



Proactive Release

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COVID-19 Protection Framework - Review of the settings under Orange and Red

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Briefing: COVID-19 Protection Framework: Review of the settings under Orange and Red

Date:	22 July 2022	Report No:	DPMC-2021/22-2493
		Security Level:	SENSITIVE
		Priority level	High

	Action sought	Deadline
Hon Dr Ayesha Verrall Minister for COVID-19 Response	agree/disagree to recs	26/07/2022

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Minister's Office

Status:

Signed

Withdrawn

Comment for agency

Attachments: Yes

Briefing

COVID-19 Protection Framework: Review of the settings under Orange and Red

To: Hon Dr Ayesha Verrall
Minister for COVID-19 Response

Date

22/07/2022

Security Level

~~IN CONFIDENCE~~

Purpose

1. This briefing recommends, based on public health advice and consideration of non-health factors, that there are no changes to the Red setting or to mask requirements across the Orange and Red settings of the COVID-19 Protection Framework (CPF).

Executive Summary

1. Case numbers and hospitalisations have increased substantially since the end of June and the last review of the COVID-19 Protection Framework (CPF) colour setting. This, alongside the impact of other influenza-like winter illnesses, is putting significant pressure on the health system and wider community, which the winter package of public health measures aims to address and mitigate.
2. The Ministry of Health (MoH) has expressed concern that the measures in the Red CPF setting were not likely reduce the burden on the health system to the same extent as was the case prior to widespread community transmission [DPMC-2021/22-2311 refers]. This view has continued with the rise of the BA.4/5 variant
3. MoH's review of the Red setting (with a focus on capacity limits), alongside considerations of strengthened mask requirements at Orange and Red, centred on ensuring any additional or revised settings can reduce COVID-19 transmission to the degree required to justify stricter recommendations. MoH recommend retaining the status quo; that is no changes to current capacity limits at Red or current mask requirements at Orange and Red.
4. MoH's view is that introducing any new mandatory requirements within the CPF at this stage of the current outbreak will not have a significant impact on COVID-19 transmission and hospitalisations to a point where such measures would be proportionate, or sufficiently justified from a public health point of view. This is particularly as planned work on testing measures more generally (that sit outside the CPF) are expected to reduce transmission without introducing greater restrictions.
5. On balance, agencies tend to agree that current settings are well understood and that more restrictive measures with greater socio-economic impacts would not be well received by many. While more restrictive measures would help vulnerable communities to feel safer and more supported, the trade-offs are significant. In particular, reduced capacity limits would have significant impacts on businesses (including Māori owned businesses) and the events sector.

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6. In this context, officials from MoH and DPMC have begun to consider the ongoing effectiveness of the CPF as a tool for managing the current outbreak under the minimise and protect strategy, as additional response measures are increasingly best implemented outside of its scope, as exemplified by the winter package which uses baseline measures only.
7. Officials are now analysing whether it would be preferable to move away from the CPF by shifting to a mix of baseline and reserve measures earlier, as opposed to continuing to use the CPF for longer and moving to the post-winter strategy with just baseline measures in place later in the year.
8. We will provide further advice on these options in the coming weeks, including considerations on readiness to move away from CPF.

Recommendations

We recommend you:

1. **note** that modelling undertaken by COVID-19 Modelling Aotearoa indicates that over the last week the significant upward trends seen since late June in case numbers, hospitalisations and deaths, while high across the board and rising for hospitalisations, have begun to ease, and cases have started to decrease. Noted
2. **note** the Ministry of Health's (MoH) winter package of public health measures aims to reduce the burden of COVID-19 and other winter illnesses on the health system without introducing further restrictions into the COVID-19 Protection Framework. Noted
3. **note** that, based on a review of the Red settings and mask requirements at Orange and Red, the Director-General of Health's advice is that:
 - 3.1 Current indoor capacity limits under Red are retained (indoor capacity limits of 200 people or based on 1m distancing, whichever is the lesser);
 - 3.2 Current face mask settings across Orange and Red are retained. Noted
4. **note** that in recommending retaining current COVID-19 Protection Framework (CPF) settings, MoH have indicated a preference for relying on measures that sit outside the CPF such as those in the winter package (i.e., baseline measures). Noted

- 5. **agree**, after consideration of both the Director-General of Health's advice and non-health factors, to retain current CPF settings in Orange and Red.


YES / NO


- 6. **note** the recommendations from the next colour setting review are due to Ministers in the week of 1 August and will consider whether New Zealand should remain at Orange and changes to self-isolation periods.

Noted

- 7. **agree** to proactively release this report, subject to any appropriate withholding of information that would be justified under the Official Information Act 1982.

YES / NO


Alice Hume
Head of Strategy & Policy
COVID-19
22/7/2022


Hon Dr Ayesha Verrall
Minister for COVID-19 Response
1, 8, 22

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Background

New Zealand has been at Orange since mid-April 2022

1. As the COVID-19 Protection Framework (CPF) is an Order made under the COVID-19 Public Health Response Act 2020 (the Act), you, in the capacity of Minister for COVID-19 Response, along with the Director-General of Health must keep it under review (under section 14(5) of the Act).
2. On 13 April 2022, Aotearoa New Zealand moved from the Red to the Orange setting in the CPF, which included the removal of gathering size limits and mask mandates in schools. The Orange setting, along with 7-day isolation periods for cases and contacts, was maintained in both the May and June colour setting reviews based on New Zealand's context at that time (DPMC-2021/22-2137 and DPMC-2021/22-2311 refer).

Case numbers and hospitalisations remain high

3. The significant upward trends across all tracked metrics (case counts, hospital bed occupation, fatalities) observed since Matariki weekend, (which were trending downward prior to that) have begun to ease over the last week, although they remain high. The seven-day rolling average for daily case counts is 9,161 (179 per 100,000). This, while down from around 10,000 per day a week ago, is still almost double what it was a month ago.
4. Daily cases for age groups 70 and above have eased slightly from their highest point in the pandemic which occurred last week, with the seven-day rolling average falling marginally from 1,191 to 1,126. This is a sign that cases may be starting to decrease in this age group. Broadly, while there are indications that the peak may have occurred, factors such as the school holidays, may be causing decreases in case reporting. A fuller picture of whether the peak has occurred will be evident in the coming weeks. Caution is also warranted given the higher-than-expected level of cases observed across New Zealand after the March peak. Compared to other jurisdictions NZ has not yet observed a sharp collapse in cases after a major wave, and a similar dynamic may play out again.
5. Hospital bed occupation continues to be high (with a rolling 7 day average of 766), tracking at over twice the occupancy observed in late June. All health districts have seen a significant increase in hospital bed occupation over the past 14 days – although both Waitematā and Capital and Coast/Hutt have seen a slight decrease over the last 4 days. In the case of Waitematā this may be driven by the previously reported in-hospital outbreak subsiding. All other districts continue to show increases. If case numbers among older age groups continue steadily, then hospitalisation rates may increase substantially, given older age groups are significantly more likely to require hospital care, and there is usually a lag between cases and hospitalisations.
6. The seven-day rolling average for COVID-19 fatalities per day (based on date of death, rather than the date the death was reported publicly) also remains high, at just over 19 per day, again a doubling of the trend in late June.
7. Data up to the week ending 17 July indicates that case rates for both Māori and Pacific Peoples have more than doubled since late June. For Māori, the latest available data shows a rate of 854 cases per 100,000 people, up from 421 in late June. For Pacific Peoples, the latest rate is 696 per 100,000 people, up from 308 in late June. These reflect a 2.0x and 2.25x increase respectively. While those of European/Other ethnicities have an overall higher case rate at 1561 per 100,000 people, the comparable increase is by a factor of 1.86 since late June. This indicates a possible acceleration in transmission among Māori and Pacific People.

A winter package of public health measures was introduced to help address BA.4/5

8. Current high rates of COVID-19, and other influenza-like winter illnesses, are putting significant pressure on the health system and impacting the wider community, including businesses. The winter package you announced on 14 July aims to reduce this impact on primary care and hospitals without adding additional restrictions in the CPF. It sits alongside existing Orange measures and includes:
 - Improved access to therapeutics and vaccination for COVID-19 and the flu;
 - Expanded eligibility for COVID-19 antiviral medicines and making them available in pharmacies to ease the pressure on primary care;
 - Removing eligibility requirements to access free rapid antigen testing and masks; and
 - Enhanced communication around how people can look after themselves over winter by reinforcing existing public health messaging (eg stay home if sick, etc).
9. Prior to the next colour review, MoH will consider the initial impact of the winter package on COVID-19 transmission to inform advice about moving to Red or remaining at Orange and self-isolation periods.

The winter package is the start of a move away from the CPF

10. At some point, after winter New Zealand will transition to the new COVID-19 'post-winter strategy' (i.e. the prepared, protective and resilient, and stable strategy), which is underpinned by voluntary 'baseline' and mandated 'reserve' measures that can be deployed as needed depending on the scenario that eventuates [CAB-22-MIN-0086 refers]. Measures in the winter package already encompass baseline measures, and the assessment of its impact may help inform readiness to move away from CPF.

Assessment of Red settings

Public health risk assessment of capacity limits

11. On 14 July 2022, MoH reviewed the Red setting with a focus on capacity limits to ensure that any future shift from Orange to Red would sufficiently reduce transmission (see **Attachment A**).
12. Currently at Red, indoor fixed capacity limits of a maximum of 200 people (or based on 1m distancing, whichever is the lesser) take effect in hospitality, gyms, gatherings, and events, with no capacity limits for outdoor gatherings.
13. MoH considered the following options with respect to capacity limits at Red:
 - Retaining current capacity limits (status quo);
 - Reducing fixed indoor capacity limits to 30 people; or
 - Setting fixed limits between 30 and 200 to allow for variation by prevalence and type of location.

Strengthening capacity limits would not be proportionate at this stage of the outbreak...

14. MoH recommended **no change to the current fixed capacity limits at Red** on the basis that reducing limits to the level necessary to be effective would have significant impact on individuals and businesses and would not be a proportionate or justifiable measure to reduce transmission.
15. While there is limited research on the impact of capacity limits, evidence shows that a higher risk of COVID-19 transmission occurs where large numbers of people are present and

community prevalence of COVID-19 is high. However, the effectiveness of fixed capacity limits will vary by level of community prevalence¹ and their overall impact on the rate of community transmission will depend on the proportion of events of different sizes.

16. Capacity limits are also a blunt instrument to manage transmission because they do not alter the risk of transmission occurring during an exposure event. This is because they do not allow or account for the highly variable nature of the built environment (e.g. quality of ventilation in a specific venue), the activity taking place within the space, or whether participants are observing available public health measures.

... and non-mandatory measures may be preferable to strict restrictions

17. Instead, MoH's preference is to adopt non-mandatory 'baseline' measures at this point in the outbreak, such as measures reflected in the winter package. Additional measures currently being looked at by MoH to limit transmission at indoor events and gatherings are also best addressed outside the CPF, such as:
- Testing – to support increased testing generally, as enabled within the winter package, and through guidance for event and gathering organisers to help limit the risk of superspreading events.
 - Improved ventilation – including guidance to help shift public awareness on its benefits and providing property owners and individuals with guidance on simple, practical things that they can do to improve ventilation specifically for the purpose of reducing risk of COVID-19 transmission.

Assessment of retaining current capacity limits at Red against non-health factors

18. The Treasury estimates the cost of being at Red on the CPF relative to Orange to be \$35 million per week under current settings, or \$60 million per week with reduced capacity limits (1% of GDP). These impacts will be concentrated in the hospitality and events sector.
19. There is mixed support among agencies for retaining current capacity limits at Red. Agencies have stressed that many communities, particularly Māori, Pacific Peoples, and disabled people and their whānau, have experienced greater burden from the ongoing health and economic consequences of COVID-19, and that approaches to minimise these existing inequities are preferred; although TPK does not support reduced capacity limits to achieve this. The Office for Disability Issues' (Whaikaha – Ministry of Disabled People; ODI) and the Ministry of Pacific Peoples' (MPP) view is that minimising inequities and the stress and anxiety felt by vulnerable communities may be best achieved through reduced capacity limits. In particular, reduced capacity limits may encourage some disabled people and their whānau to participate in their community where they would otherwise feel unsafe doing so. However, the Ministry of Education (MoE) considers that reduced capacity limits would significantly impact the ability to deliver learning across the early learning, schooling and tertiary sectors.
20. The Ministry of Business, Innovation and Employment (MBIE) and the Treasury consider that businesses will be strongly opposed to a reduction in gathering numbers in Red, and likely vocal about their opposition. Capacity limits have significant impacts on hospitality revenue and many businesses, unable to cover costs, would likely close if reduced limits were in place for an extended period without government financial supports. The events sector has started to rebound in recent months to a position where they can commence significant planning. Several events of scale are planned over the coming months that will have contingency plans in place to accommodate 200-person capacity limits in case of a move to

¹ At high prevalence rates, capacity limits must be very low to reduce the risk of a venue having an infectious (usually pre-symptomatic) individual. The effectiveness of capacity limits is decreased when the prevalence is either very high (as the settings must be too low) or very low (because the limits will not change the risk much, even for quite large gatherings).

Red. A reduction to indoor events (particularly in the 30-50 range) would mean that most indoor events could not go ahead. Capacity limits could also impact growing tourism such as from tour groups or those travelling for events. TPK additionally notes that reduced capacity limits would have a negative impact on Māori businesses.

21. Feedback from regional leadership groups (RLGs) indicate that many regions consider there to be very low social licence to move to more restrictive measures, particularly among those that feel New Zealand is getting back to normal. There are also concerns around the impact to social wellbeing. Even businesses that struggle with absenteeism would not welcome higher restrictions. Clear and consistent messaging around protective factors such as staying home when unwell, testing, wearing masks, working from home, and seeking treatments if unwell are encouraged, as well as better information about financial and welfare supports available.
22. It is DPMC's view that, at this stage of our COVID-19 Response, there is limited appetite to shift to reduced capacity limits, particularly to the extent required to reduce transmission. Cabinet agreed to increase capacity limits from 100 to 200 under Red in March 2022 [CAB-22-MIN-0086 refers]. Reducing limits now to significantly lower than 100 would be a shift in policy that would need a very strong public health rationale that is not currently present. If baseline measures under the winter package are assessed to make an impact on transmission, there would be less justification to reduce capacity limits further.

Assessment of mask requirements at Orange and Red

Public health risk assessment

23. The MoH also conducted a review of mask settings at Orange and Red (see **Attachment A**).
24. The current Orange setting includes mask requirements for a range of indoor settings, including in retail businesses, public facilities and on public and school transport (for anyone 12 years of age or older). Workers in various settings are also required to wear medical grade face masks, including at food and drink businesses and at events. The current Red setting still only applies mask requirements to indoor settings, but expands the requirements to younger people on public transport and school transport and to all persons (not just workers) at food and drink businesses and at events. At Red, there are also mask requirements in schools and tertiary education premises.
25. **Attachment B** contains a full list of Orange and Red measures including face mask and medical grade face mask requirements.
26. MoH considered the following options for mask requirements:
 - a) At Orange –
 - i. Retain current mask settings (including enhanced communications via the Winter Package, increased engagement with schools, and other settings like marae and places of worship)
 - ii. Make minor changes for consistency
 - iii. Strengthen mask settings to the same level as currently at Red.
 - b) At Red –
 - i. Retain current mask settings (status quo)
 - ii. Add a requirement for masks in any indoor place of work or study with more than one person present

- iii. Strongly encourage masks in any indoor place of work or study with more than one person present.

Extending mask requirements would not be proportionate at this stage of the outbreak...

27. In general, masks are effective at limiting transmission of COVID-19, especially when combined with other public health measures that further reduce the risk of transmission. However, MoH **does not recommend a change to mask settings at Red or Orange** at this time. It is their view that additional mask requirements at this stage of the outbreak would have a limited additional effectiveness.

28. MoH considers that the current high levels of infection and the speed at which case rates are projected to peak mean that *extending* mask requirements is unlikely to further reduce case numbers, hospitalisations, and deaths. This applies even if certain measures at Red were transferred to Orange. MoH is also concerned that new mask requirements would disproportionately and inequitably burden certain parts of the society and economy, for example the hospitality and events sectors, or by impacting on the educational outcomes of some students.

29. DPMC has also considered the merits of strengthening mask requirements at Orange, and identified areas in which the requirements could be strengthened if needed. However, based on the latest advice provided by MoH it is not clear that further mask use would further reduce transmission. This is because, in general, there is a good mask wearing culture in many places where it is not a requirement in Orange (e.g. within close-proximity businesses and amongst delivery drivers) and because, for practical reasons (like to eat), masks would need to be removed periodically anyway.

... and MoH supports a shift away from CPF to baseline measures

30. As with consideration of capacity limits at Red, MoH expressed a preference for non-mandatory 'baseline' measures, such as those already announced in the winter package, and for adding to those non-mandatory measures as appropriate or needed.

31. In particular, MoH supported increasing public messaging around the benefits of mask use when visiting or attending an event or gathering at marae and places of worship.

32. In this context, MoH noted the potential efficacy of the types of voluntary 'baseline' measures and emphasised a focus on enabling people to do the right thing (rather than introducing new mandates). This is reflected, for example, in the ongoing work by MoH and the MoE to support improved mask wearing in schools.

Assessment or retaining current mask settings against non-health factors

33. Agencies have mixed views on retaining existing mask settings at Orange and Red, with a preference for additional supports to encourage mask use rather than stronger requirements. If mask restrictions were to shift, agencies agree that very clear communications and guidance would be needed to support businesses, communities, students and education providers, and disabled people and their whānau. RLGs note that any changes should be well socialised prior to implementation. As noted above, RLGs are supportive of better messaging and communication rather than more restrictive measures.

34. The Treasury has noted that, in the context of reviewing face masks, we should be mindful that other, more restrictive measures, continue to be in place. Where a more restrictive measure could be reduced by increasing face mask use, that option should be preferred.

35. MBIE considers that greater mask restrictions would be difficult for many businesses to manage as hospitality venues are hesitant to police masking behaviours, and a change in mask requirements would require hospitality, events, and tourism sectors to provide new directions to their customers.

Have clarified with officials, comments relate to feasibility of mandates and not effectiveness of masks at time of high incidence
1/8/22

36. There is good mask wearing cultures in many sectors; for example many marae and Māori community settings employ mask wearing in cultural events. TPK supports the provision of high-quality masks as a baseline measure, so that those with pressure on incomes or with large numbers in their households can afford high quality masks without the protection that a regime of mandatory mask wearing would offer them. TPK also suggests that temporary restrictions could be introduced to see us through the winter period.
37. MPP and ODI consider that a conservative approach to mask use should be preferred to mitigate existing inequities and provide safety to vulnerable communities. However, ODI further notes that the trade-off with further mask restrictions is the potential for increased discrimination to disabled people who cannot wear masks from people who do not understand the mask exemption process.²
38. Some agencies, such as TPK, ODI, and the Treasury, consider strengthened mask settings in schools would be a lower economic and social cost measure to reduce transmission in schools, which they consider presents a particular risk to Māori communities, disabled students, and to school attendance rates generally. MoE notes that at Orange, masks are strongly encouraged in all school settings, and that schools and tertiary education providers should continue to be able to set and regularly review internal mask policy that is reflective of current case rates in their community. This offers flexibility for education providers to retain an appropriate balance of safety and minimise disruption to students' learning. MoE and MoH have jointly recommended that all schools review their mask policies and institute mask wearing indoors in situations where classes are mixing, or groups are congregating, among other measures to mitigate the risk in schools at current Orange settings.
39. It is DPMC's view that at this stage of the outbreak, baseline measures to improve access to masks, along with public messaging and guidance, is a more appropriate than to increase mask restrictions. RLGs have noted that greater non-compliance with higher restrictions would be apparent, with concerns of increased calls to police for enforcement purposes.

The future of our COVID-19 response

The CPF now has a more limited use to manage the current outbreak

40. DPMC and MoH are considering the ongoing effectiveness of the CPF as the framework to realise our minimise and protect strategy. The Red level of the CPF provides more limited utility as a response to the current BA.4/5 outbreak as it is unlikely to provide the advantage over Orange required to justify greater limitations. Red may have a clear advantage over Orange in the context of another variant.
41. Our response to the current Omicron variant is framed around basic measures that address societal attitudes and system-level practices to reduce transmission, such as masks, vaccinations, ventilation, staying home if sick and anti-virals. These baseline measures are largely implemented outside the CPF as they do not involve additional legal requirements (mask requirements do, but not general mask guidance), as exemplified by the winter package.

We can achieve minimise and protect by moving to baseline and reserve

42. Officials are now considering options to remove the CPF and move to baseline and reserve measures as the next evolution in our response under the minimise and protect strategy. This would allow us to take a flexible approach to the current outbreak by retaining some restrictive measures (such as mask restrictions and self-isolation) with baseline measures, rather than

² 'Significant concerns with communications' were raised in the Human Rights Commission's 'Inquiry into the Support of Disabled People and Whānau During Omicron' report.

relying on the CPF colour levels to guide our response. It also gives us the opportunity to move to baseline and reserve much earlier than waiting for the post winter strategy to be in place.

43. Further advice in the coming weeks (see **Table 1.**) will cover what is needed to revoke the CPF, including the necessary mechanisms to support reserve measures (e.g. legal mechanisms for reserve measures such as mandated masks and self-isolation). In particular, face mask restrictions are currently tied to the CPF. Officials are considering alternative options to underpin mask restrictions.

s9(2)(f)(iv)



Human Rights (legally privileged)

45. This paper considers two possible changes to the CPF, being the potential introduction or reduction of capacity limits at Red, and the introduction of increased mask mandates at Orange and Red. No changes are recommended.

46. s9(2)(h)

47.



Treaty of Waitangi considerations

48. Demonstrating commitment to Te Tiriti o Waitangi (Te Tiriti) and achieving Māori health equity has been and remains a key COVID-19 health response priority, which is heightened due to the ongoing threat COVID-19 poses to Māori across New Zealand. This was also reflected in the Waitangi Tribunal's *Haumarū: the COVID-19 Priority Report*, which determined that, with respect to the COVID-19 response, the Crown's Treaty obligations are heightened due to the threat posed to the welfare and safety of Māori. The Tribunal made several recommendations, including that the Crown must further support and resource Māori providers, whānau, hapū, iwi and hapori Māori. It also reaffirmed Te Tiriti principles of tino rangatiratanga, partnership, equity, active protection, and options in relation to the COVID-19 response.
49. Throughout our COVID-19 response, Māori have experienced greater burden from the ongoing health and economic consequences of COVID-19. Māori are more likely to experience negative outcomes in infections, hospitalisations, and deaths due to inequitable vaccination rates, existing health inequities, and structural factors (e.g. household characteristics). As we respond to a new wave dominated by BA.4/5, it is likely that Māori continue to experience the impacts disproportionately.
50. There are several COVID-19 response initiatives that should have a positive impact for Māori, such as the winter package. This includes greater access to testing, masks (including greater provision of free medical masks alongside free RAT tests, provision of P2/N95 masks for vulnerable communities, and provision of adult- and child-sized masks to schools and kura), therapeutics, and COVID-19 and flu vaccinations.
51. In addition, the drivers and actions contained in MoH's Māori Protection Plan released in December 2021 remain relevant as the pandemic evolves. This includes actions to improve Māori vaccination rates, building community resilience to protecting Māori health and wellbeing, and positioning communities to recover.
52. While the equity gap in the first and second dose vaccination rates for Māori compared to non-Māori, non-Pacific has narrowed significantly since December 2021,³ data continues to highlight the disproportionate COVID-19 impact on Māori. Persistent inequities remain in COVID-19 infection⁴ and hospitalisation rates, and booster dose and child immunisation rates. More work is needed across the system to protect whānau, hapū, iwi and hapori Māori from the impacts of COVID-19 and to mitigate impacts.
53. Given this briefing recommends no changes to existing CPF settings, the Māori Protection Plan's two key drivers remain critical to the ongoing COVID-19 Māori health response.
- The first key driver to boost broader immunisation uptake (especially as our borders reopen) will be integral to protecting Māori health and wellbeing, and includes:
 - i. work underway to improve vaccination access and uptake for Māori across the various immunisation programmes
 - ii. a focus on supporting vaccination services that meet Māori where they are.

³ The second dose equity gap has decreased from 14.2 percent as of 26 December 2021 to 8.2 percent at 1 April 2022 - May 2022 COVID-19 Māori Health Protection Plan Monitoring Report.

⁴ Since the beginning of the Delta outbreak in August 2021, Māori have been 75 percent more likely to contract COVID-19 (201.6 cases per 1,000 Māori compared to 116.4 cases per 1,000 non-Māori non-Pacific). After accounting for age, Māori were 2.4 times more likely to contract COVID-19 (330.5 cases per 1,000 Māori compared to 136.3 cases per 1,000 non-Māori non-Pacific) - May 2022 COVID-19 Māori Health Protection Plan Monitoring Report.

- The second key driver, focused on building the resilience of whānau, hapū, iwi and hapori Māori, will better position communities to recover from the impacts of the pandemic into the future, including:
 - i. through Care in the Community which receives significant positive feedback, especially in delivering wrap-around and culturally appropriate services for whānau
 - ii. a wider community-based model of care is being further developed to support delivery of services through winter 2022 and into the future. Note that TPK has emphasised the importance of it being community-led, to build on and connects to existing infrastructure and community strengths (e.g. the mobile vaccination and health clinics provided into rural areas for Māori communities by Māori providers and iwi).

Consultation

54. The COVID-19 Group within DPMC prepared this paper, with review and input by the Ministry of Health, including advice on the course of the outbreak, the public health response, and the views and recommendations of the Director-General of Health. The Crown Law Office advised on New Zealand Bill of Rights Act implications.
55. The Treasury, the Ministry for Pacific Peoples, Te Puni Kōkiri, Te Arawhiti, the Ministry of Education, the Office for Disability Issues (Whaikaha – Ministry of Disabled People), Te Whatu Ora, Te Aka Whai Ora, and the Ministry of Business, Innovation and Employment, were consulted on this paper, and the Ministry for Ethnic Communities and the Ministry of Social Development were informed. Regional Leadership Groups provided feedback regarding the views from regional groups on implementing more restrictive measures.

Next steps

56. The MoH's COVID-19 Protection Framework Assessment Committee will consider CPF colour settings and self-isolation settings on 27 July to inform advice to Ministers with Power to Act in the week of 1 August. Colour settings and self-isolation periods are best considered together to ensure the right mix of measures are in place.
57. Officials will provide further advice in the coming weeks on readiness to move to the post-winter strategy, including what a transition to baseline and reserve might look like.

Attachments:	Title
Attachment A:	Rapid review of measures at the Orange and Red settings of the COVID-19 Protection Framework – 14 July
Attachment B:	Current CPF settings at Orange and Red

Attachment A: Rapid review of measures at the Orange and Red settings of the COVID-19 Protection Framework – 14 July

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Attachment B: Current CPF settings at Orange and Red

	Orange	Red
Current definition	At Orange, there is community transmission of COVID-19, with increasing or significant risks to vulnerable communities, and pressure on the health system from COVID-19 .	At Red, we need to take action to protect our vulnerable communities and health system from COVID-19 .
Current settings	<p>a. <i>Gathering limits</i> - no gathering limits indoors or outdoors.</p> <p>b. <i>Face masks</i> - required for any person over 12 years of age:</p> <ul style="list-style-type: none">on public transport, school transport, arrival, and departure points for public transport serviceparts of premises that are open to the public at: retail business or service, public facilities (excluding swimming pools), pharmacies, veterinary services or animal health and welfare services, court or tribunal, specified social service, NZ Post premises, premises operated by a central government agency, a local authority, or the New Zealand Policeat the premises of a health service, but only if the person is not a patient or worker of the health service <p>c. Medical-grade face masks required for workers (only when working with the public) at:</p> <ol style="list-style-type: none">hospitality businessesclose-proximity businesseselection workers at a voting placeworkers at an eventborder workers. <p>d. The same set of face mask exceptions (eg where exempt, eating, outdoors, emergencies, exercising etc) apply at Orange and Red.</p>	<p>f. <i>Capacity limits</i> - based on 1-metre physical distancing rule in public facilities, retail businesses or services other than transport station retail business or services, and tertiary education providers</p> <p>g. <i>Fixed capacity limits</i> of up to 200 people (or based on 1m distancing, whichever is the lesser) - for indoor hospitality venues, gyms, gatherings, and events.</p> <p>h. <i>No outdoor gathering limits</i></p> <p>i. <i>Face masks</i> – required as at Orange, with the addition of:</p> <ul style="list-style-type: none">visitors to ECE centresschool settings (Year 4 +)tertiary settings (in public areas and/or during formal teaching/ learning activities)people on premises of close-proximity businessesdelivery workers where they are in close proximity to a client or customerattendees at permitted gatherings (except where defined indoor space used exclusively for the gathering)attendees at eventspeople on hospitality premiseswhen on public transport or school transport service if they are aged 8 years or over or a student in year 4 or above. <p>j. Medical-grade face masks required as at Orange, with the addition of:</p> <ul style="list-style-type: none">workers at gymsstaff members working to provide, or support the provision of, education services to students at a registered school. <p>k. The same face mask exceptions (eg where exempt, eating, outdoors, emergencies, exercising etc) apply at Orange and Red.</p>