in order to do their own preparations (MSD, MBIE, MoE, Corrections, Justice), and **provided we can send it to them today**, they have said they'll be able to get it all ready in time for implementation on 15 Aug.

I'm at a PHA away day today, but when Nick C has signed it off, can you please text me and I'll send on to those agencies? Please feel free to text also if there are any other urgent questions that come up. s 9(2)(a)

Thanks,

Claire

From: Nic Turner <Nic.Turner@health.govt.nz>

Sent: Monday, 7 August 2023 12:09 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>; Public Health Agency ODDG <PHA-ODDG@health.govt.nz>; Kate J Clark <Kate.J.Clark@health.govt.nz>; Dani Coplon <Dani.Coplon@health.govt.nz>; Karyn Cardno <Karyn.Cardno@health.govt.nz>

Subject: RE: New isolation guidance - checking process and timeframes for sign-off

Kia ora Claire,

Thanks for your email. I understand that Kate (Comms) will be catching up with Danya on this later today so we are aligned on what are key messages/isolation recommendations, and what could be provided to other agencies.

As a further update, Nick will be **noting** the key messages (in the link below) as part of a suite of documents. These were intended to go to Nick over the weekend but will now go to him tonight.

Ngā mihi

Nic

Nic Turner (he/him)

Principal Advisor

Advisory, Office of the Director

Outbreak Response, National Public Health Service

waea pūkoro: **S 9(2)(a)** | Īmēra: nic.turner@health.govt.nz

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Te Whatu Ora – Health New Zealand

TeWhatuOra.govt.nz

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Monday, 7 August 2023 10:37 am

To: Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>; Public Health Agency ODDG <PHA-ODDG@health.govt.nz>; Nic Turner <Nic.Turner@health.govt.nz>

Subject: New isolation guidance - checking process and timeframes for sign-off

Mōrena,

I just wanted to double check on the **process and timeframes to sign out the new isolation guidance?**

I've had questions from a couple of other govt agencies (MoE, and expecting MSD, Corrections and MBIE to ask soon too) about when it will be available (as they need it to do policy and website updates etc on their side).

Also this morning Te Arawhiti has indicated they'd like to review the isolation guidance (see email below). Is there a possibility of this happening? I'm happy to send the link below on to them, but equally happy if you'd rather do it directly.

As I understand it from Nic, the signout process is that Nick C has/will approve it?

 [APPROVED Key messages in preparation for COVID-19 Settings Changes August 2023.docx](#)

Please let me know when it is fully signed out and able to be sent on to other agencies.

Thanks,

Claire

67. Te Whatu Ora, 9 August 2023

From: Cheyanne Bir <Cheyanne.Bir@health.govt.nz> On Behalf Of Office of the Director Outbreak Response
Sent: Wednesday, 9 August 2023 5:14 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Cc: Brian Watson <Brian.Watson@health.govt.nz>
Subject: Re: Will cases still get a confirmation text?

Kia Ora Claire,

I have received clarification that the confirmation text message system will continue to operate.

Ngā mihi

Cheyenne Bir

**Advisory, Office of the Director
Outbreak Response, National Public Health Service**

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From: Claire Whelen <Claire.Whelen@health.govt.nz>
Sent: Wednesday, 9 August 2023 3:39 pm
To: Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>
Cc: Brian Watson <Brian.Watson@health.govt.nz>
Subject: Will cases still get a confirmation text?

Kia ora,

MBIE has a question re the text messaging system I was wondering if you could help with:

In our guidance, we are considering encouraging employers to accept a positive test result (or confirmation text from the 2328 or 2648 numbers) as proof of sickness, rather than needing to get a medical certificate from their doctor. The current guidance about that is here: <https://covid19.govt.nz/testing-and-isolation/if-you-have-covid-19/#report-your-test-result>.

Do you know if the confirmation text message system will continue to operate?

Thanks,
Claire

Claire Whelen (she/her)

Principal Policy Analyst, COVID-19 Policy

Public Health Policy & Regulation

Public Health Agency | Te Pou Hauora Tūmatanui

s 9(2)(a) | claire.whelen@health.govt.nz

Manatū Hauora, 133 Molesworth Street, Thorndon, Wellington 6011

68. Te Whatu Ora, 11 August 2023

From: Nicholas Jones <Nicholas.Jones@health.govt.nz>

Sent: Friday, 11 August 2023 12:15 pm

To: Harriette Carr <Harriette.Carr@health.govt.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Sharon Smith <sharon.smith@health.govt.nz>; Richard Jaine <Richard.Jaine@health.govt.nz>

Subject: RE: Rationale for changing from 7 days mandatory to 5 days guidance - needed by 1145am

Thanks Harriette.

Yes the advice is based on the recent UK review as noted. The same review contributed to the previous advice on moving to a 5 day period of isolation with a test to leave on day 6.

In the context of widespread hybrid immunity, low overall incidence and the lower likelihood of transmission after 5 days (particularly if the case has recovered or tests negative) there is a strong case for aligning isolation recommendations with those proposed in previous advice. In addition to the reduction in risk after 5 days the recommendation also takes in to account the likely relationship between isolation duration and voluntary compliance. In short our view is that it is better to recommend a shorter period of isolation (with the stated provisos) with greater compliance than a longer period with lower compliance. The recommendations also align with international recommendations.

From: Harriette Carr <Harriette.Carr@health.govt.nz>

Sent: Friday, 11 August 2023 11:54 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Sharon Smith <sharon.smith@health.govt.nz>; Richard Jaine <Richard.Jaine@health.govt.nz>; Nicholas Jones <Nicholas.Jones@health.govt.nz>

Subject: RE: Rationale for changing from 7 days mandatory to 5 days guidance - needed by 1145am

Hi Clare,

Did you get something from Nick?

If not, could say that decision to move to guidance to isolate for 5 days is based on a rapid review by the UKHSA that found that between 80-100% of transmission occurred in the first 5 days after symptom onset. Given where we are now in the pandemic, a move to 5 days is pragmatic. Note that we still advise people that are unwell after 5 days to remain at home, along with additional precautions when visiting those at high risk of severe illness for up to 10 days following symptom onset.

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1145484/COVID-19-infectiousness- asymptomatic-transmission.pdf)

Ngā mihi

Harriette

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Friday, 11 August 2023 11:34 am

To: Karyn Cardno <Karyn.Cardno@health.govt.nz>; Sharon Sime <Sharon.Sime@health.govt.nz>; Harriette Carr <Harriette.Carr@health.govt.nz>; Richard Jaine <Richard.Jaine@health.govt.nz>; Nicholas Jones <Nicholas.Jones@health.govt.nz>; Anita Frew <Anita.Frew@health.govt.nz>; Nina Bevin <Nina.Bevin@health.govt.nz>; Maeve Hume-Nixon <Maeve.Hume-Nixon@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; Donald Mayo <Donald.Mayo@health.govt.nz>; Sharon Smith <sharon.smith@health.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; Andrew Old <Andrew.Old@health.govt.nz>

Subject: RE: Rationale for changing from 7 days mandatory to 5 days guidance - needed by 1145am

Thanks Karyn.

Nick – can you please provide a line re why it has changed from 7 to 5?(Sharon Smith can you please assist?)

From: Karyn Cardno <Karyn.Cardno@health.govt.nz>

Sent: Friday, 11 August 2023 11:32 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Sharon Sime <Sharon.Sime@health.govt.nz>; Harriette Carr <Harriette.Carr@health.govt.nz>; Richard Jaine <Richard.Jaine@health.govt.nz>; Nicholas Jones <Nicholas.Jones@health.govt.nz>; Anita Frew <Anita.Frew@health.govt.nz>; Nina Bevin <Nina.Bevin@health.govt.nz>; Maeve Hume-Nixon <Maeve.Hume-Nixon@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; Donald Mayo <Donald.Mayo@health.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; Andrew Old <Andrew.Old@health.govt.nz>

Subject: RE: Rationale for changing from 7 days mandatory to 5 days guidance - needed by 1145am

Thanks Claire

I'm not sure what the paper is you are referring to, however, this is PHA (DPH signed out) advice that Te Whatu Ora is operationalising, so not appropriate for NPHS to respond to.

Ngā mihi

Karyn

Karyn Cardno

Group Manager

Care in the Community (CITC)

National Public Health Service

waea pūkoro: s 9(2)(a) | imēra: karyn.cardno@health.govt.nz

133 Molesworth St, Wellington

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Friday, 11 August 2023 11:26 am

To: Sharon Sime <Sharon.Sime@health.govt.nz>; Harriette Carr <Harriette.Carr@health.govt.nz>; Richard Jaine <Richard.Jaine@health.govt.nz>; Nicholas Jones <Nicholas.Jones@health.govt.nz>; Anita Frew <Anita.Frew@health.govt.nz>; Karyn Cardno <Karyn.Cardno@health.govt.nz>; Nina Bevin <Nina.Bevin@health.govt.nz>; Maeve Hume-Nixon <Maeve.Hume-Nixon@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; Donald Mayo <Donald.Mayo@health.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; Andrew Old <Andrew.Old@health.govt.nz>

Subject: Rationale for changing from 7 days mandatory to 5 days guidance - needed by 1145am

Importance: High

Kia ora koutou,

As part of the sign-out process, Maree has asked a couple of questions.

- What has changed that means that last time we recommended 7 days mandatory, and now we're saying 5 days is okay for guidance?

The paper needs to be lodged by midday, so if you could please reply by 1145am at the latest.

Thanks,

Claire

Claire Whelen (she/her)

Principal Policy Analyst, COVID-19 Policy

Public Health Policy & Regulation

Public Health Agency | Te Pou Hauora Tūmatanui

s 9(2)(a) | claire.whelen@health.govt.nz

Manatū Hauora, 133 Molesworth Street, Thorndon, Wellington 6011



69. Te Whatu Ora, 14 August 2023

From: Nic Turner <Nic.Turner@health.govt.nz>

Sent: Monday, 14 August 2023 4:48 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>

Cc: Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>; Dani Coplon <Dani.Coplon@health.govt.nz>; Carmel Leonard <Carmel.Leonard@health.govt.nz>; Karyn Cardno <Karyn.Cardno@health.govt.nz>; Kate J Clark <Kate.J.Clark@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>

Subject: RE: Link to final COVID-19 guidance

Hi Claire,

Attached are the key messages and FAQs which have been shared with Danya/Kate so they can be provided to AOG comms. We don't have 'COVID-19 guidance', it is the messaging and FAQs as attached.

Updated web content will be live from 12.01am Tuesday 15 August. This will include the Revised IPC guidance/mask guidance and the HCW guidance.

Ngā mihi

Nic

Nic Turner (he/him)

Principal Advisor

Advisory, Office of the Director

Outbreak Response, National Public Health Service

waea pūkoro: s 9(2)(a) | Īmēra: nic.turner@health.govt.nz

133 Molesworth Street, Wellington | PO Box 5013, Wellington 6140

Te Whatu Ora
Health New Zealand

Te Whatu Ora – Health New Zealand
TeWhatuOra.govt.nz

Key messages to support changes in COVID-19 settings

August 2023

General


- Every year, hospitals and the healthcare system see an increase in admissions for respiratory infections and other illnesses associated with seasonal changes.
- Protect yourself, your whānau, and your community by getting immunised.
- Please don't visit pēpi or elderly people if you are sick. Many illnesses are very infectious, and they can get very sick, very easily.
- Washing your hands, covering coughs and sneezes, wearing a mask if you're indoors in crowded areas and staying home if you are sick also help to reduce the spread of illness.
- Develop a plan for your whānau, so family members know what to do if people become unwell, whether it's COVID-19, the flu or another illness. Also understand what is expected of you by your employer if you do become sick.
- Aotearoa New Zealand has good access to antiviral medicines for people who are most at risk of a serious health outcome or hospitalisation from COVID-19. There is good evidence that antivirals can make a difference for these eligible people. Talk to your GP, pharmacist or Hauora provider if you, or a member of your whānau, come under this category.

Recommendations if you become unwell with COVID-19 symptoms

- Stay at home if you are feeling unwell - if you, or someone in your household develops one or more of the following symptoms for COVID-19: a runny nose, sore throat, cough, fever, vomiting, diarrhoea, headache, loss of smell or taste, shortness of breath, you should take a Rapid Antigen Test (RAT).
- Remember to register your RAT result at <https://mycovidrecord.health.nz/> (or call the RAT helpline at 0800 222 478 and choose option 1), so you can be connected with any help and support you might need.

During your recommended isolation period

- If you have tested positive for COVID-19, it is recommended you isolate for 5 days even if you only have mild symptoms, starting at Day 0, which is the day your symptoms started or when you tested positive, whichever came first. This means you should not go to work or school.
- If you do need to leave your home during your 5 day isolation period, it is very important you take precautions to prevent spreading COVID-19 to others:
 - You should wear a mask whenever you leave the house.
 - You should not visit a healthcare facility (except to access medical care), or an aged residential care facility, or have contact with anyone at risk of getting seriously unwell with COVID-19.
- If you need to seek in-person medical care while you have COVID-19, please call ahead before visiting, and follow their instructions. It is recommended that you wear a mask.

- 
- If your COVID-19 symptoms get worse, or you are concerned about someone you care for, you can call Healthline on 0800 611 116 anytime for free health advice and information. If it's an emergency, call 111. For further advice please visit the [COVID-19 Health Hub \(https://covid19.health.nz/advice/\)](https://covid19.health.nz/advice/) or call the COVID-19 Healthline on 0800 358 5453.

After completing 5 days isolation

- If your symptoms have resolved and you feel well, you can return to your normal activities.
- You should discuss your return to work with your employer or your child's return to school with their school principal, as your employer or your school may require additional precautions.
- If you are in isolation at the time of the setting change announcement, we recommend you continue isolating until you have completed 5 days. If you have already been isolating for 6 or 7 days, and are well, you can return to your normal activities.
- You do not need to do another RAT after testing positive. However, if you are concerned that you may still be infectious after isolating for 5 days, testing negative with a RAT provides a good indication that you are unlikely to be infectious. You may still wish to wear a mask if you have contact with someone at risk of serious illness.
- As some people remain infectious for up to 10 days, we recommend you wear a mask **up until 10 days after** your symptoms started or you tested positive if:
 - You need to visit a healthcare facility or an aged residential care facility
 - You have contact with anyone at risk of getting seriously unwell with COVID-19.
- If you still feel unwell, we recommend you stay home until you have recovered. If you do need to leave the house, we recommend you wear a mask and do not visit a healthcare facility (other than to seek medical attention), or an aged residential care facility, or have contact with anyone at risk of getting seriously unwell with COVID-19.

Medicines to treat COVID-19 (antivirals)

- Most people who get COVID-19 experience a mild to moderate illness. They can safely recover at home. Some people, like older people and kaumātua, and those with other health conditions, are at a higher risk of becoming seriously unwell with COVID-19 and needing hospital level care.
- Antivirals are used to treat COVID-19. A 5 day course of tablets can be taken. These tablets reduce the amount of COVID-19 virus in your body, so you do not get as sick, and you are less likely to go to hospital.
- They can be provided by your doctor, Hauora provider, or a pharmacist without a prescription from your doctor. They must be started **within 5 days** of a person first becoming unwell with COVID-19.
- Talk to your doctor, pharmacist or Hauora provider if you think that you, or a member of your whānau, may be eligible for antiviral medicines. Find out more about this at covid19.govt.nz
- People eligible for free antiviral medicines include:
 - Māori or Pacific people aged 50 or over
 - everyone aged 65 or over
 - anyone aged 50 or over with fewer than 2 COVID-19 vaccinations
 - anyone with a severely weakened immune system

- anyone with Down syndrome
- anyone with sickle cell disease
- anyone who has previously been in critical high dependency hospital care from COVID-19
- anyone with 3 or more high-risk medical conditions.

Access to RATs

- It's important to ensure you have enough RATs at home in case anyone in the household becomes unwell and need to test.
- People will want to ensure they have sufficient RATs in case of need.
- RATs will remain free for everyone throughout 2023. You can find participating pick-up points for RATs and masks at [COVID-19 Testing • Healthpoint \(www.healthpoint.co.nz/covid-19\)](https://www.healthpoint.co.nz/covid-19) or by calling the RAT helpline on 0800 222 478 and choosing option 1.
- Check the expiry date of any RATs you may already have to ensure they are valid to be used if someone in your household gets sick.
- If you live rurally, have a disability, are immunocompromised or experience challenges collecting the RATs yourself, call the RAT helpline on 0800 222 478, as you might be eligible for a RAT delivery service.
- RATs are an easy way to test for COVID-19 quickly. General practice and urgent care clinics can still do PCR testing, if required.

Other actions you can take to help reduce the spread of illness

- Regularly wash your hands with soap or use an alcohol-based hand sanitiser.
- Cover coughs and sneezes – sneeze and cough into your elbow or a tissue. Throw tissues away in a bin after each use and make sure you wash and dry or sanitise your hands afterwards.
- If an in-person appointment is required with your GP, follow their processes which may include everyone who can practically and safely wear a mask wear one.
- If you are severely unwell, call 111 for urgent medical attention.
- It is recommended you wear a mask if you need to visit any healthcare facility or aged residential care facility, or you have contact with anyone at risk of getting seriously unwell with COVID-19 for at least 10 days after testing positive or experiencing COVID-19-like symptoms
- When someone at home is sick - follow these steps to help other household members stay healthy:
 - Isolate the unwell person to an area or room within your home if you can.
 - Wear a mask to care for them and, if possible, get them to wear a mask too.
 - Ventilate your home and any rooms the unwell person has been in several times a day by opening windows to increase fresh air flow into each room. Keep doors closed (such as bedrooms) to reduce contaminated air spreading between rooms.
 - Clean high touch surfaces regularly using general cleaning products.
 - If someone in your household needs to see a doctor or nurse, call ahead, and follow their instructions. We recommend that the unwell person and anyone accompanying them wear a mask for the appointment, so that you can protect others from getting sick, especially people within a healthcare service or other people wanting to see a doctor or nurse.
- If you become increasingly unwell, have underlying health conditions, or you are concerned about your health, call your GP or call Healthline on 0800 611 116 anytime for free health advice and information. If it's an emergency, call 111.

- If you have a sick child with breathing difficulties, seek medical care from your doctor immediately. You can call Healthline on 0800 611 116 anytime for free health advice and information. If it's an emergency, call 111.
- The Healthline team can arrange to talk to you in your language. When your call is answered, say you'd like an interpreter and the language you'd like to speak in. Callers to Healthline can also choose to speak with a Māori clinician if they are calling between 8am and 8pm.
- The dedicated Disability Helpline has been supporting members of the disability community with testing, face mask exemptions and managing COVID-19 at home. The disability helpline team can also help with any general health concerns such as if a support worker/carer is unavailable or hasn't arrived, or they can connect you with information and support you need. You can contact them via phone 0800 11 12 13 or text 8988.
- If you need communication assistance, you can access using the NZ Relay Service www.nzrelay.co.nz. A person with experience or knowledge of disability will answer your call from 8am – 8pm. After 8pm, calls are answered by a trained member of the Healthline team.
- Be prepared if you have an ongoing or underlying chronic health condition:
 - Check the supply of your regular medications and arrange your next prescription before they run out.
 - Discuss with your whānau and nurse what your action plan is if you become unwell.
 - Wear a mask when on public transport, in taxis, in indoor settings like shops and supermarkets, in spaces without good ventilation/air flow, or when it is hard to physically distance from other people.
 - If you are feeling unwell, stay at home and take a RAT.
 - Make sure you have a supply of RATs at home
 - Ask for help if you don't know how to take a RAT or how to log your result by calling the RAT helpline on 0800 222 478.

Visitor mask wearing in healthcare facilities

- Every year, there is a rise in seasonal colds, flu and other respiratory illnesses circulating within our communities, healthcare facilities and in-patients, clients and visitors entering these premises.
- Mask wearing remains an important way we can prevent the spread of respiratory illnesses, including COVID-19, in health and disability care settings.
- Free masks are available for you to pick up along with free RATs from participating collection sites. Find a collection centre near you on <https://www.healthpoint.co.nz/covid-19/>
- It is recommended that you wear a face mask when visiting healthcare services. Please respect the healthcare facility/hospital's policy on mask wearing when visiting, you may be asked to wear a mask in particular situations or locations within a healthcare facility to help protect those at higher risk.
- Facility policies may require mask wearing to comply with Health and Safety requirements.
- Healthcare services include:
 - hospitals (including outpatient services)
 - hospices
 - residential care facilities for older people and people with disabilities
 - doctors' clinics
 - community and iwi health providers

- pharmacies — excluding pharmacies inside supermarkets
- urgent care services, such as after-hours clinics
- ambulance services
- disability support services
- diagnostic services such as blood testing or radiology services
- dentists and oral health services
- other allied health services such as optometrists, physiotherapists, or chiropractors.
- When visiting psychotherapy, counselling, mental health and addiction services, please follow the facility's policy on mask wearing.
- It is especially important to wear a face mask when visiting people who are at higher risk of becoming seriously unwell, like older people and kaumātua, babies, people living in aged residential care facilities, patients in hospital and those with other health conditions.
- If you are infectious and need to see a healthcare provider, a well-fitting face mask can stop infectious particles from spreading to others, protecting those around you and help to reduce their risk of being infected.
- A well-fitting face mask may help prevent you from inhaling infectious particles from others too.
- It is recommended that you avoid visiting patients or residents of a healthcare setting if you:
 - have acute symptoms of COVID-19 or other infectious conditions
 - have tested positive for COVID-19 in the last 5 days, or are a household contact and are still within your recommended 5-day testing period
- There may be compassionate situations where visiting needs to occur and this should be arranged with the healthcare facility.
- Visitors to COVID-19 positive patients need to be aware of the risk to themselves and wear appropriate personal protective equipment as directed/or requested by the healthcare facility.
- Children aged 5 or under are generally not recommended to wear a mask
- Children between 6-11 years of age are encouraged to wear a mask at the discretion and supervision of their caregiver.
- People who have a physical or mental condition or disability that makes wearing a mask unsuitable are generally not recommended to wear a mask.
- After leaving isolation, we recommend you wear a mask if you need to visit a healthcare facility or an aged residential care facility, or you have contact with anyone at risk of getting seriously unwell with COVID-19 **up until 10 days after** your symptoms started or you tested positive. This is because some people are infectious for up to 10 days. Note that facilities may continue to require all staff or visitors to wear masks regardless of whether they have recently been cases.

COVID-19 reinfection

- Reinfection is when you get COVID-19 again more than 28 days after a previous infection. It is unclear how common reinfection with COVID-19 is.
- For most people reinfection with COVID-19 is not likely to be more severe than previous infections. However, you can experience different symptoms.
- Every time you get COVID-19, there is a risk of getting long COVID-19 and other medical issues.
- If you get COVID-19 again, you will have access to the same advice, help and support you would receive for a new COVID-19 infection.

28 days or fewer since a previous infection

- If you get COVID-19 symptoms again and it has been 28 days or fewer since your previous infection:
 - There is no need to take a RAT
 - You should stay home and recover until 24 hours after you no longer have symptoms.
- If you have an underlying health condition or your symptoms are getting worse, you should get advice from a health practitioner or by calling the COVID Healthline on 0800 358 5453.

29 days or more since a previous infection

- If you have COVID-19 symptoms again and it has been 29 days or more since a previous infection, you should take a RAT.
- If it is positive, you should stay at home and follow the same advice as for your first infection.
- If your test is negative:
 - Your symptoms could be another illness, such as cold or flu
 - If your symptoms continue, you should repeat a RAT 48 hours later
 - If your result is still negative, stay at home at least 24 hours after your symptoms resolve.

Support Services

- If you need help with urgent costs, or have to take unpaid leave, you may be eligible for support from Work and Income. Check workandincome.govt.nz or call 0800 559 009.

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Changes to COVID-19 settings – information for the public

August 2023

What's changing?

Some of New Zealand's COVID-19 health settings are changing. This means the last remaining mandatory requirements for 7-day isolation periods and the wearing of face masks for visitors to healthcare facilities have been removed.

What does this mean for me?

The wearing of facemasks in healthcare settings and continuing to isolate if positive for COVID-19 are still being strongly recommended. These measures remain an important way that we can prevent the spread of respiratory illnesses, including COVID-19.

Stay at home if you are feeling unwell - if you, or someone in your household develops one or more of the following symptoms, for COVID-19: a runny nose, sore throat, cough, fever, vomiting, diarrhoea, headache, loss of smell or taste, shortness of breath, you should take a Rapid Antigen Test (RAT).

Remember to report your RAT result at <https://mycovidrecord.health.nz/> (or call the RAT helpline on 0800 222 478 and choose option 1), so you can be connected with any help and support you might need.

For more information go to covid19.govt.nz

Are antivirals available?

People with a high risk of severe illness from COVID-19 are eligible for treatment with COVID-19 antiviral medicines. These medicines reduce the amount of virus in your body, so you do not get as sick, and you are less likely to go to hospital.

You can get free antiviral medicines if you:

- have COVID-19 and symptoms, and
- became sick within the last 5 days, and
- are eligible for the medicine.

You can check your eligibility here: <https://pharmac.govt.nz/news-and-resources/covid19/access-criteria-for-covid-19-medicines/covid-antivirals/access-criteria-assessment-tool/>

What do I need to do if I've tested positive for COVID-19?

If you have tested positive for COVID-19, it's recommended you isolate for 5 days, even if you only have mild symptoms, starting at Day 0, which is the day your symptoms started or when you tested positive, whichever came first. This means you should not go to work or school. You should discuss your return to work with your employer or your child's return

to school with their school principal, as your employer or your school may require additional precautions.

What if I'm a close contact of someone with COVID-19?

If you, or a household member, test positive for COVID-19, other people living with you are also at higher risk of becoming infected. We recommend that all household contacts continue to test daily with a RAT from the day the person with COVID-19 tests positive. You are considered to be a household contact if you live with, or have spent at least one night or day (more than 8 hours) with, someone who has COVID-19. Household contacts should test daily for 5 days using a RAT.

What happens after I've completed my recommended isolation period?

If your symptoms have resolved and you feel well, you can return to your normal activities. We recommend you **wear a mask** if you need to visit a healthcare facility or an aged residential care facility, or you have contact with anyone at risk of getting seriously unwell with COVID-19 up until 10 days after your symptoms started or you tested positive. This is because some people are infectious for up to 10 days.

If you still feel unwell, we recommend you stay home until you have recovered. If you do need to leave the house, we recommend you **wear a mask** and do not visit a healthcare facility (other than to seek medical attention), or an aged residential care facility, or have contact with anyone at risk of getting seriously unwell with COVID-19.

You don't need to do another RAT after testing positive. But if you are concerned you may still be infectious after isolating for 5 days, testing negative with a RAT provides a good indication that you are unlikely to be infectious. You may still wish to wear a mask if you have contact with someone at risk of serious illness and some facilities may still require all visitors to wear masks.

Where can I get further support?

If your COVID-19 symptoms get worse, or you are concerned about someone you care for, you can call Healthline on 0800 611 116 anytime for free health advice and information. If it's an emergency, call 111.

For further advice visit the [COVID-19 Health Hub \(covid19.health.nz\)](https://covid19.health.nz) or call the COVID Healthline on 0800 358 5453.

The dedicated Disability Helpline (0800 11 12 13 or text 8988) has been supporting members of the disability community with testing, face mask exemptions and managing COVID at home. The helpline team can also help with:

- any general health concerns
- if a support worker/carer is unavailable or hasn't arrived
- connecting you with information and support you need.

If you need communication assistance, you can access using the NZ Relay Service www.nzrelay.co.nz. A person with experience or knowledge of disability will answer your call from 8am – 8pm. After 8pm, calls are answered by a trained member of the Healthline team.

When do I need to wear a face mask?

Mask wearing remains an important way we can prevent the spread of respiratory illnesses, including COVID-19, particularly in health and disability care settings.

It is especially important to wear a face mask when visiting people who are at higher risk of becoming seriously unwell, like older people and kaumātua, babies, people living in aged residential care facilities, patients in hospital and those with other health conditions.

It's recommended you wear a face mask when visiting healthcare services. Please respect their policy on mask wearing when visiting, as you may be asked to wear a mask in particular situations or locations within a healthcare facility to help protect those at higher risk.

Facility policies may still require mask wearing to comply with Health and Safety requirements.

Free masks are available for you to pick up with free RATs from participating collection sites. Find a collection centre near you: www.healthpoint.co.nz/covid-19/

Where can I find more information?

For more information go to [covid19.govt.nz](http://www.covid19.govt.nz) (<http://www.covid19.govt.nz>). For free health advice and information, call Healthline on 0800 611 116 anytime, visit the [COVID-19 Health Hub](https://www.covid19.health.nz) ([covid19.health.nz](https://www.covid19.health.nz)) or call the COVID Healthline on 0800 358 5453.

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From: Claire Whelen <Claire.Whelen@health.govt.nz>
Sent: Monday, 14 August 2023 4:39 pm
To: Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>
Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>
Subject: RE: Link to final COVID-19 guidance

Hi,

Just following up on this – are you able to send a link when the guidance is available? Multiple AOG agencies are keen to see so they can review/update their own materials.

Thanks,
Claire

From: Claire Whelen
Sent: Monday, 14 August 2023 3:49 pm
To: Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>
Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>
Subject: Link to final COVID-19 guidance

Hi,

Would you please be able to send me the website link for the guidance when it is available – several AOG agencies are very keen to see so they can modify their material if necessary and push updates to their websites/emails etc.

Thanks,
Claire

Claire Whelen (she/her)

Principal Policy Analyst, COVID-19 Policy
Public Health Policy & Regulation
Public Health Agency | Te Pou Hauora Tūmatanui
s 9(2)(a) | claire.whelen@health.govt.nz
Manatū Hauora, 133 Molesworth Street, Thorndon, Wellington 6011



70.Treasury, 31 July 2023

From: Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>

Sent: Monday, 31 July 2023 11:56 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Alice Clowes <Alice.Clowes001@msd.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Daniel Martin <Daniel.Martin@health.govt.nz>; Ken Heaton

<Ken.Heaton@health.govt.nz>; Emily Moxon <Emily.Moxon@health.govt.nz>; Jane Hubbard

<Jane.Hubbard@health.govt.nz>; Stephen Glover <Stephen.Glover@health.govt.nz>; Mark Heffernan

<Mark.Heffernan@health.govt.nz>; Jane Chambers <Jane.Chambers@health.govt.nz>; Danya Levy

<Danya.Levy@health.govt.nz>; Laura Browne [TSY] <Laura.Browne@treasury.govt.nz>; Amy Spittal [TSY]

<Amy.Spittal@treasury.govt.nz>; Becci Whitton [TSY] <Becci.Whitton@treasury.govt.nz>; Jacinta Gould [TSY]

<Jacinta.Gould@treasury.govt.nz>; Lydia Verschaffelt [TSY] <Lydia.Verschaffelt@treasury.govt.nz>; Samuel Rayner

<Samuel.Rayner004@msd.govt.nz>; ^MSD: Megan Beecroft <Megan.Beecroft005@msd.govt.nz>;

Harriet.Miller012@msd.govt.nz

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

[IN-CONFIDENCE]

Kia ora Claire,

Thanks for sending the paper through, and apologies for missing your deadline. We've left some specific comments and tracked changes in the attached and made overarching comments below. I've removed the references where we recommend a shift to test-to-release, and I don't think we'll brief on that this time. The attached includes tweaks to the content on the LSS that we have agreed with MSD (@Alice, Laura has incorporated your changes to the Cabinet paper itself into our copy, but I haven't included your covering points as I'm guessing they've already been provided to Claire separately?)

- We strongly support the recommendation to revoke the isolation mandate, for the reasons outlined in our input in the paper.
- We support a shift to guidance as soon as possible, rather than a delay until 30 September s 9(2)(h)

It's good

to hear that the Cabinet paper will be revised to state the Director-General's recommendation on timing and only include one option on timing. However, given the two timing options in the Health Report, we've included our comments on the timing here.

- Given the advice from the Director-General is that there is no longer a public health justification for retaining the isolation mandates, there appears to us to be no compelling justification for delay. It's clear that the expected winter bump in cases has not materialised; instead reported cases have decreased. Therefore, we don't think that a precautionary approach is justified.
- The main reason provided for delaying until 30 September is the operational impact of the change. This seems like a very long lead-in time to us. The alternative proposal of 31 August would already allow 10 days from Cabinet's decision and is over a month away. Agencies should be ready for a shift to guidance given Cabinet has considered this question three times already this year. We note our feedback from March that it was concerning that Te Whatu Ora seemed unprepared for a shift to guidance considering how finely balanced the tests were back then. Agencies could start preparing for a change now (as we and MSD are doing with preparing to turn off the LSS).

- Delaying has costs. There would be a fiscal cost through the LSS, estimated at around \$5 to 10 millionX. Further, there are costs on people in terms of missed social connections, days away from work and school etc. Mandatory self-isolation is a rights-limiting measure that was only intended to be used in emergency circumstances. Given we are clearly no longer in those emergency circumstances, the costs are not justified.
- We think that the fiscal implications of shifting to guidance should be made more clearly in the paper. This includes the fiscal implications for Te Whatu Ora's ongoing COVID-19 Immunisation Programme and COVID-19 public health activities, including the impact of this setting change on the forecasts and phasing set out in the April drawdown paper (H2023024265). The constrained fiscal environment means it is especially important for ministers to have good visibility of the fiscal implications.
- We also recommend a rec is included explicitly noting that the National Alternative Accommodation Service will be closed when settings are removed (Responsibility for this service transferred to Te Whatu Ora and the Minister of Health from 1 January 2023 per SWC-22-MIN-0239).

Hope these comments are helpful, and happy to discuss.

Ngā mihi

Harry



01. Draft Cabinet
paper on July-Aug rev

71. Treasury, 1 August 2023

From: Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>

Sent: Tuesday, 1 August 2023 1:22 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Amy Spittal [TSY] <Amy.Spittal@treasury.govt.nz>; Becci Whitton [TSY] <Becci.Whitton@treasury.govt.nz>;
Jacinta Gould [TSY] <Jacinta.Gould@treasury.govt.nz>; Laura Browne [TSY] <Laura.Browne@treasury.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

[IN-CONFIDENCE]

Hi Claire,

Paragraph 3 is fine with the following tweaks:

s 9(2)(g)(i)

Happy to chat if there's any issue.

Thanks,

Harry

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Tuesday, 1 August 2023 12:38 pm

To: Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>

Cc: Amy Spittal [TSY] <Amy.Spittal@treasury.govt.nz>; Becci Whitton [TSY] <Becci.Whitton@treasury.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Hi Harry,

Some other agencies suggested minor wording changes to your section – see highlights below. Are you able to let me know if you're comfortable with these edits?

Thanks,

Claire

Economic impacts [The Treasury]

s 9(2)(g)(i)

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72. Treasury, 3 August 2023

From: Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>

Sent: Thursday, 3 August 2023 12:39 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Amy Spittal [TSY] <Amy.Spittal@treasury.govt.nz>; Becci Whitton [TSY] <Becci.Whitton@treasury.govt.nz>; Jacinta Gould [TSY] <Jacinta.Gould@treasury.govt.nz>; Laura Browne [TSY] <Laura.Browne@treasury.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Hi Claire,

\$25 million is the current number. There might be an opportunity to return more, but that will depend on uptake over this month. I would put \$25 million in for now, and if we need to revise ahead of lodging we'll get in touch to see if that's possible.

Thanks,

Harry

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Thursday, 3 August 2023 11:06 am

To: Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>

Cc: Amy Spittal [TSY] <Amy.Spittal@treasury.govt.nz>; Becci Whitton [TSY] <Becci.Whitton@treasury.govt.nz>; Jacinta Gould [TSY] <Jacinta.Gould@treasury.govt.nz>; Laura Browne [TSY] <Laura.Browne@treasury.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Hi Harry,

I just wanted to check if you're able to provide confirmed text for highlighted sections in the paras below?

In the body:

Agreement is sought to return \$25 million through this paper. Once the scheme closes in late October (8 weeks after the final eligibility date), any remaining balance can be returned to the centre.

In the recs:

approve the following changes to appropriation to return savings of \$25 million from the appropriation, with a corresponding impact on the operating balance and net debt;

Vote Social Development Minister for Social Development and Employment	\$m - increase/(decrease)			
	2023/24	2024/25	2025/26	2026/27 & Outyears
Non-departmental Other Expenses COVID-19 Leave Support Scheme	(25.000)	-	-	-
Total Operating	(25.000)	-	-	-

Thanks,

Claire

73. Treasury, 8 August 2023

From: Amy Spittal [TSY] <Amy.Spittal@treasury.govt.nz>

Sent: Tuesday, 8 August 2023 9:26 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>; Jacinta Gould [TSY] <Jacinta.Gould@treasury.govt.nz>; Laura Browne [TSY] <Laura.Browne@treasury.govt.nz>; Allie Jarratt [TSY] <Allie.Jarratt@treasury.govt.nz>; Lydia Verschaffelt [TSY] <Lydia.Verschaffelt@treasury.govt.nz>

Subject: RE: Update on COVID-19 PH measures Cabinet paper - will go directly to Cabinet 14 Aug

[IN-CONFIDENCE]

Kia ora Claire

Thanks for sending through the Ministerial consultation version of the paper.

I've attached a version of the paper that includes updated LSS costings that reflect the earlier potential date for the removal of mandates. If it is possible to make further changes, I've also tracked in changes to shorten the 'TSY position' section considerably since our position is aligned with the paper's recommendations and the revised timeline for revoking mandates. This version contains all the LSS and Alternative Isolation Accommodation recs we've suggested, from email chains yesterday.

Finally, a note on Treasury contacts for COVID going forward. Could you please include Jacinta Gould, the new manager of the Economic Policy team, and remove Becci Whitton from the distribution lists? Also, this Friday is my last day at the Treasury, but Harry will continue to be involved at a working level.

Ngā mihi

Amy



**TE TAI ŌHANGA
THE TREASURY**

Amy Spittal (she/her) | Kaitātari – Analyst, Economic Policy | Te Tai Ōhanga – The Treasury

Tel: s 9(2)(a) | Email/IM: Amy.Spittal@treasury.govt.nz



2 Draft Cabinet paper
on July-Aug review of

74. Treasury, 10 August 2023

From: Amy Spittal [TSY] <Amy.Spittal@treasury.govt.nz>

Sent: Thursday, 10 August 2023 1:13 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>
Cc: Jacinta Gould [TSY] <Jacinta.Gould@treasury.govt.nz>; Laura Browne [TSY] <Laura.Browne@treasury.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

[IN-CONFIDENCE]

Hi Claire

(Responding for Harry as he doesn't work on Thursdays).

The figure for the immediate LSS return is \$30 million. I've attached an email I sent earlier this week that includes the correct LSS costings and recs.

That version also contains some changes to the TSY input in the paper, if you're able to make them – we've shortened our section considerably since we agree with the paper's recommendations.

Thanks

Amy

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Thursday, 10 August 2023 1:07 pm

To: Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>

Cc: Amy Spittal [TSY] <Amy.Spittal@treasury.govt.nz>; Becci Whitton [TSY] <Becci.Whitton@treasury.govt.nz>; Jacinta Gould [TSY] <Jacinta.Gould@treasury.govt.nz>; Laura Browne [TSY] <Laura.Browne@treasury.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Hi Harry,

I just wanted to check if you are still wanting to use \$25 million as the figure for LSS?

We've been working on some changes in parallel to ministerial consultation, so have the chance to edit if needed.

Thanks,

Claire

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

75.Oranga Tamariki, 31 July 2023

From: Monica Yee <Monica.Yee@ot.govt.nz>

Sent: Monday, 31 July 2023 11:07 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Bill Searle <Bill.Searle@ot.govt.nz>; Simon Harding <Simon.Harding@ot.govt.nz>; Michael.Cummins-Ext <Michael.Cummins@ot.govt.nz>; Cole O'Brien <Nicole.O'Brien@ot.govt.nz>; Sam Burroughs <sam.burroughs@ot.govt.nz>; Phillipa Campbell <Phillipa.Campbell@ot.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

IN-CONFIDENCE

Kia ora Claire

Thanks for providing this. Please see comments below from Oranga Tamariki. Our feedback is in line with comments on previous papers.

Proposal: removing case isolation mandate

- **Population impacts (from para 27):**
 - Oranga Tamariki supports retaining some form of mandatory case isolation. However, if it is decided to be removed then we support a test-to-release approach in line with Treasury advice, as this has potential to positively benefit children, young people, and their families (e.g. less time missed at school, less child care considerations, less time missed at work and less household financial stress)

Proposal: removing mask mandates in healthcare settings and replacing with Te Whatu Ora guidance

- **Population and economic impacts (from para 49):**
 - If this measure is removed, Oranga Tamariki supports the proposed approach to have Te Whatu Ora national guidance and for healthcare facilities to develop their own guidance.
 - However, as per previous advice, we note the following risks in moving to this approach:
 - potential for disproportionate/inequitable adverse health impacts (and flow on social and wellbeing impacts) for vulnerable communities such as Māori, Pacific, and disabled people
 - potentially reduced protection for children and young people, particularly those more vulnerable due to being unvaccinated
 - potentially increased strain on the health system (resulting from the above impacts) which is already facing higher-than-normal demand, and especially as we head into the winter period – as articulated in the Public Health Risk Assessment.
 - increased tension and confusion for caregivers/parents/guardians around using masks in healthcare settings (e.g. differing opinions between caregivers and parents)
 - lack of population specific data available to inform this decision – as previously articulated by Te Aka Whai Ora and Whaikaha
 - We also note that while children and young people may not be at greatest risk of contracting COVID-19 or experiencing the worst health outcomes from COVID-19 (compared to other age groups), removal of this measure may increase the risk of children and young people spreading COVID-19 to more vulnerable people in their communities.

Ngā mihi

Monica Yee ([she/her](#))

Kaitātari Kaupapa Mātua (Senior Policy Analyst)

Early Support and Health Policy, System Leadership

Level 14, The Aurora Centre, 56 – 66 The Terrace, Wellington | PO Box 546, Wellington 6140

T: **s 9(2)(a)** | E: monica.yee@ot.govt.nz



76.Oranga Tamariki, 14 August 2023

From: Monica Yee <Monica.Yee@ot.govt.nz>

Sent: Monday, 14 August 2023 10:55 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Bill Searle <Bill.Searle@ot.govt.nz>

Subject: RE: Request from Minister Verrall's office - timing for website updates (please reply by 11am if possible)

IN-CONFIDENCE

Kia ora Claire

If we are notified of any decision by the end of today, then we can have our guidance and website etc updated by COP tomorrow (15 Aug).

Ngā mihi

Monica Yee ([she/her](#))

Kaitātari Kaupapa Mātua (Senior Policy Analyst)

Early Support and Health Policy, System Leadership

Level 14, The Aurora Centre, 56 – 66 The Terrace, Wellington | PO Box 546, Wellington 6140

T: **s 9(2)(a)** | E: monica.yee@ot.govt.nz



From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Monday, August 14, 2023 10:23 AM

To: Benjamin.Storey@corrections.govt.nz; Brenda.Bruning@corrections.govt.nz; Brigid.Kean@corrections.govt.nz; Grace.Smart@corrections.govt.nz; Kate.Calvert@corrections.govt.nz; Kirsty.Macdonald@corrections.govt.nz; Marian.Horan@corrections.govt.nz; Tracy Mears <Tracy.Mears@mbie.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Monica Yee <Monica.Yee@ot.govt.nz>; Andy.Jackson@education.govt.nz; Antony.Harvey@education.govt.nz; Lisa.Sengelow@education.govt.nz; Paul.Aitken@education.govt.nz; Richard.Joblin@education.govt.nz; Chelsea.Hansen@education.govt.nz; Marian de Jesus <Marian.deJesus@education.govt.nz>; Alice Clowes <Alice.Clowes001@msd.govt.nz>; Emma OConnell <Emma.OConnell006@msd.govt.nz>; Jessica Dickinson <Jessica.Dickinson021@msd.govt.nz>; Samuel Rayner

<Samuel.Rayner004@msd.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>

Subject: Request from Minister Verrall's office - timing for website updates (please reply by 11am if possible)

Importance: High

Mōrena,

We've had a request from our Minister's office we would like to ask your assistance with.

They've asked **what time your websites will be updated to reflect the changes to the mandates** (provided Cabinet and the Minister agree to the proposed changes)?

Apologies for the short turnaround, but could you please let us know **by 11am** or as soon after then as possible?

Thanks,

Claire

Claire Whelen (she/her)

Principal Policy Analyst, COVID-19 Policy

Public Health Policy & Regulation

Public Health Agency | Te Pou Hauora Tūmatanui

s 9(2)(a) | claire.whelen@health.govt.nz

Manatū Hauora, 133 Molesworth Street, Thorndon, Wellington 6011



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77. Pharmac, 1 August 2023

From: Allannah Andrews <allannah.andrews@pharmac.govt.nz>

Sent: Tuesday, 1 August 2023 4:01 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Subject: RE: No surprises: Consultation on access criteria for covid-19 antiviral treatments

<https://pharmac.govt.nz/news-and-resources/consultations-and-decisions/proposal-to-change-the-access-criteria-for-covid-19-antiviral-treatments/>

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Tuesday, August 1, 2023 11:51 AM

To: Allannah Andrews <allannah.andrews@pharmac.govt.nz>

Subject: RE: No surprises: Consultation on access criteria for covid-19 antiviral treatments

Thanks Allannah – that would be great.

From: Allannah Andrews <allannah.andrews@pharmac.govt.nz>

Sent: Tuesday, 1 August 2023 11:48 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Subject: RE: No surprises: Consultation on access criteria for covid-19 antiviral treatments

Hello Claire,

It's a bit complicated – some aspects are “instead of,” others are “in addition,” and some is staying the same!

It would be easiest for me to send you the proposal for consultation when it goes live at 2pm today.

Will get back to you later.

Cheers

allannah

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Tuesday, August 1, 2023 11:43 AM

To: Allannah Andrews <allannah.andrews@pharmac.govt.nz>

Subject: RE: No surprises: Consultation on access criteria for covid-19 antiviral treatments

Hi Allannah,

My manager forwarded me your email below regarding consultation on access criteria for antivirals.

I just wanted to double check if the proposals below would be in addition to the current criteria (as opposed to instead of the current criteria)?

Thanks,

Claire

Claire Whelen (she/her)

Principal Policy Analyst, COVID-19 Policy

Public Health Policy & Regulation

Public Health Agency | Te Pou Hauora Tūmatanui

s 9(2)(a) | claire.whelen@health.govt.nz

Manatū Hauora, 133 Molesworth Street, Thorndon, Wellington 6011



From: Allannah Andrews <allannah.andrews@pharmac.govt.nz>

Sent: Tuesday, 1 August 2023 8:00 am

To: Maria.Cotter[Parliament] <Maria.Cotter@parliament.govt.nz>

Cc: Sally Page-EXT <Sally.Page@parliament.govt.nz>; Peter Jane <Peter.Jane@health.govt.nz>; Allison Bennett <Allison.Bennett@health.govt.nz>; Jacqui Webber <Jacqui.Webber@pharmac.govt.nz>

Subject: No surprises: Consultation on access criteria for covid-19 antiviral treatments

Kia ora Maria

This is a no surprises update for the Minister about a consultation Pharmac plans to share this afternoon (after 2pm) on changes to the access criteria for COVID-19 antiviral treatments to include more people who are at risk of becoming severely ill from the infection.

We are proposing changes to reflect recent recommendations from our COVID-19 Treatments Advisory Group who have considered evolving evidence and the feedback we have received from various stakeholders.

We are proposing from 1 October 2023 the access criteria to COVID-19 antiviral treatments would be amended to include people:

- receiving Disability Support Services (DSS Recipients)
- with single conditions that mean they are at high risk of hospitalisation and death as a result of COVID-19 infection.

As part of this consultation, we are considering the lists used to define and identify people at 'high-risk of severe illness from COVID-19' or if a person is 'severely immunocompromised'. We have previously used an external list of conditions for this, but we now intend to host our own on our website and include them in the finalised criteria.

We are also seeking feedback on how discretion could be incorporated, to allow access to COVID-19 antiviral treatments for people who meet the intent of the access criteria but are not explicitly identified in the criteria wording.

We are sharing a media release with the consultation document and are contacting key stakeholders. Feedback on the proposed changes to the access criteria close at 5:00pm on 17 August 2023 and the implementation timeframes of this decision would be confirmed post consultation.

Ngā mihi, nā

Allannah Andrews ([she/her](#)) | Manager, Policy and Government Services

P: s 9(2)(a) | M: s 9(2)(a) | www.pharmac.govt.nz



78.Pharmac, 3-7 August 2023

From: Allanah Andrews <allanah.andrews@pharmac.govt.nz>

Sent: Monday, 7 August 2023 3:04 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>

Subject: RE: PHARMAC antiviral review - summary for table in MoH cover report

Hello Claire,

Made some proposed changes to highlight that the changes Pharmac are consulting on are also based on feedback from stakeholders:

- **PHARMAC is currently consulting on plans to change access criteria for antivirals** – the proposed changes reflect recent recommendations from the PHARMAC COVID-19 Treatments Advisory Group **and feedback received from stakeholders**. Any changes would take effect from 1 October 2023 or earlier. The proposal under consultation is that antivirals be amended to include (1) anyone receiving Disability Support Services, or (2) people with a single condition that means that they are at high risk of hospitalisation and death as a result of COVID-19 infection. PHARMAC is seeking feedback on the 'high risk' list, and also how discretion could be incorporated into the eligibility criteria.

With regard to the question about tightening the eligibility criteria. While it is possible to criteria could be tightened as a result of the consultation process, given we are consulting on slightly wider access, we don't consider this a likely outcome. It would be best to leave that out of possible communications.

Let me know if you have any other questions.

Ngā mihi, nā

Allanah Andrews ([she/her](#)) | Manager, Policy and Government Services

P: [s 9\(2\)\(a\)](#) | M: [s 9\(2\)\(a\)](#) | www.pharmac.govt.nz

Te Pātaka Whaioranga | Pharmac | PO Box 10-254, Wellington 6140 | Level 9, 40 Mercer Street, Wellington 6011



From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Thursday, August 3, 2023 10:54 AM

To: Allanah Andrews <allanah.andrews@pharmac.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>

Subject: PHARMAC antiviral review - summary for table in MoH cover report

Hi Allanah,

As part of a cover memo to the Cabinet paper reviewing the remaining two mandatory COVID-19 measures, we've been asked to provide a table summarising what the direct operational implications of revoking the mandates would be, along with any other relevant operational changes that are planned. The table is in the appendix, and covers both health and non-health related impacts.

I was wondering if you would be comfortable with the text below in relation to the review of antiviral eligibility? We're trying to keep in as short as possible, and just focused on the key elements of any planned or possible change.

One thing I wanted to double check was whether a possible outcome of the review is that the current eligibility criteria is tightened? This seems to be a possible implication re the change to the high risk list (although I may have misinterpreted this)? Would you be comfortable with including a sentence saying this directly?

- **PHARMAC is currently consulting on plans to change access criteria for antivirals** – the proposed change reflects recent recommendations from the PHARMAC COVID-19 Treatments Advisory Group, and would take effect from 1 October 2023 or earlier. The proposal under consultation is that antivirals be amended to include (1) anyone receiving Disability Support Services, or (2) with a single condition that means that they are at high risk of hospitalisation and death as a result of COVID-19 infection. PHARMAC is seeking feedback on the 'high risk' list, and also how discretion could be incorporated into the eligibility criteria.

We are also going to draft a para re the transition of drug and vaccine purchasing to to the Pharmac CPB.

Thanks,
Claire

Claire Whelen (she/her)
Principal Policy Analyst, COVID-19 Policy
Public Health Policy & Regulation
Public Health Agency | Te Pou Hauora Tūmatanui
s 9(2)(a) | claire.whelen@health.govt.nz
Manatū Hauora, 133 Molesworth Street, Thorndon, Wellington 6011



79. Whaikaha, 7-12 July 2023

From: ODI (WHAIKAHA) <ODI@whaikaha.govt.nz>

Sent: Wednesday, 12 July 2023 5:23 pm

To: Daniel Martin <Daniel.Martin@health.govt.nz>

Cc: Jasmine Lindsay <Jasmine.Lindsay007@whaikaha.govt.nz>; ODI (WHAIKAHA) <ODI@whaikaha.govt.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; MaES_requests (WHAIKAHA) <MaES_requests@whaikaha.govt.nz>; Brian Coffey <Brian.Coffey005@whaikaha.govt.nz>

Subject: The next PHRA for COVID-19 settings

IN-CONFIDENCE

Kia ora Daniel,

Thanks again for putting this summary together, I've made a couple of really minor tweaks which are below in black.

Have a lovely long weekend.

Ngā mihi

Jasmine

Jasmine Lindsay ([she/her](#))

Principal Advisor, Office for Disability Issues

Policy Strategy and Partnership

Whaikaha | Ministry of Disabled People

s 9(2)(a) | Whaikaha.govt.nz



This is my sign name – it is also the sign for "CAT"



Office for
Disability Issues

Te Tari Mō Ngā Take Hauātanga
In Whaikaha – Ministry of Disabled People

From: Daniel Martin <Daniel.Martin@health.govt.nz>

Sent: Friday, 7 July 2023 12:47 PM

To: Jasmine Lindsay <Jasmine.Lindsay007@whaikaha.govt.nz>; ODI (WHAIKAHA) <ODI@whaikaha.govt.nz>

Cc: Claire Whelen <Claire.Whelen@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>

Subject: FW: The next PHRA for COVID-19 settings

Kia ora Jasmine,

Following Brian's email it is important that the briefing going from the Director-General to the Minister on the current COVID-19 measures incorporates Whaikaha's view.

After previous engagement with Whaikaha I have written up the below paragraphs to summarise what has been the key points in recent PHRA's. Can you let me know if:

- a. This represents Whaikaha's view and can be included in the briefing?
- b. Any changes Whaikaha has to these paragraphs that they would like to input?

If you could confirm/provide a new summary by **midday Thursday 13 July** that would be greatly appreciated. Any questions please let me know!

Whaikaha

1. *Whaikaha supports retention of the current 7-day self-isolation period as well as retention of the Masks Order. Whaikaha considers that the current settings are pivotal measures to protect disabled people from COVID-19 exposure, as well as key workforce groups that disabled people receive support from (e.g the disability sector workforce, and the health workforce).*
2. *There is limited data and evidence available on disabled people's experiences throughout COVID-19, however the data that is available indicates that disability support service recipients' are at greater risk of adverse COVID-19 outcomes. It is likely that DSS recipients will continue to experience poorer COVID-19 outcomes than the rest of the population, as DSS recipients are likely to have more complex needs, a medical condition which puts them at greater risk, live with other people, and receive support that requires close contact with other people.*
3. *Disabled people who receive DSS often rely on personal cares in confined indoor spaces, with close and sustained interactions with carers. Given the added risk for this group, combined with co-morbidity factors, particular consideration of this context will be needed for the development of Infection, Prevention and Control guidance for the disability workforce.*
4. *There will be other disabled people who are at similar levels of medical risk, but are not receiving DSS.*
5. *Whaikaha notes that COVID-19 impacts continue to combine with and exacerbate existing additional barriers and inequities for disabled people and their whānau. Healthcare barriers include access to technology/internet, information, transport, and costs. Barriers are more likely to be felt by people who experience intersectional disadvantage, for example, tāngata whaikaha Māori, especially in rural populations, who may require additional support to access information, testing, and health care such as antivirals, in a culturally responsive way.*
6. *If changes are made to the COVID-19 settings, these need to be supported by robust communication, including bespoke information for the disability community, and the workforce who supports disabled people. Disabled people and their whānau have repeatedly described a lack of clear and concise official communications targeted to disabled people and their whānau, in response to COVID-19. Ensuring clear and*

accessible information designed for disabled people and their whānau will help avoid stress and information disparity.

- 7. Whaikaha notes that disabled people and their whānau are aware of both actual and perceived risk – responding to both is important to create confidence.*

Ngā mihi,

Daniel Martin (he/him)

Policy Analyst, COVID-19 Policy
Public Health Agency | Te Pou Hauora Tūmatanui | Manatū Hauora
133 Molesworth Street
Thorndon, Wellington 6011



From: Brian Watson <Brian.Watson@health.govt.nz>

Sent: Friday, 7 July 2023 11:50 am

To: Nic Turner <Nic.Turner@health.govt.nz>; Patrick Fischer-Reid <Patrick.Fischer-Reid@health.govt.nz>; Jasmine Lindsay <Jasmine.Lindsay007@whaikaha.govt.nz>; ODI (WHAIKAHA) <ODI@whaikaha.govt.nz>

Cc: Claire Whelen <Claire.Whelen@health.govt.nz>; Daniel Martin <Daniel.Martin@health.govt.nz>

Subject: The next PHRA for COVID-19 settings

Kia ora koutou

Just a follow-up on the conversations I've had with some of you

Following Cabinet's confirmation of maintaining the status quo for COVID-19 settings, we're preparing for the next round of advice.

To provide some wriggle room with the House rising at the end of August, the Minister will take a paper to SWC on 16 August for Cabinet on 21 August. We also need to provide a week for Ministerial consultation too.

So this compresses the already tight timeframes. To accommodate this there is going to be a truncated PHRA process.

While final attendance is tbc, Nick Jones will assess the outbreak situation next Wednesday.

We will not be producing a PHRA memo. Instead, we'll only be preparing an HR with the DGs recommendations to the Minister.

It will structurally look similar to the PHRA memo, but it will allow us to better respond to the signals Cabinet has sent about removing mandates at the end of winter by factoring in broader policy, operational legal considerations i.e. funding decisions and whether the 8(c) test is met. The Director Public Health's assessment and recommendations will also be included in the paper.

Given this and to simplify matters further, only two options are being considered – maintain or remove the mask and self-isolation Orders. There is little value including anything else to finesse the response at this stage.

To assist with early drafting we'll be seeking health agency views on those options. To be clear, we're not assuming anything, it just helps us get the paper underway sooner. We do the same thing with population Ministry's when drafting the Cabinet paper.

The team will be in touch later today seeking respective agency views on those options, and provide previous input from the last round. We'll particularly need to understand the operational and financial implications or other risks agencies see either way.

We'll circulate the draft HR towards the end of next week. It will incorporate the recommendations from the risk assessment and feedback received to date.

After getting confirmation from the Minister of her preferences, we'll circulate a draft Cabinet paper for comment the week beginning 24 July.

Cheers

Brian

Brian Watson (he/him)

Manager

COVID-19 Policy – Public Health Agency

Work Mobile: **S 9(2)(a)**

Manatū Hauora, 133 Molesworth Street

Thorndon, Wellington 6011



80. Whaikaha, 18-20 July 2023

From: Jasmine Lindsay <Jasmine.Lindsay007@whaikaha.govt.nz>

Sent: Thursday, 20 July 2023 12:01 pm

To: Daniel Martin <Daniel.Martin@health.govt.nz>

Cc: ODI (WHAIKAHA) <ODI@whaikaha.govt.nz>; COVID-19 Policy PHA <COVID-19PolicyPHA@health.govt.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; PHP-Office of the Director of Public Health <PHP-Office.of.the.Director.of.Public.Health@health.govt.nz>; Emily Moxon <Emily.Moxon@health.govt.nz>; MaES_requests (WHAIKAHA) <MaES_requests@whaikaha.govt.nz>; Brian Coffey <Brian.Coffey005@whaikaha.govt.nz>

Subject: *Draft* HR2023028724 Review of the COVID-19 Orders 12 July 2023 TASK ID 2665

Importance: High

Kia ora Daniel,

Thank you for continuing to consult Whaikaha on this work. While we would prefer to retain the mask and self-isolation settings, this paper has done an excellent job at articulating Whaikaha's perspective.

We are also supportive of paragraph 21's commitment to develop guidance in accessible formats in time for the proposed changes to take effect.

Ngā mihi

Jasmine

Jasmine Lindsay ([she/her](#))

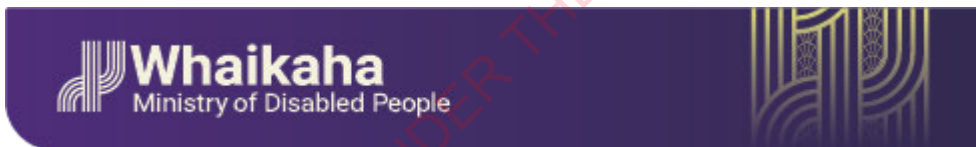
Principal Advisor, Office for Disability Issues
Policy Strategy and Partnership

Whaikaha | Ministry of Disabled People

s 9(2)(a) Whaikaha.govt.nz



This is my sign name – it is also the sign for "CAT"



From: Daniel Martin <Daniel.Martin@health.govt.nz>

Sent: Tuesday, 18 July 2023 2:10 pm

To: Patrick Fischer-Reid <Patrick.Fischer-Reid@health.govt.nz>; Jane Lawless <Jane.Lawless@health.govt.nz>; Office of the Director Outbreak Response <OfficeoftheDirectorOutbreakResponse@health.govt.nz>; Jasmine Lindsay <Jasmine.Lindsay007@whaikaha.govt.nz>; Grace Davies <Grace.Davies@health.govt.nz>; Maryke Barnard <Maryke.Barnard@health.govt.nz>; ODI (WHAIKAHA) <ODI@whaikaha.govt.nz>

Cc: COVID-19 Policy PHA <COVID-19PolicyPHA@health.govt.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; PHP-Office of the Director of Public Health <PHP-Office.of.the.Director.of.Public.Health@health.govt.nz>; Emily Moxon <Emily.Moxon@health.govt.nz>

Subject: *Draft* HR2023028724 Review of the COVID-19 Orders 12 July 2023

Kia ora Koutou,

Thank you for your comments and input into the most recent advice going up to the Minister of Health on the remaining mandatory COVID-19 measures. The draft briefing is attached.

- Private residences where support workers call in from time-to-time to provide services to one or more residents.

Ngā mihi

Jasmine



This is my sign-name – it's the same as the sign for 'cat' or 'whiskers'.

Jasmine Lindsay ([she/her](#))

Principal Advisor

Partnerships and Stewardship Group

Whaikaha | Ministry of Disabled People

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Ministry of Disabled People

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Wednesday, 9 August 2023 1:00 PM

To: Jasmine Lindsay <Jasmine.Lindsay007@whaikaha.govt.nz>

Cc: ODCE_Operational_Design_and_Delivery (WHAIKAHA)

<ODCE_Operational_Design_and_Delivery@whaikaha.govt.nz>; Lucy Hall <Lucy.Hall016@whaikaha.govt.nz>; Brian

Coffey <Brian.Coffey005@whaikaha.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>

Subject: RE: Update on COVID-19 PH measures Cabinet paper - will go directly to Cabinet 14 Aug

IN-CONFIDENCE

Hi Jasmine,

Thanks for your email. We'd suggest you could talk with key stakeholders:

- highlighting the PM's recent comments in the media re the remaining mandates, eg:
 - <https://www.rnz.co.nz/news/covid-19/494912/covid-19-mandatory-self-isolation-period-could-soon-be-relaxed-pm-hints>
 - <https://www.newshub.co.nz/home/politics/2023/08/covid-19-mandatory-self-isolation-period-could-soon-be-relaxed-prime-minister-chris-hipkins-hints.html>
- it is already in the public domain that the current PM authorisation for use of orders runs out at the end of August (eg mentioned in the Newshub article above, and also in the *Gazette*:
<https://gazette.govt.nz/notice/id/2023-sl2757>)
- we've been told that potential specific dates should not be shared.

I'm checking with Te Whatu Ora and MSD re having public comms ready in accessible formats. I know that MSD flagged significant processing delays were likely as part of their earlier feedback, and several agencies noted that it would be important to have it available.

I've asked both MSD and Te Whatu Ora (who run the Unite Against COVID website) if they can clarify what will be ready on the day, and what will take longer (and associated timeframes). Will fwd on to you as soon as they provide it back.

Thanks,

Claire

From: Jasmine Lindsay <Jasmine.Lindsay007@whaikaha.govt.nz>

Sent: Tuesday, 8 August 2023 4:23 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: ODCE_Operational_Design_and_Delivery (WHAIKAHA)

<ODCE_Operational_Design_and_Delivery@whaikaha.govt.nz>; Lucy Hall <Lucy.Hall016@whaikaha.govt.nz>; Brian Coffey <Brian.Coffey005@whaikaha.govt.nz>

Subject: RE: Update on COVID-19 PH measures Cabinet paper - will go directly to Cabinet 14 Aug

IN-CONFIDENCE

Kia ora Claire,

Pending decisions from Cabinet, we would appreciate any information on whether:

- health agencies are planning to have in-confidence conversations with key stakeholders ahead of any announcements
- accessible communications will be ready in time for any announcements.

From a Whaikaha perspective, it would be particularly helpful for us to inform the New Zealand Disability Support Network ahead of any announcements, so providers have time to plan for any operational changes.

Any updates would be very much appreciated.

Ngā mihi

Jasmine



This is my sign-name – it's the same as the sign for 'cat' or 'whiskers'.

Jasmine Lindsay ([she/her](#))

Principal Advisor

Partnerships and Stewardship Group

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Ministry of Disabled People



82. Whaikaha, 8-9 August 2023

From: Claire Whelen

Sent: Wednesday, 9 August 2023 4:36 pm

To: Jasmine Lindsay <Jasmine.Lindsay007@whaikaha.govt.nz>

Cc: ODCE_Operational_Design_and_Delivery (WHAIKAHA)

<ODCE_Operational_Design_and_Delivery@whaikaha.govt.nz>; Lucy Hall <Lucy.Hall016@whaikaha.govt.nz>; Brian Coffey <Brian.Coffey005@whaikaha.govt.nz>; Kate J Clark <Kate.J.Clark@health.govt.nz>; Alice Clowes <Alice.Clowes001@msd.govt.nz>

Subject: RE: Update on COVID-19 PH measures Cabinet paper - will go directly to Cabinet 14 Aug

Hi Jasmine,

I've copied responses below from MSD and Te Whatu Ora re availability of accessible communications in time for any announcements.

I just want to say we recognise this isn't ideal – s 9(2)(h)

Thanks,

Claire

From: Kate J Clark Kate.J.Clark@health.govt.nz

Sent: Wednesday, 9 August 2023 2:17 pm

To: Claire Whelen Claire.Whelen@health.govt.nz; Office of the Director Outbreak Response

OfficeoftheDirectorOutbreakResponse@health.govt.nz; Alice Clowes Alice.Clowes001@msd.govt.nz

Cc: Danya Levy Danya.Levy@health.govt.nz; Brian Watson Brian.Watson@health.govt.nz

Subject: RE: Timeframes for accessible communications re COVID-19 possible changes

Hi Claire

We are working through what changes may be required should settings change. Alt formats require at least two weeks and, in our experience, often take longer so there is no new alt formats going to be able in the timeframes we currently have. The Unite Against COVID-19 website will be updated to ensure all information online is accurate and we will removing any alt format content that will be inaccurate should the changes come into effect.

Regards

Kate Clark (she/her)

Communications and Engagement Manager

Health System Preparedness/COVID

waea pūkoro: s 9(2)(a) | Īmēra: kate.j.clark@health.govt.nz

133 Molesworth Street, Wellington |

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Health New Zealand

Te Whatu Ora – Health New Zealand

TeWhatuOra.govt.nz

From: Alice Clowes Alice.Clowes001@msd.govt.nz

Sent: Wednesday, 9 August 2023 2:40 pm

To: Kate J Clark Kate.J.Clark@health.govt.nz; Claire Whelen Claire.Whelen@health.govt.nz; Office of the Director Outbreak Response OfficeoftheDirectorOutbreakResponse@health.govt.nz

Cc: Danya Levy Danya.Levy@health.govt.nz; Brian Watson Brian.Watson@health.govt.nz

Subject: RE: Timeframes for accessible communications re COVID-19 possible changes

IN-CONFIDENCE

Kia ora Claire,

I've checked in with our Comms team who are working on updating material for Monday.

In terms of accessibility, they've advised that this is what will be available for the day: the Work and Income website will be updated, and this is already pretty accessible – can be used by screen readers and other assistance technology, the pages can be printed, people can navigate it without using a mouse etc.

The queue for getting material in alternate formats is really long, it would be weeks until the material was ready and by that point it would no longer be relevant.

Ngā mihi,
Alice

From: Jasmine Lindsay <Jasmine.Lindsay007@whaikaha.govt.nz>

Sent: Tuesday, 8 August 2023 4:23 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: ODCE_Operational_Design_and_Delivery (WHAIKAHA)

<ODCE_Operational_Design_and_Delivery@whaikaha.govt.nz>; Lucy Hall <Lucy.Hall016@whaikaha.govt.nz>; Brian Coffey <Brian.Coffey005@whaikaha.govt.nz>

Subject: RE: Update on COVID-19 PH measures Cabinet paper - will go directly to Cabinet 14 Aug

IN-CONFIDENCE

Kia ora Claire,

Pending decisions from Cabinet, we would appreciate any information on whether:

- health agencies are planning to have in-confidence conversations with key stakeholders ahead of any announcements
- accessible communications will be ready in time for any announcements.

From a Whaikaha perspective, it would be particularly helpful for us to inform the New Zealand Disability Support Network ahead of any announcements, so providers have time to plan for any operational changes.

Any updates would be very much appreciated.

Ngā mihi

Jasmine



This is my sign-name – it's the same as the sign for 'cat' or 'whiskers'.

Jasmine Lindsay ([she/her](#))

Principal Advisor

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RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

83. WorkSafe, 26 July 2023

From: Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>

Sent: Wednesday, 26 July 2023 2:45 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Cc: Nikki Sumner <Nikki.Sumner2@mbie.govt.nz>; Tracy Mears <Tracy.Mears@mbie.govt.nz>; Hayden Fenwick <Hayden.Fenwick@mbie.govt.nz>; Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>; Emma Madison-Ross <Emma.Madison-Ross@worksafe.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Daniel Martin <Daniel.Martin@health.govt.nz>; Ken Heaton <Ken.Heaton@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>

Subject: Re: For feedback (due COP Tue 25 Jul) COVID-19 public health measures - options, transition planning

Hi Claire

WorkSafe is in violent agreement with our employment policy colleagues on this!

Joint guidance seems to be the best way to go because our areas are so closely entwined.

From a work health and safety perspective, we'd want to be sure we were appropriately 'benchmarking' any guidance about the risk of COVID transmission at work with other endemic infectious conditions that no-one ever gave a second thought to (in the context of health and safety legislative obligations) before the pandemic.

A meeting to kick this around sounds like a smart idea. In the meantime I'll take a look at the examples you've provided.

Kelly

Kelly Hanson-White (she/her) Chief Advisor Regulatory Excellence M **S 9(2)(a)** E kelly.hanson-white2@worksafe.govt.nz

84.WorkSafe, 31 July 2023

From: Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>
Sent: Monday, 31 July 2023 10:07 am
To: Claire Whelen <Claire.Whelen@health.govt.nz>
Subject: Re: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

No further feedback for WorkSafe, thanks.

Kelly Hanson-White (she/her) Chief Advisor Regulatory Excellence M **s 9(2)(a)** **E** kelly.hanson-white2@worksafe.govt.nz

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

MBIE and WorkSafe

85. MBIE and WorkSafe, 31 July 2023

From: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Sent: Monday, 31 July 2023 10:05 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>; Hayden Fenwick <Hayden.Fenwick@mbie.govt.nz>; Alison Marris <Alison.Marris@mbie.govt.nz>; Simon Cooke <Simon.Cooke@mbie.govt.nz>; Nikki Sumner <Nikki.Sumner2@mbie.govt.nz>; Katherine Macneill <Katherine.MacNeill@mbie.govt.nz>; Kelly Hanson-White (WorkSafe) <Kelly.Hanson-White2@worksafe.govt.nz>; Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>; Emma Madison-Ross <Emma.Madison-Ross@worksafe.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Kia ora Claire,

Thanks for sending through the draft Cabinet paper and Health Report 😊

Please see attached feedback from the employment part of MBIE. We've suggested some tracked changes and added comments to the paper, but in general:

1. We need to explore what it would mean if COVID remained a notifiable disease, and what that means in terms of public health advice about COVID. That will inform/be the starting point for our employment and health and safety guidance.
2. The Leave Support Scheme (LSS) section of the paper may need to be fleshed out more, or covered in a separate paper. We see you've got placeholders in the draft paper for this already, but what happens with the LSS ultimately depends on what we want to happen if people are sick with COVID and do not have/cannot take sick leave, and cannot work remotely.

I'm just catching up on my emails now after being away late last week, and see you've suggested a conversation between MBIE, WorkSafe and you. That sounds like a good idea from our end. Let me know any rough timing you're thinking of and I can check/wrangle diaries on the MBIE end.

Nāku, nā Gayathiri

86. MBIE and WorkSafe, 8-10 August 2023

From: Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>

Sent: Thursday, 10 August 2023 1:38 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Tracy Mears <Tracy.Mears@mbie.govt.nz>; Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>; Charlotte Woolhouse <Charlotte.Woolhouse@mbie.govt.nz>

Subject: Re: Draft health advice and questions from MO

Hi again Claire

Just working through your email, I suspect that another likely reason for the global increase in absence due to sickness is the fundamental mindset/culture shift that has occurred due to the pandemic. There is now zero tolerance for people coming in to work when unwell for any reason (and especially if it is an infectious illness). Even companies advertising cold and flu relief products have had to change their marketing pitches in order to maintain social licence. 'Soldiering on' when unwell is not seen as a virtue by the bulk of society anymore.

Kelly Hanson-White (she/her) Chief Advisor Regulatory Excellence M **s 9(2)(a)** E kelly.hanson-white2@worksafe.govt.nz

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Thursday, 10 August 2023 1:02 pm

To: Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Tracy Mears <Tracy.Mears@mbie.govt.nz>; Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>; Charlotte Woolhouse <Charlotte.Woolhouse@mbie.govt.nz>

Subject: RE: Draft health advice and questions from MO

Thanks Kelly – I've attached the health guidance, which Te Whatu Ora have provided with the following caveat: *The attached document is Te Whatu Ora's current draft messaging for potential decisions by Cabinet on Monday. You will appreciate that these decisions sit with Cabinet and we won't know the outcome of these decisions until the time of any Ministerial announcement. Noting these are confidential until such time as any decision around policy is made.*

On your comment re COVID not being different to other infectious illnesses where there is no expectation of screening – the issue isn't just screening, but more the general ability to mitigate the risk – if they see that as something necessary in their context. It might be screening, or or might be asking them to wear a mask, or something else – whatever they put in the policy (if they have one).

For some PCBUs, it will be pretty much a non-issue (eg a lawn-mowing business), but for others where they have factors that elevate risk/impact of transmission (ARCs, prisons and schools are probably the clearest examples of this, but would apply to others on the earlier list too, or other PCBUs too), the actions/inactions of non-employees could have a very real impact on H&S of workers and others present in that setting. And specifically re testing/human rights, while they might not be able to require eg a negative RAT to return, I'm assuming that they could put in place an alternative – eg negative RAT to return or wait X days?

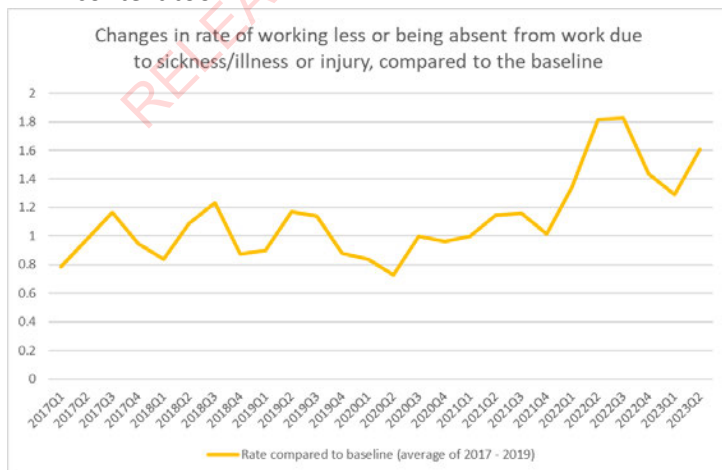
I've also copied an excerpt below we used in a recent Health Report – the key differences between COVID-19 and the other communicable diseases you've mentioned are:

- COVID-19 has and will affect many more people – as cases, hospitalisations, and deaths
- Around 3-10% of people develop long COVID, of which a proportion will have ongoing disability as a result – for some people this can be mild but for others this can be extremely debilitating (eg unable to work) and there isn't really any effective treatment available
- COVID-19 is highly infectious, and can lead to workplace outbreaks/affecting not just human health, but also their ability to operate - but there are relatively simple things that can be done to mitigate that risk (ie the health advice, along with the existing advice around improving ventilation where possible etc)
- COVID-19 will remain notifiable under the Health Act 1956



[Re the comparison to influenza above, neither the 16-121 nor the 401 referred to is comparable to the 'attributed to COVID-19' metric we use – the comparable number would be somewhere between those two numbers]

The other factor to flag, which you're probably already very aware of, is that several other countries are reporting increased rates of workplace absence due to sickness since COVID. It's possibly too early to know if this related directly to COVID, and/or other related post-acute sequelae (eg people who have had COVID have increased risk of developing diabetes, CVD, generally decreased immunity etc), and/or long COVID, or just due to other non-COVID factors. The graph below comes from the NZ Household Labour Force Survey suggests something to keep an eye on in NZ context too.



On the question re people testing positive for a long time – I think that comment must have come from a time when testing was entirely PCR-based. People can still test positive on a PCR for weeks but not be infectious. However RATs are reasonably good predictors of infectiousness. So, a case will probably stop testing positive on a RAT somewhere between day 5-7, but is likely to test positive on a PCR for some time after that (it could be around that time, or could be weeks later). Healthcare workers have used RATs to test before returning to work since the start of Omicron, as part of a protocol, so there's definitely acceptance of its value as a predictor of infectiousness.

As part of the regular public health risk assessments we've done over the past year, the option of changing the mandate to a test-to-release model has been looked at several times, but rejected due to a combination of operational concerns (lack of ongoing supply of RATs, getting RATs to people, communicating what was needed to people), and behavioural concerns (eg if we shifted to a 5 day TTR a proportion of people might interpret that as simply 5 days), and impact concerns (relatively few people would be both RAT negative and symptom free after 5 days). The current CDC guidance also has words to the effect of 'use a RAT if you want to, but not required' as do some of the Australian states. From memory I think our wording was based on the VIC guidance.

I hope this helps to explain the context a bit more. Let me know if you have any more questions.

Thanks,
Claire

From: Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>

Sent: Thursday, 10 August 2023 11:02 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Tracy Mears <Tracy.Mears@mbie.govt.nz>; Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>; Charlotte Woolhouse <Charlotte.Woolhouse@mbie.govt.nz>

Subject: Re: Draft health advice and questions from MO

Hi Claire, and thanks Gayathiri for bringing us into this convo! Particularly because the guidance I can see makes statements about the application of HSWA in this situation that I don't think we would necessarily support (or at least, would word a bit differently).

It would be great if we could also see the draft MoH advice, for context.

On the question at hand - this takes us back to the discussions we had back in the day about businesses putting conditions of entry on patrons in relation to mask wearing or vaccination status (when those statutory requirements were removed from the COVID regime). The simple answer is, the vast majority of businesses are in complete control of who they allow across the threshold - the general public don't have an automatic right of entry onto private premises. So yes, a business could theoretically set a policy that applies to its clients/visitors - but they may well have a harder time 'enforcing' that policy, especially if exclusion/ejection from the premises isn't really an option (as with prisoners or aged care residents).

And businesses still have to ensure their policies don't breach a person's human rights.

The thing from a work health and safety perspective is that at this point, it's hard to assert that COVID is different from any other infectious illness that people might bring into a work setting, whether knowingly or unwittingly. We don't entertain the idea that businesses need to screen workers or visitors for influenza, measles, mumps, strep throat etc.

One other question from me - I recall the public health clinicians stating back in the day that a person can test positive for COVID for several weeks after contracting it, but that doesn't necessarily mean they remain infectious. Which is why the advice back then was you just have to do your 7 days isolation and there's no value in waiting for a negative test to return to work. Has something materially changed since then that we are now advising a negative test is a valid proxy for no longer being infectious?

Kelly

Kelly Hanson-White (she/her) Chief Advisor Regulatory Excellence s 9(2)(a) E kelly.hanson-white2@worksafe.govt.nz

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Thursday, 10 August 2023 10:35 am

To: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Tracy Mears <Tracy.Mears@mbie.govt.nz>; Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>; Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>; Charlotte Woolhouse <Charlotte.Woolhouse@mbie.govt.nz>

Subject: RE: Draft health advice and questions from MO

Great – thanks Gayathiri.

Kelly, Chris and Charlotte – hopefully this all makes sense, let me know if you have any questions? I'm particularly conscious re group residential settings, and settings where there a state duty of care, as they all have factors that elevate risk of transmission/outbreak – so keen to ensure it is clear who the PCBU can/can't cover in their policy (if they have one). Cases are low at the moment relative to other points in the pandemic, but we will get further waves at some point in the future.

Thanks,
Claire

From: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Sent: Thursday, 10 August 2023 10:02 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>; Tracy Mears <Tracy.Mears@mbie.govt.nz>; Kelly Hanson-White (WorkSafe) <Kelly.Hanson-White2@worksafe.govt.nz>; Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>; Charlotte Woolhouse <Charlotte.Woolhouse@mbie.govt.nz>

Subject: RE: Draft health advice and questions from MO

Kia ora Claire,

Copying in Kelly and Chris from WorkSafe, and Charlotte from our H&S policy team, as your question is more about the health and safety system than employment.

Kelly, Chris and Charlotte: see below 😊

Nāku, nā Gayathiri

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Thursday, 10 August 2023 9:50 am

To: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Tracy Mears <Tracy.Mears@mbie.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>

Subject: RE: Draft health advice and questions from MO

Hi Tracy and Gayathiri,

Thanks again for this. I just wanted to check – does your response to #2 below apply also to others present in the setting? The original question came from Corrections in relation to prisoners (where they would treat a symptomatic prisoner who was refusing to test differently), but other groups are in a similar position – for example:

- people who live in group residential settings such as aged residential care, disability-related residential care, halls of residence, school hostels, some emergency/transitional housing;
- others where the state compels the person to be in that setting – eg schools, courts;
- others who spend a lot of time in that setting – eg tertiary students;
- people who are not employees, but volunteers or contractors in that setting.

My understanding is that the PCBU's policies can apply to others present in the settings listed above? (ie not just limited to employees)

Similar to the example from Corrections (where they would manage someone who was symptomatic and refusing to test differently), I'm assuming that for these types of situations the PCBU could set a policy along the lines of:

- [stay home if you're sick] and/or [test if you have COVID-19 symptoms] and/or [need to test negative on a RAT before returning to the setting] and/or [follow all advice from health and MBIE] and/or [isolate for 7 days] etc?
- and where appropriate: [if the person did not follow the policy, the PCBU could manage them differently in order to manage the risk]

le they could have the same policy apply to those people, but it would just be slightly less persuasive in a practical sense, as there wouldn't be the employment relationship/implications?

Thanks,
Claire

From: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Sent: Wednesday, 9 August 2023 1:12 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Tracy Mears <Tracy.Mears@mbie.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>

Subject: RE: Draft health advice and questions from MO

Kia ora Claire,

See responses below – and sorry we're a bit late with this. I think the response to question 7 should cover 6 off as well 😊

What happens if someone doesn't want to go to work because their boss has made a person with COVID-19 come to work?

Employers should support employees to isolate when they test positive for COVID-19, in line with health guidance. A worker who has concerns about health and safety in the workplace can discuss these with their employer (as the person conducting a business or undertaking, or PCBU), health and safety representative, or union representative.

Is it correct to say that no one can force someone to take a test, although they can bar entry to somewhere if they don't take a test?

[For workplaces only] An employer might have workplace policies in place related to COVID-19. These could include precautions when an employee who has just had COVID-19 returns to the workplace, such as testing or the use of masks. If an employer has a policy about testing for COVID-19, employees are expected to comply with it. If no policy is in place, an employer could create one. When making or changing any workplace policy, it is recommended employers consult employees and unions.

Nāku, nā Gayathiri

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Wednesday, 9 August 2023 12:30 pm

To: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Tracy Mears <Tracy.Mears@mbie.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>

Subject: RE: Draft health advice and questions from MO

Great – thanks Gayathiri.

I just wanted to check re question 6 – they've asked it in terms of schools, but the same question could apply equally to any PCBU. I'm assuming the response to question 7 will cover the question of testing generally (I'll probably just refer to that).

Thanks,
Claire

From: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Sent: Wednesday, 9 August 2023 11:55 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Tracy Mears <Tracy.Mears@mbie.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>

Subject: RE: Draft health advice and questions from MO

Kia ora Claire,

s 9(2)(h)

Thanks also for the draft guidance – it's been very helpful for us, and we're shaping our key messages now.

Nāku, nā Gayathiri

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Tuesday, 8 August 2023 4:34 pm

To: Tracy Mears <Tracy.Mears@mbie.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>

Cc: Brian Watson <Brian.Watson@health.govt.nz>

Subject: Draft health advice and questions from MO

Hi Tracy and Gayathiri,

I've attached the draft guidance from Te Whatu Ora – please note this **has not yet been signed off by the relevant tier 2 in Te Whatu Ora**. The plan was that he would do this today, and I'll send through the final as soon as I get it from them.

Also, our Minister’s office has asked if they can see a draft version of the employment guidance, when it is available – I realise this is pushing timeframes for you even further than they already were. Please let us know if this might be possible?

We’ve also had some specific questions come through from the MO that relate to a mix of employment / health advice. I’ve had a go at my understanding for each, but please feel free to suggest other wording if I’ve misunderstood anything, or if you think it should be phrased differently. Would you be able to let us know by 1pm tomorrow, as we’ve been asked to reply to the MO by 2pm tomorrow.

Please let us know if there is any health-specific input you need in developing the employment advice, and I can seek this from the relevant group.

Thanks,
Claire

Question	My understanding (but please feel free to correct me if I’ve misinterpreted anything)
<p>#5 What happens if someone doesn’t want to go to work because their boss has made a person with COVID-19 come to work?</p>	<p><i>[This is text you provided previously as the starting point for your guidance, but just with the reference to LSS removed]</i></p> <ul style="list-style-type: none"> • If a worker is sick with COVID-19, an employer’s first consideration should be to look after people, contain COVID-19 and protect public health. Businesses may be able to apply for the Leave Support Scheme to support their employees. • If employers knowingly allow employees to come to a workplace when they are sick with COVID-19, they may be in breach of their duties under the Health and Safety at Work Act. <p><i>[If useful/relevant, could also use wording from draft comms material along the lines of:]</i></p> <ul style="list-style-type: none"> • Isolation remains an effective way to reduce the spread of COVID-19 and protect those vulnerable to more severe disease if they catch the virus. • Although the 7-day mandatory requirement is being removed, it is strongly recommended people with COVID-19 continue to isolate for at least 5 days, even if they only have mild symptoms, and that people continue to take precautions, such as wearing a mask around vulnerable people up until 10 days after your symptoms started or you tested positive. This is because some people are infectious for up to 10 days. • COVID-19 will remain a notifiable disease under the Health Act 1956.
<p>#6 Can schools require students and teachers do RATs before coming back?</p>	<p><i>[First two paras are from the draft Cab paper]</i></p> <p>MoE will continue to recommend that all education providers (ECE, schools, and tertiary providers) follow public health guidance.</p>

	<p>However, education providers set their own policies and procedures to ensure they meet their obligations under the Health and Safety at Work Act 2015. As PCBUs, education providers have a duty to manage workplace risks, and any potential or actual outbreaks of communicable disease such as influenza, measles and COVID-19, among other health and safety responsibilities outlined in the Health and Safety at Work Act 2015.</p> <p>As stated in the draft Te Whatu Ora guidance:</p> <p><i>You do not need to do another RAT after testing positive. However, if you are concerned that you may still be infectious after isolating for 5 days testing negative with a RAT provides a good indication that you are unlikely to be infectious. You may still wish to wear a mask if you have contact with someone at risk of serious illness and some facilities may still require all visitors to wear masks.</i></p> <p>So, in summary schools (or any PCBU) may either require or recommend that staff/students test negative on a RAT prior to returning to the workplace or school. [Is there any particular process they'd have to follow to do this – eg consult with staff, talk to union, can a principal decide or does it have to go via Board etc?]</p>
<p>#7 Is it correct to say that no one can force someone to take a test, although they can bar entry to somewhere if they don't take a test?</p>	<p>[I'm guessing that an employer could require it of employees in a particular workplace, in the same way that employers can require drug testing etc? But it would need to be in the contract and/or policy of the workplace?]</p>

Claire Whelen (she/her)

Principal Policy Analyst, COVID-19 Policy

Public Health Policy & Regulation

Public Health Agency | Te Pou Hauora Tūmatanui

s 9(2)(a) | claire.whelen@health.govt.nz

Manatū Hauora, 133 Molesworth Street, Thorndon, Wellington 6011



87.MBIE and WorkSafe, 10-14 August 2023

From: Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>

Sent: Monday, 14 August 2023 3:45 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>

Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>

Subject: Re: For feedback: draft employment messages for COVID settings change [IN-CONFIDENCE]

Thanks for the feedback, Claire.

HSWA is about risks from work. This is a very important rock that we must hold onto. Our legislation is already broad enough that we risk becoming the regulator of everything! So, we try to be very clear that our focus is very much on work. COVID could be work-related. It's just not likely in most circumstances. Particularly given the disease is endemic in the community.

We agree that there are a bunch of things PCBUs can do to help mitigate the risks of COVID (or any other infectious disease for that matter). But we're not public health specialists, so we avoid commenting on the specifics. Rather we prefer to redirect to authoritative sources - like MOH. You may be right about businesses needing to integrate controls into their day-to-day operations. It's just that that is not a HSWA matter. And where there is a HSWA-COVID issue (such as the virology lab example we mentioned earlier) we would expect the PCBU to do a proper risk assessment and to have properly worked through controls in consultation with their workers (ie controlled it like any other HSWA risk).

Totally understand that things like ventilation and density of people, but these are primarily public health matters. We don't have the expertise to make those suggestions. That's why we redirect back to more authoritative sources of information such as MOH and other health bodies.

Yeah, it is a bit tricky, but perhaps not as unique as you might think. There are lots of bugs and other illnesses in the community that might impact on work - influenza, mumps, meningitis, measles, noroviruses, colds, coughs - some of these are even notifiable diseases from a health perspective. With the removal of the last vestiges of special controls for COVID, I am not sure how COVID is now much different from any of those other things - at least from a HSWA perspective.

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Monday, 14 August 2023 2:50 pm

To: Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>; Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>

Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>

Subject: RE: For feedback: draft employment messages for COVID settings change [IN-CONFIDENCE]

Thanks Chris and Kelly – we would still recommend not using the text highlighted below, as it could create confusion.

The concern is that some PCBUs might interpret the highlighted text as giving them a ‘free pass’ on COVID-19. And while it’s true that it would be unlikely that someone would be able to prove that they caught it at work, I’m still not sure how this means that section 36(1) doesn’t apply.

Chris mentioned that there have been very few notifications from Medical Officers of Health, this doesn’t mean that people aren’t being infected in the workplace – just that it is very difficult to know/prove where you were infected. There have been [83 deaths of people aged under 60 where COVID-19 was officially coded as the underlying cause](#), and there are likely to have been around 40-50 further deaths in the same age group where it was identified as contributory but not the official cause of death. A proportion of these cases will have caught it in a workplace, some as workers, some as others present in the setting.

A few other quick thoughts:

- ‘Arising from’ - while the sections below the primary duty mention the word ‘arising’ subsection 3 specifically says ‘without limiting subsection (1) or (2)’. But even if the duty is limited to hazards arising from the work, for COVID-19 the hazard arises when someone who is infectious breathes in an enclosed/indoor setting.
- What can PCBUs do? There are reasonably practicable things that all PCBUs can do too – ie following the health and ventilation guidance, supporting (or not preventing) their employees to follow isolation guidance, and for health service providers following the IPC guidance. Some PCBUs may want or need to do more – eg use masks, test-to-return, improve ventilation etc. The mandates have done the heavy lifting of risk mitigation to date, but the shift that Cabinet agreed to in the Strategic Framework is around integrating it into regular systems/processes/services, rather than via emergency tools such as orders, not doing nothing.
- The riskiest workplace settings aren’t just the ones where people with COVID-19 are present - the risk of transmission is a function of the level of community transmission, but heightened if ventilation is insufficient (which in itself tends to due to a combination of: large groups of people, small physical spaces, long dwell times – ie group residential settings, if people known to be COVID-19 are present, if people are exhaling a lot, the nature and use of the ventilation system). The PCBU is best placed to know their setting, assess and manage the risk if needed.
- Section 30 – the things that PCBUs have the ability to influence are whether or not people who have COVID-19 are present in the workplace (granted they can’t control this, but through policy and practice have a strong influence on it), and ventilation in the workplace. These two things in combination would have a significant impact on the risk of transmission in a workplace, and are factors that PCBUs are uniquely placed to managed (as opposed to workers who have control over their own actions but not those of others).

Hope this all makes sense – it’s tricky as there isn’t really anything comparable to it, keen to continue the discussion.

Thanks,
Claire

From: Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>

Sent: Friday, 11 August 2023 10:47 am

To: Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>

Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>

Subject: Re: For feedback: draft employment messages for COVID settings change [IN-CONFIDENCE]

I couldn't have said it better than Kelly. I would also add that Medical Officers of Health are required to notify us of illnesses and injuries - which includes notifiable diseases - where "he or she reasonably

believes arises from work". I think I am right in saying we received few if any such notifications during the peak of the epidemic despite us meeting with and writing to MOH directly about this provision. So, I can't imagine we're going to see a higher incidence of COVID arising out of work given the disease's ubiquity in the community. As Kelly says, unless you have a very specific exposure to the disease (like a virology lab), it's likely most businesses would not have any realistic prospect of meeting the 'arising from work' type test.

From: Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>

Sent: Thursday, 10 August 2023 5:12 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>; Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>

Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>

Subject: Re: For feedback: draft employment messages for COVID settings change [IN-CONFIDENCE]

Hi Claire

I know, it can be really tricky to grasp! The distinction for us is not whether or not the risk posed by infectious diseases are covered by HSWA (most certainly they will be in some circumstances), it's whether or not that risk arises from the conduct of the business. And that's what we're trying to get across here. It's true that the 'headline' of the primary duty of care (s36) does talk quite generically about a PCBU having to ensure, so far as is reasonably practicable, the health and safety of its workers - which could be interpreted very broadly indeed. But the subsections that sit underneath that, along with other provisions in the Act work together to **provide a more nuanced picture**. Particularly s30, which limits any duty in the Act to those things a PCBU has influence or control over, and the notification duty in s56 which applies only to incidents arising from the conduct of the business.

And that's why we would say that, now COVID is endemic to the population, unless a business is 'in the business' of interacting with the COVID virus - e.g. a lab undertaking PCR test analysis, a hospital treating COVID patients (or in days gone by, an MIQ facility), the risk of people getting infected can't really be said to be a work-related risk. Rather, it's just what happens when humans congregate/interact for any reason at all. Which is why we're very keen to point people to public health advice wherever possible in this space - work just being one type of population-level behaviour.

Whereas the 'health' part of 'health and safety' in HSWA spans a huge array of health risks that are directly caused by the work people are doing - respiratory diseases caused by dusts, cancers caused by chemical exposures, infectious illnesses contracted by working with animals, psychosocial harm caused by traumatic work or toxic work culture, etc.

Hope that's helpful?

Kel

Kelly Hanson-White (she/her) Chief Advisor Regulatory Excellence s 9(2)(a) E kelly.hanson-white2@worksafe.govt.nz

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Thursday, 10 August 2023 4:36 pm

To: Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>; Gayathiri Ganeshan

<Gayathiri.Ganeshan@mbie.govt.nz>; Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>; Brian Watson

<Brian.Watson@health.govt.nz>

Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>

Subject: RE: For feedback: draft employment messages for COVID settings change [IN-CONFIDENCE]

Thanks Chris - I was just wondering about the highlighted line below. As far as I can see infectious diseases, or common community-based infectious diseases aren't exclusions in the Act? If common community-based infectious diseases are excluded, would it just be accidents that form the 'health' component? You'll be much more familiar with the Act than me, I just can't see where that interpretation would come from specifically?

Thanks,
Claire

From: Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>

Sent: Thursday, 10 August 2023 1:58 pm

To: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>

Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>

Subject: Re: For feedback: draft employment messages for COVID settings change [IN-CONFIDENCE]

Hey folks. Thanks for sharing. We're taking down all of our COVID material and replacing it with a new, much simpler piece of guidance that will ostensibly point to resources on MBIE, MOH and our own site.

Here's our initial draft for comment or input. We will continue to noodle away. Any feedback is helpful - but don't feel like you have to - we'll continue to manage to the timeframes. The bracketed items are URL links (not shown because we will need to pin those down by COB tomorrow).

COVID-19 guidance for workplaces and workers

On ** August 2023, the Government ended remaining COVID-19 public health measures. It did this because the COVID-19 risk is low compared with other periods of the epidemic and the level of COVID-related hospitalisations has stabilised.

This decision does not mean COVID-19 has disappeared. COVID-19 remains active in the community, and it can make people sick if they catch it. You will find [useful public health information here].

For most workplaces, COVID-19 is not a risk arising from their work needing to be managed from a health and safety perspective. It is now like other community-based infectious illnesses that can impact workers and their work.

However, if you are one of the few workplaces where COVID-19 is a risk directly related to your work or if you and your workers are particularly concerned about the impact of COVID-19 on your business or people, then you will want to put into place some policies or other measures to manage the risk. The Ministry of Health also has [useful information] about sensible measures for managing the risk of COVID-19. Completing a risk assessment in conjunction with your workers is a good start. We have guidance on how you can do this for [health and safety purposes here].

Workplaces can expect to continue dealing with COVID-related issues such as sick workers (unplanned absences or turning up sick), issues with sick or paid special leave, support for workers while isolating, return to work, and Doctors' certificates. We have guidance [about working from home]. If you want to make or change workplace policies regarding COVID-19 you will need to consult with your workers and their representatives. MBIE has useful [guidance for workplaces].

Chris

From: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>
Sent: Thursday, 10 August 2023 12:52 pm
To: Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>; Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>
Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>
Subject: RE: For feedback: draft employment messages for COVID settings change [IN-CONFIDENCE]

Awesome, thanks Kelly! I think that wording may also be on our general sick leave page so we'll amend it there as well.

From: Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>
Sent: Thursday, 10 August 2023 12:08 pm
To: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>; Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>
Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>
Subject: Re: For feedback: draft employment messages for COVID settings change [IN-CONFIDENCE]

Hi Gayathiri - this is looking great!
My only suggestion would be to amend this sentence a bit:

Asking a worker to come to work while sick could put the health of other workers at risk, and result in further business disruption. Safety risks could also be created depending on the type of work being done, for example if the worker is not well enough to safely operate equipment, heavy machinery or vehicles.

Just want to avoid using the blanket term health and safety'. The primary concern is likely to be health, although it's possible someone who is unwell could create a safety risk as well.

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From: Gayathiri Ganeshan <Gayathiri.Ganeshan@mbie.govt.nz>
Sent: Thursday, August 10, 2023 11:10:09 AM
To: Kelly Hanson-White <Kelly.Hanson-White2@worksafe.govt.nz>; Chris Thornborough <Chris.Thornborough@worksafe.govt.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>
Cc: Tracy Mears <Tracy.Mears@mbie.govt.nz>
Subject: For feedback: draft employment messages for COVID settings change [IN-CONFIDENCE]

Kia ora koutou,

Please see attached our key messages for workplaces ahead of any potential change in the COVID isolation requirement. This is currently also with the CTU and BusinessNZ for any feedback.

Claire, this version is fine to share with your Minister's office. Our Minister's office also has a copy.

We're hoping to get this signed out tomorrow morning, so can I please request feedback (if any) by today? Happy to discuss if that's easier than an email!

Nāku, nā Gayathiri

Gayathiri Ganeshan ([she/her](#))

Director, Strategic Initiatives

Employment Services | Te Whakatairanga Service Delivery
Hīkina Whakatutuki | Ministry of Business, Innovation & Employment

Īmera: gayathiri.ganeshan@mbie.govt.nz | Waea tōtika **s 9(2)(a)**

Kāore au e mahi i Rāmere. I don't work on Fridays.

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88. Treasury and MSD, 10-11 August 2023

From: Alice Clowes <Alice.Clowes001@msd.govt.nz>

Sent: Friday, 11 August 2023 11:28 am

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Laura Browne [TSY] <Laura.Browne@treasury.govt.nz>; Samuel Rayner <Samuel.Rayner004@msd.govt.nz>; Amy Spittal [TSY] <Amy.Spittal@treasury.govt.nz>; Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>; Jacinta Gould [TSY] <Jacinta.Gould@treasury.govt.nz>; Keiran Kennedy [TSY] <Keiran.Kennedy@treasury.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Jan Keir-Smith <Jan.KeirSmith001@msd.govt.nz>; Danielle Prattley <Danielle.Prattley002@msd.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

IN-CONFIDENCE

Kia ora Claire,

Following on from Laura's email below, here's our preferred text for the Cabinet paper.

s 9(2)(g)(i)

Regarding communicating this change to the public, here are some key messages from our Comms team:

On 14th, after announcement, we will put up the following messages on W&I website:

Eligibility for the Leave Support Scheme will end at 12:01am on 15 August 2023. This is because the requirement to self-isolate will stop at that time.

From 15 August onwards you can only apply if your employee (or you, if you're self-employed), started self-isolating before 15 August. You can't apply for anyone who started self-isolation after 15 August.

From 15th onwards we'll have this wording on W&I:

The COVID-19 Leave Support Scheme helped employers, and self-employed people, pay employees who had to self-isolate due to COVID-19 before 15 August 2023. You can still apply if your employee was in self-isolation before 15 August.

Eligibility for the Leave Support Scheme ended on 15 August. This was when the requirement to self-isolate due to COVID-19 ended. You can't apply for anyone who was in self-isolation after 15 August.

You can still apply if your employee (or you, if you're self-employed), started self-isolating before 15 August.

In terms of making sure people know what is available and how to get it, the LSS has been in place for 3 years, it's one of the top viewed pages on W&I website (been in top 10 for the past 2 years), we have a lot of employer directed comms out there, and the LSS is used.

We will also have an updated Declaration which will explain eligibility in full detail, which employers read and need to agree to when they apply, as well as operational guidance for MSD staff supporting employers with any queries re: the LSS.

Just flagging we have also picked up a spelling mistake on page 9 of the Cab paper, it should say Whaikaha not Whaikaka.

Ngā mihi,
Alice

From: Laura Browne [TSY] <Laura.Browne@treasury.govt.nz>

Sent: Friday, 11 August 2023 10:59 AM

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Alice Clowes <Alice.Clowes001@msd.govt.nz>

Cc: Samuel Rayner <Samuel.Rayner004@msd.govt.nz>; Amy Spittal [TSY] <Amy.Spittal@treasury.govt.nz>; Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>; Jacinta Gould [TSY] <Jacinta.Gould@treasury.govt.nz>; Keiran Kennedy [TSY] <Keiran.Kennedy@treasury.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Jan Keir-Smith <Jan.KeirSmith001@msd.govt.nz>; Danielle Prattley <Danielle.Prattley002@msd.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

IN-CONFIDENCE

Hi Claire,

TSY and MSD are joint policy leads on the LSS and there has been a policy process undertaken to prepare for the scheme's closure. We got joint ministerial agreement to this process last year.

We do not think this level of operational detail is appropriate for the cabinet paper. Moreover, your suggested text does not reflect the purpose of the payment, or the correct operational policy. What MSD are outlining is also consistent with the policy when household contacts were removed. It's also worth noting that the payment is to employers, rather than directly to employees.

As context, we're planning to provide the following to our Minister:

Ending self-isolation at 12.01am on Tuesday 15 August will mean that employers will not be eligible to apply for the LSS if their employees tested positive on either Sunday or Monday. This is because the declaration requires confirmation that the employee was required to self-isolate for a minimum of four days. This is consistent with other changes such as the removal of household contacts.

Cheers,
Laura

Laura Browne | Senior Analyst | Te Tai Ōhanga – The Treasury

Tel: s 9(2)(a) | Email/IM: Laura.Browne@treasury.govt.nz

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Friday, 11 August 2023 10:20 am

To: Alice Clowes <Alice.Clowes001@msd.govt.nz>

Cc: Samuel Rayner <Samuel.Rayner004@msd.govt.nz>; Laura Browne [TSY] <Laura.Browne@treasury.govt.nz>; Amy

Spittal [TSY] <Amy.Spittal@treasury.govt.nz>; Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>; Jacinta Gould [TSY] <Jacinta.Gould@treasury.govt.nz>; Keiran Kennedy [TSY] <Keiran.Kennedy@treasury.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Jan Keir-Smith <Jan.KeirSmith001@msd.govt.nz>; Danielle Prattley <Danielle.Prattley002@msd.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Thanks Alice – including this info on the day would just be to ensure that people know that to receive what they are entitled to, they need to apply that day. This is key information to pass on, as some people will be counting on that payment, and as I mentioned in my earlier email in all likelihood there will be some people who wouldn't have reported and wouldn't have told their employer had they known that they would not receive that payment. It gov't is not clear about that, that could be interpreted as not being in good faith.

I'm sure you're also very aware of the [media story this morning](#) about people not receiving their full entitlements from MSD, so keen to ensure that people are aware of what they need to do to access what they are entitled to.

I've had a go at rewording the para below in the LSS section, to make this clear. Please let me know if anything is incorrect.

Thanks,

Claire

8 If the requirement for case isolation ends, MSD recommends closing the LSS effective from 15 August 2023. People whose first day of isolation is 15 August or later will not be eligible. MSD has advised that people who test positive for COVID-19 between 11-14 August (or their employers) will need to apply for LSS before 11:59pm on 14 August 2023 or they will not be eligible. Where the case's first day of isolation was 10 August or earlier, they will have an 8-week window to apply to for LSS. This means that the LSS would be formally closed from the end of October.

From: Alice Clowes <Alice.Clowes001@msd.govt.nz>

Sent: Thursday, 10 August 2023 5:43 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>

Cc: Samuel Rayner <Samuel.Rayner004@msd.govt.nz>; Laura Browne [TSY] <Laura.Browne@treasury.govt.nz>; Amy Spittal [TSY] <Amy.Spittal@treasury.govt.nz>; Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>; Jacinta Gould [TSY] <Jacinta.Gould@treasury.govt.nz>; Keiran Kennedy [TSY] <Keiran.Kennedy@treasury.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>; Jan Keir-Smith <Jan.KeirSmith001@msd.govt.nz>; Danielle Prattley <Danielle.Prattley002@msd.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

IN-CONFIDENCE

Hi Claire,

We're comfortable with our position – it's consistent with previous changes to the programme (eg the removal of household contacts last year) which is in the declaration too. It's also consistent with the closure of the short-term absence payment last year.

People do technically have until 11.59pm on 14 August to apply, as the rules change 12.01am the next morning. I've copied in my comms colleagues here as we would be able to help review LSS content in any Q&As. That may be helpful just to make sure we have accurate and consistent messaging across the board.

Just to clarify we wouldn't want to *encourage* any employers who had staff only required to isolate on Sunday and Monday to send in an application after the announcement as that wouldn't be an application made in good faith.

Happy to discuss tomorrow if you have any other questions.

Cheers,
Alice

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Thursday, 10 August 2023 3:58 PM

To: Alice Clowes <Alice.Clowes001@msd.govt.nz>; Samuel Rayner <Samuel.Rayner004@msd.govt.nz>; Laura Browne [TSY] <Laura.Browne@treasury.govt.nz>; Amy Spittal [TSY] <Amy.Spittal@treasury.govt.nz>; Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>

Cc: Jacinta Gould [TSY] <Jacinta.Gould@treasury.govt.nz>; Keiran Kennedy [TSY] <Keiran.Kennedy@treasury.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

IN-CONFIDENCE

Thanks Alice – I've double checked, and the wording in the declaration on the MSD website still seems to me to suggest that someone who tests positive on Sunday should be eligible for both Sunday and Monday, as – at the time – the Order will still be in place.

a reference to being “required to self-isolate” means a requirement to self-isolate as set out in public health guidelines, directions made under the Health Act 1956 or orders made under the COVID-19 Public Health Response Act 2020 at the time of the relevant person’s self-isolation period

<https://www.workandincome.govt.nz/online-services/covid-19/declaration-leave-support-scheme.html>

I'll flag this with comms so that it is clear in the Q&As that people who have tested positive in the days leading up to the 14th will need to apply on the 14th. Can you clarify if they have until 1159pm that day to do it? Or is it something that they will need to send in between the announcement at the post-Cabinet press conference and 5pm?

Thanks,

Claire

From: Alice Clowes <Alice.Clowes001@msd.govt.nz>

Sent: Thursday, 10 August 2023 3:34 pm

To: Claire Whelen <Claire.Whelen@health.govt.nz>; Samuel Rayner <Samuel.Rayner004@msd.govt.nz>; Laura Browne [TSY] <Laura.Browne@treasury.govt.nz>; Amy Spittal [TSY] <Amy.Spittal@treasury.govt.nz>; Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>

Cc: Jacinta Gould [TSY] <Jacinta.Gould@treasury.govt.nz>; Keiran Kennedy [TSY] <Keiran.Kennedy@treasury.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

IN-CONFIDENCE

Kia ora Claire,

It's not possible to extend eligibility to those who test positive up to and including 14 August, as it's set out in the declaration for LSS that an employee/self-employed person must isolate for 4 consecutive days.

Although people would have been advised of the requirement to self-isolate for 7-days up to 15 August, if/when the settings change they will no longer be required and won't be considered to be self-isolating for the minimum 4 consecutive days. This is consistent with our approach when the household contacts changes came through last year and they were no longer required to self-isolate.

If someone tested positive on the 14th and their employer got their application in on the 14th then they would be eligible under the rules that apply at that time, because we change the rules on the 15th.

Regarding your last point on adding a sentence about eligibility ending on 10 October, we think this is already covered off in the recs. We've highlighted that date change in the email chain below.

Ngā mihi,
Alice

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Thursday, 10 August 2023 2:53 PM

To: Samuel Rayner <Samuel.Rayner004@msd.govt.nz>; Laura Browne [TSY] <Laura.Browne@treasury.govt.nz>; Amy Spittal [TSY] <Amy.Spittal@treasury.govt.nz>; Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>; Alice Clowes <Alice.Clowes001@msd.govt.nz>

Cc: Jacinta Gould [TSY] <Jacinta.Gould@treasury.govt.nz>; Keiran Kennedy [TSY] <Keiran.Kennedy@treasury.govt.nz>; Brian Watson <Brian.Watson@health.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

IN-CONFIDENCE

Thanks all – I just wanted to check if it is not possible to keep it open for people who test positive up to and including Mon 14 Aug?

While people who tested positive on Sunday and Monday won't end up being legally required to isolate for 4 days or more, they will think that they will be at the time they report their positive test. In all likelihood there will be people who wouldn't have reported if they knew they wouldn't have access to LSS. For some people, this will be a large proportion of their weekly income that they would be expecting to receive, and then find out on Monday that they won't get it.

I also just wanted to check the specific wording, as on the MSD website it refers to 'being required or advised to self-isolate (...) for a period of at least four consecutive days' – so for someone testing positive and reporting on Sunday, **they will be being advised to self-isolate for 4 days** at that point.

- You acknowledge that **being required or advised to self-isolate** means self-isolating **for a period of at least four consecutive days** (which may include a day when the employee is not scheduled to work or is on leave in accordance with their employment agreement, or a public holiday as defined in the Holidays Act 2003).

<https://www.workandincome.govt.nz/online-services/covid-19/declaration-leave-support-scheme.html>

Obviously this is your decision – I just wanted to double check that this is what you are proposing, as interpreting it this way seems potentially unfair? If it is, I'll add a sentence to the paper to make it clear that eligibility will end on 10 Oct.

Thanks,

Claire

From: Samuel Rayner <Samuel.Rayner004@msd.govt.nz>
Sent: Thursday, 10 August 2023 2:05 pm
To: Laura Browne [TSY] <Laura.Browne@treasury.govt.nz>; Claire Whelen <Claire.Whelen@health.govt.nz>; Amy Spittal [TSY] <Amy.Spittal@treasury.govt.nz>; Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>; Alice Clowes <Alice.Clowes001@msd.govt.nz>
Cc: Jacinta Gould [TSY] <Jacinta.Gould@treasury.govt.nz>; Keiran Kennedy [TSY] <Keiran.Kennedy@treasury.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

IN-CONFIDENCE

11:59pm 10 October is when the LSS will close – this isn't 12:01am on the 10th as we have to include the whole day of the 10th.

From: Laura Browne [TSY] <Laura.Browne@treasury.govt.nz>
Sent: Thursday, 10 August 2023 1:59 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>; Amy Spittal [TSY] <Amy.Spittal@treasury.govt.nz>; Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>; Samuel Rayner <Samuel.Rayner004@msd.govt.nz>; Alice Clowes <Alice.Clowes001@msd.govt.nz>
Cc: Jacinta Gould [TSY] <Jacinta.Gould@treasury.govt.nz>; Keiran Kennedy [TSY] <Keiran.Kennedy@treasury.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

[@Samuel Rayner](mailto:Samuel.Rayner004@msd.govt.nz) [@alice.clowes001@msd.govt.nz](mailto:Alice.Clowes001@msd.govt.nz) – is 11 October the correct date for the scheme to close?

Laura Browne | Senior Analyst | Te Tai Ōhanga – The Treasury

Tel: [REDACTED] | Email/IM: Laura.Browne@treasury.govt.nz

From: Laura Browne [TSY]
Sent: Thursday, 10 August 2023 1:54 pm
To: Claire Whelen <Claire.Whelen@health.govt.nz>; Amy Spittal [TSY] <Amy.Spittal@treasury.govt.nz>; Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>; Samuel Rayner <Samuel.Rayner004@msd.govt.nz>; alice.clowes001@msd.govt.nz
Cc: Jacinta Gould [TSY] <Jacinta.Gould@treasury.govt.nz>; Keiran Kennedy [TSY] <Keiran.Kennedy@treasury.govt.nz>
Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Thanks Claire,

One thing to note - the testing positive on 14 august isn't quite right. To be eligible for the scheme, you need to be required to self-isolate for at least 4 days. If you test positive on Monday, you in effect are only required to self-isolate for 1 day.

I've cc'ed in Alice and Sam who will confirm/clarify this, but in practice people will not be eligible if they test positive from Sunday onwards. s 9(2)(h)

I've highlighted the rec below (re PREFU) – this is the one we are just clarifying on our end.

Cheers,
Laura

Laura Browne | Senior Analyst | Te Tai Ōhanga – The Treasury

Tel: s 9(2)(a) | Email/IM: Laura.Browne@treasury.govt.nz

From: Claire Whelen <Claire.Whelen@health.govt.nz>

Sent: Thursday, 10 August 2023 1:47 pm

To: Amy Spittal [TSY] <Amy.Spittal@treasury.govt.nz>; Harry Nicholls [TSY] <Harry.Nicholls@treasury.govt.nz>

Cc: Jacinta Gould [TSY] <Jacinta.Gould@treasury.govt.nz>; Laura Browne [TSY] <Laura.Browne@treasury.govt.nz>

Subject: RE: Draft Cabinet paper for feedback (due 11am Monday) COVID-19 public health measures

Thanks Amy – I've made your changes, and copied below just for clarity.

Anyone testing positive on 14 Aug or earlier would be eligible, and the changes take effect from 15 Aug.

Thanks,

Claire

s 9(2)(g)(i)

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