

Office of the Prime Minister
Office of the Minister for COVID-19 Response
Cabinet

COVID-19 RESPONSE: 29 NOVEMBER REVIEW OF COVID-19 PROTECTION FRAMEWORK SETTINGS FOR NEW ZEALAND

Proposal

- 1 This paper confirms the decision to move New Zealand to the COVID-19 Protection Framework (the Framework) and proposes the settings for each region.

Relation to government priorities

- 2 This paper concerns the Government's response to COVID-19.

Summary

- 3 On 22 November 2021 Cabinet agreed that all New Zealand would transition to the Framework at 11.59pm Thursday 2 December [CAB-MIN-0497 refers]. This followed the decision on 15 November that anyone would be able to cross the Auckland boundary from 15 December, provided they are fully vaccinated or have had a negative test in the previous 72 hours [CAB-MIN-0477 refers].
- 4 We are entering a period of increasing travel, events and gatherings as we transition into the new framework. As we make this transition it is important to reduce and manage risk. As mitigations, we have been clear in our communication with the public that the Auckland region will transition to the Framework at Red, and that no region would be at Green. This position is supported by the Health Assessment undertaken for our decisions today by the Ministry of Health; the assessment recommends Auckland and Northland transition to Red, and the rest of New Zealand to Orange.¹
- 5 We propose, as a transitional measure, that Cabinet considers shifting other areas to Red that are popular holiday places for visitors and/or with relatively lower vaccination rates: Taupō and Rotorua Lakes; Gisborne; Ōpōtiki, Kawerau and Whakatane; and Rangitikei, Whanganui and Ruapehu Districts.
- 6 Outside of Northland, these districts have some of the lowest vaccination rates relative to other parts of the country, and lower rates of vaccination for Māori despite a significant increase in Māori vaccination throughout

¹ The Ministry of Health's assessment is undertaken according to DHB. DPMC has translated these to local government regions or districts as per Cabinet's agreement on 22 November [CAB-MIN-0477 refers]

November. It is important in making this decision we balance a range of considerations. We need to be satisfied that we are imposing no more restrictions on people than reasonably necessary (i.e. the least infringement on rights in the current environment) and measures are proportionate to achieve a precautionary transition into the new Framework. While vaccination rates are lower in these areas, the Ministry of Health has taken into account vaccination rates, along with health system capacity, in its advice on the Framework settings. s9(2)(h)

- 7 Cabinet will review the Framework settings we decide today on 13 December, and Ministers with Power to Act will review the settings again on 17 January 2022. Therefore, emergency notwithstanding, it is important that we decide on settings that we think will endure through the summer break.

Introduction

- 8 On 15 November Cabinet agreed that anyone would be able to cross the current Auckland Alert Level boundary, provided they are fully vaccinated or have had a negative test in the previous 72 hours from 15 December until 16 January 2022 [CAB-MIN-0477 refers]. On 22 November Cabinet agreed that all New Zealand would transition to the COVID-19 Protection Framework at 11.59pm Thursday 2 December [CAB-MIN-0497 refers].

Decision-making factors

- 9 In October Cabinet agreed to take into account the following factors when making decisions about moving between different levels of the Framework:
 - 9.1 Health factors: vaccination rates, health system capacity, testing and contact tracing capacity, and transmission, particularly in vulnerable populations; and
 - 9.2 Non-health factors: effects of the proposed measures on economy and society, impacts on at risk populations, public attitudes, and operational considerations [CAB-21-MIN-0421 refers].
- 10 In providing advice on non-health factors, when relevant, officials will also consider the impact of other non-COVID-19 emergencies and natural disasters.

Update on the current outbreak and response

- 11 As at 9am Friday 26 November 2021, there were 79 people in hospital due to COVID-19, including 8 in intensive care or high dependency units (ICU/HDU). The average age of people in hospital is 51 years. There are 5,339 active community cases associated with the current COVID-19 outbreak. The seven-day rolling average of cases is 187. There have been 16 deaths in this outbreak. We are beginning to see more deaths as more people are infected.

- 12 The growth of cases in Auckland has slowed in recent weeks, which has also slowed the growth in the hospitalisation and ICU/HDU conversion rate. Based on observed cases, averaging across several methods, R_{eff} in the current outbreak is 1.04 up to Monday 22 November. If there are undetected infections the true R_{eff} will be higher.
- 13 Based on the recent slowing in case numbers, and the effect of increasing vaccinations, the latest projections from Te Pūnaha Matatini (TPM) indicate that growth in case numbers in Auckland will continue to slow over the remainder of the year, and new case numbers may decrease. Under a more pessimistic scenario, there is a risk that relaxed restrictions for vaccinated people under the Framework may cause case numbers to rise over the coming weeks.
- 14 The observed trajectory of cases during Alert level 3 followed a path in between the upper and middle scenarios in the modelling done around mid-October (discussed in 18 October Review of Alert Level Settings [CAB-MIN-0422 refers]). This scenario projected 600 to 670 cases per week in October and 1,000 to 1,600 cases per week in November. We have observed, on average, 600 per week in October and 1,200 per week in November.
- 15 Given the Framework is untested, the analysis is highly sensitive to the assumptions that underpin it. Analysis of the transmission potential under the Framework indicates that if the settings are less effective than assumed, modelled outcomes worsen significantly. Actual outcomes will need to be monitored closely.

Spread of cases outside Auckland is difficult to predict

- 16 As we enter the summer period of increased travel and the Auckland boundary is relaxed, there is further risk that cases will spread outside of Auckland. Analysis of travel patterns using road and air travel data indicates that more than 100,000 Aucklanders leave the city each day over the summer period. Coupling this with historic electronic card transaction data, Northland, Waikato (particularly Thames-Coromandel) and Bay of Plenty (particularly Tauranga) have the greatest influx from Auckland by road. For air travellers, Christchurch and Wellington are the two largest destinations, followed by Queenstown, Nelson and Napier. While this does not provide a direct indication of case spread, it indicates the increase in risk related to the relaxation of the border around Auckland.
- 17 TPM's modelling also indicates that cases seeded outside of Auckland may see outbreaks that grow in size, depending on factors such as vaccination levels and types of gathering. Not all cases will go on to infect others; so new cases do not automatically lead to widespread transmission. The higher the vaccination coverage is in an area, the less likely it is that each new case will lead to established transmission. However, regions that receive many visitors from Auckland may be more likely to also experience a higher number of new cases, which may make wider transmission a case of when, not if.

- 18 The dynamics around low-level transmission mean that modelling cannot predict when case numbers will arise in different areas or when transmission becomes established, rather than sporadic, in different local areas. The modelling can, however, give a sense of how the transmission dynamics will vary in different places, if transmission does become established. TPM is currently undertaking work to model this.
- 19 More highly vaccinated communities are more likely to experience slower transmission, meaning that test, trace, isolate and quarantine measures can be used more effectively to mitigate spread and impact, and impacts are likely to be less severe in terms of hospitalisations and deaths. Cases in higher vaccinated communities are likely to accrue disproportionately in the unvaccinated, including children under 12 who are ineligible. Children under 12 generally have mild or asymptomatic infection but may transmit infection to more vulnerable whānau members.

Entry point for each region into the COVID-19 Protection Framework

We will use a cautious approach entering the Framework

- 20 We have been clear in our communication that we will take a cautious approach to our transition to the Framework, in order to ensure it will work to minimise spread. Additionally, over the summer period there are more people travelling around the country, particularly people from Auckland, with more gatherings and large events. We therefore propose that initially, during a transition phase, no regions enter at Green.
- 21 This is consistent with our previous cautious approach to risk management under Alert Levels, noting that while Auckland remained at Alert Level 3, the rest of New Zealand would not move to Alert Level 1 to mitigate the risk and impact of the virus seeding in other areas.
- 22 We propose Auckland transitions to the Red setting of the Framework. With cases plateauing and vaccination rates continuing to climb, we are ready to move into the Framework, but a step down to Orange before we have had the opportunity to embed the Framework would risk a significant change in spread dynamics.
- 23 There are some further considerations we could make for the initial step for other regions. The Ministry of Health's Health Assessment identified that Northland should move with Auckland into Red, because of its dependency on Auckland health care services, lower Māori vaccination rates and because they have had a disproportionate number of cases being seeded from Auckland during this outbreak compared to the Waikato. The Health Assessment recommends that all other regions should transition to Orange.
- 24 These areas are likely to see significant numbers of visitors from Auckland over the summer period, particularly if they are in Orange and can hold large events. Red would mean that large events and gatherings would be restricted

for both vaccinated and unvaccinated people, reducing the opportunity for high risk exposure events.

- 25 The West Coast also has low vaccination rates but is a less popular holiday destination for Aucklanders. The Waikato, while having high numbers of visitors from Auckland, has high vaccination rates overall and higher rates for Māori than the other areas listed above.
- 26 We recommend Cabinet considers whether under a precautionary approach, Taupō and Rotorua Lakes²; Gisborne³; Ōpōtiki, Kawerau and Whakatane⁴; and Rangitikei, Whanganui and Ruapehu Districts⁵ should also transition to the Red setting of the Framework due to their lower vaccination rates and lower Māori vaccination rates.
- 27 A map of New Zealand showing territorial local authorities (city and district councils) is attached as Appendix 1.

Ministry of Health COVID-19 Protection Framework health assessment

- 28 On Wednesday 24 November, the Ministry of Health conducted the first COVID-19 Protection Framework Assessment (Health Assessment) to consider which framework setting each region should transition to initially.
- 29 The initial assessment involved the Ministry of Health looking at the expected impacts of COVID-19 in all regions on the healthcare system, and the capacity and capability of the system to meet the demand while continuing to deliver other essential health services (e.g. primary care, cancer care, elective surgery, etc).
- 30 In considering the 'demand' for healthcare in light of the evolving the COVID-19 situation, the Ministry of Health took into account a wide range of factors including:
 - 30.1 vaccination rates by ethnicity;
 - 30.2 testing rates by ethnicity;
 - 30.3 ESR wastewater sampling;
 - 30.4 active cases;
 - 30.5 high risk exposure events over the next 14 days;
 - 30.6 compliance with current restrictions; and

² Lakes DHB area

³ Hauora Tairāwhiti area

⁴ Eastern Bay of Plenty – which is part of the Bay of Plenty DHB area (excluding Tauranga City and Western Bay of Plenty District)

⁵ Whanganui DHB area

- 30.7 any other factors that might impact on demand for healthcare in a given region or regions (e.g. flood, earthquake or other infectious disease).
- 31 In looking at the capacity and capability of the health system to manage COVID-19 alongside other demands over the next 14 days, the Ministry's assessment considered data across three main areas:
- 31.1 *Healthcare services* – the Ministry's assessment explored whether there would be sufficient services available to the public to meet demand in each region and across the regions. This included, for example exploring whether each DHB had in place appropriate models of care for those with COVID-19 in the community, such as mental health support services, as well as enough skilled workers (e.g. ICU-skilled staff).
 - 31.2 *Equity* – the Ministry's assessment included consideration of how well placed each DHB and/or region is to meet the needs of those most at risk from COVID-19. This included, for example, considering whether each region had in place sufficiently robust engagement arrangements with Māori and Pacific providers to ensure they have enough capacity to deliver end to end support services for those most at risk.
 - 31.3 *Support services* – the Ministry's assessment explored whether there would likely be enough supplies of critical support services to meet demand for COVID-19 and non-COVID related healthcare services. This included, for example, considering whether there would be enough laboratory capacity and testing supplies to meet demand and sufficient managed isolation places for those unable to self-isolate in the community.
- 32 The assessment involved careful consideration of the above range of factors by a committee including the most senior members of the Ministry of Health, including the Chief Medical Officer, Chief Nurse and Director of Public Health. Advice on the proposed settings for each DHB area was subsequently provided to the Director-General of Health, who agreed to it.
- 33 s9(2)(f)(iv) [REDACTED]
- 34 Appendix 2 includes more information about the factors in the Health Assessment, and the questions for determining each level of the Framework. The Ministry's initial assessment based on these factors resulted in Auckland being at Red, the South Island and the Wellington Region at Green, and Orange elsewhere. However, given concerns about the number of areas with lower vaccination rates – particularly for Māori – current active cases in several DHBs (not just in the Auckland region) and weighing up health system

capacity and capability considerations in each region, it was recommended that all regions should enter the Framework at Orange, except for Northland and Auckland metro DHBs, which should be at Red. It also recommended that no region should be at Green while Auckland was in Red. The Director-General confirmed these recommendations.

- 35 The Ministry of Health will undertake Health Assessments to review Framework settings across the country every two weeks. Over time, once the transition to the new Framework is complete and the situation is stable, the aim would be to shift to monthly assessments, unless needed earlier based on a data-evidenced need.
- 36 Regional Leadership Groups across New Zealand are the mechanism by which information on regional non-health factors will feed into Framework decision-making. The 16 groups will also oversee and enable effective locally-led care in the community, in line with Cabinet's agreement on the Managing COVID-19 Care in the Community and welfare system approach. Further detail on this decision-making process will be provided for Cabinet on 13 December.

Considering additional regions for the Red setting of the Framework

- 37 There is a choice for Ministers as to whether to apply a more precautionary setting for some areas as a transitional, time-limited measure during the summer period, and while vaccination rates further increase. This would cover the time when we are first starting to use the Framework and there is extra movement around the country, particularly out of Auckland. In particular, there could be benefit in taking a view across the summer period as a whole, rather than the view of high-risk exposure events in the next 14 days that informed the Health Assessment.
- 38 We propose that Cabinet discuss whether the following areas should enter at Orange or Red:
- 38.1 Taupō and Rotorua Lakes Districts (Lakes DHB area); and/or
 - 38.2 Gisborne District (Hauora Tairāwhiti DHB area); and/or
 - 38.3 Ōpōtiki, Kawerau and Whakatane Districts (in the eastern part of the Bay of Plenty DHB area); and/or
 - 38.4 Whanganui, Rangitikei and Ruapehu Districts (Whanganui DHB area).
- 39 Whether to move these areas to Red requires careful consideration of a range of factors. These include:
- 39.1 vaccination rates;
 - 39.2 local views, including iwi concerns and the Treaty principle of active protection;

39.3 the application of the Framework; and

39.4 proportionality.

Vaccination rates

40 Aside from Northland, Hauora Tairāwhiti, Whanganui and Lakes DHB areas have the lowest vaccination rates. Although overall Bay of Plenty does not have lower than average vaccination rates, there are significant disparities with the area with much lower rates generally and for Māori in the eastern Bay of Plenty. Kawerau, Ōpōtiki, and Whakatane Districts have the lowest vaccination rates in New Zealand by territorial local authority.

Table 1: Vaccination rates in key areas

	2 nd dose all ethnicities	Māori 2 nd dose	Māori aged 60+ 2 nd dose	Projected 2 nd dose by 13 Dec all ethnicities (as at 21 November)
Tairāwhiti, DHB	74%	63%	91%	73-79%
Lakes DHB	77%	61%	91%	77-81%
Bay of Plenty DHB ⁶	79%	59%	90%	79-84%
Ōpōtiki District	69%	60%		
Whakatane District	70%	54%		
Kawerau District	64%	54%		
Tauranga City	82%	60%		
Western Bay of Plenty District	80%	59%		
Whanganui DHB ⁷	77%	60%	90%	78-81%
Whanganui District	76%	59%		
Rangitikei District	78%	66%		
Ruapehu District	70%	55%		

⁶ Bay of Plenty DHB area include the following territorial local authorities: Tauranga City Council, Western Bay of Plenty District Council, Kawerau District Council, Ōpōtiki District Council and Whakatane District Council.

⁷ Whanganui DHB area includes the following territorial local authorities: Whanganui District, Rangitikei District and Ruapehu District (part of which is in Waikato DHB area).

- 41 The Lakes DHB area, the eastern part of the Bay of Plenty DHB area, and the Hauora Tairāwhiti DHB area will all have visitors from Auckland over the summer period, particularly if major events go ahead. Historical electronic transaction data show that of Auckland travellers, 22% travel to Waikato (of which ~4% are in Taupō), 16% travel to Bay of Plenty (half of which are in Tauranga), and 5% travel to Gisborne and Hawkes Bay. The number of travellers to these regions from Auckland will increase the likelihood of new cases being seeded, although the slowing of growth in cases in Auckland will reduce this risk.
- 42 While vaccination rates are lower in these areas, as noted in paragraph 30 above, the Ministry of Health has already taken into account vaccination rates in its advice on the Framework settings. It considers that decisions should be based on an assessment that also considers factors such as health system capacity and capability to manage demand.
- 43 On 3 December it is expected that these regions will be below our original milestone of 90%, and the rates for Māori will be even lower. Vaccination projections for each DHB area are provided in Appendix 3. Shifting these regions to the Red level of the Framework would provide greater protection and is sought by many iwi leaders. However, it should also be considered that Māori in older age groups who are at higher risk of serious illness have higher vaccination rates.

Iwi concerns and the principle of active protection

- 44 In some of these regions local iwi have voiced significant concerns over the level of protection afforded to Māori, especially where there are lower vaccination rates. Te Arawhiti has had conversations with iwi leaders and report that iwi in the Lakes DHB area, eastern Bay of Plenty and Tairāwhiti are concerned about health system capacity in their rohe, the relatively low vaccination rates amongst Māori and socio-economic deprivation in their communities. We are advised that these iwi would prefer their rohe enter the Framework at Red. There is particular concern about hui being held at marae and the risk unvaccinated people pose to others. The lower gathering limits at Red would mitigate this risk to some extent.

- 45 s9(2)(h) [Redacted]

s9(2)(h) [Redacted]

s9(2)(g)(i) [Redacted]

[Redacted]

Proportionality and other considerations

47 Increasing the Framework settings in these regions, particularly where there are no current cases, would impact both vaccinated and unvaccinated people. We need to be sure that this is proportionate to the risk from lower vaccination rates s9(2)(h) [Redacted]

[Redacted] These areas are all at Alert Level 2 currently. Settings under Orange will be more relaxed for vaccinated people but stricter for unvaccinated. At Orange, indoor events cannot be held if My Vaccine Pass is not used, and access to hospitality venues is restricted to contactless only. Gatherings are limited to up to 50 if My Vaccine pass is not used. We expect that these stricter settings will encourage more people to get vaccinated.

48 The Red setting is close to the current Alert Level 2 settings for vaccinated people, but closer to Alert Level 3 for unvaccinated people. One of the most significant differences for vaccinated people will be the limitation of large events to less than 100, e.g. the Rotorua Summer Festival, Le Currents in Taupō, and Rhythm and Vines in Gisborne.

49 s9(2)(g)(i) [Redacted]

50 We also need to be mindful of the complexity of placing regions at Red when surrounding areas are at Orange and there is a lot of travel between them. People are more likely to comply with rules when they are clear which region they are in and therefore which settings apply. The central location of the Lakes DHB area means that there will many people crossing between it and other regions, including the eastern Bay of Plenty. If Taupō and Rotorua Lakes Districts were in Red, and to a lesser extent, the eastern Bay, it could

create complexity with large numbers of people crossing frequently between regions with different settings.

Proposal

- 51 The Ministry of Health's COVID-19 Protection Framework health assessment and advice from the Director-General of Health recommends that Auckland and Northland transition to the Framework at Red and the rest of the country at Orange.
- 52 Ministers may also wish to consider, in light of the lower vaccination rates, especially amongst Māori, whether any or all of the following should also initially be at Red to provide additional protection to those communities while vaccination rates lift:
- 52.1 Taupō and Rotorua Lakes Districts (Lakes DHB area);
 - 52.2 Gisborne District (Hauora Tairāwhiti area);
 - 52.3 Ōpōtiki, Kawerau and Whakatane Districts (the eastern part of the Bay of Plenty DHB area); and
 - 52.4 Rangitikei, Whanganui and Ruapehu Districts (Whanganui DHB⁸).
- 53 We will review these settings at our pre-Christmas check-in on Monday 13 December.
- 54 Ministers may also wish to consider whether the South Island could shift to Green earlier based on the requirements that airlines and ferry companies are placing on customers, when we review these settings at our pre-Christmas check-in on Monday 13 December.

Assessment of the proposals against the non-health factors

- 55 The following section assesses the proposed settings against the non-health factors agreed by Cabinet. There are positive social and economic impacts for moving from Alert Level 3 to Red for Auckland, and from Alert Level 2 to Orange for the rest of New Zealand. There are fewer restrictions for people and businesses unless they are unvaccinated, except for areas moving from Alert Level 2 to Red. Operationally, we are well placed for the transition, with My Vaccine Passes and guidance on the new Framework having already been released or scheduled for release today.

⁸ Ruapehu District is covered by both Whanganui and Waikato DHBs but there is a case for all of it to be at Red given that of Territorial Local Authorities, it has the 3rd lowest Māori vaccination rate.

Impacts on at risk populations and iwi

- 56 Impacts on populations of moving to the Framework will be felt differently across regions in New Zealand depending on the changes being made, but in general there will be four main impacts:
- 56.1 increases in freedoms for most people in Auckland when they transition to Red;
 - 56.2 fewer restrictions for most people and businesses in most regions transitioning from Alert Level 2 to Orange;
 - 56.3 increased restrictions for some people and businesses in Alert Level 2 areas that will transition to Red;
 - 56.4 increases in restrictions across the board for unvaccinated people.
- 57 Some iwi in vulnerable regions have expressed clear expectations of stronger measures to protect their communities. This includes vaccination and testing requirements for people coming into their regions, and expectations we will not move to the Framework until we reach higher vaccination rates. The National Iwi Chairs Pandemic Response Group recently wrote to Ministers asking that the original 90% targets for each DHB be maintained (noting they had originally asked for 95%).
- 58 It is possible that in some places iwi will seek to put checkpoints in place, as they have during earlier responses. Previously, Police have provided support and oversight to such checkpoints as their purpose was consistent with rules restricting movement at the time. However, this will not be the case under the Framework where there are no restrictions on movement, or requirements for people entering any of these regions. Ministers and Te Arawhiti are working with iwi leaders to work through what could be done to address this issue. The problem could to some extent be alleviated by moving some of these regions to Red, if that were agreed by Cabinet today. This will mean there are fewer people travelling into these regions, and iwi may feel they are being placed at lower risk from visitors because their rohe has the additional protections from being at Red.
- 59 The move to requiring widespread use of My Vaccine Pass is creating challenges for some at-risk populations. Across all DHBs, the rates of vaccination are higher for those with a disability than those without. Older New Zealanders also have higher vaccination rates across all ethnicities. However, the application process for the My Vaccine Pass continues to be a 'hot topic' for the disability community, some of whom do not have forms of identification that mean they can access the pass through standard online means. There is concern from the Office for Seniors that a significant minority of older people will not know what a vaccine passport is until they go out and try to access a service. There may also be access issues for those in regions with limited digital access.

60 Moving to the Framework will alleviate some of the pressures experienced by youth, disabled and older people to date due to lockdowns, such as isolation. However, this will be tempered by perceived risks regarding safety. Disabled people and older people will be seeking reassurance that My Vaccine Pass requirements are being consistently applied to enjoy the relative freedoms of the Framework.

Economic impacts from the Framework

61 Under the Framework, most businesses will be able to operate relatively normally in the context of COVID-19, particularly under Green. Under Orange and Red, the main exception to normal operations will be businesses that do not implement My Vaccine Pass requirements, which we want to discourage.

62 The table below shows the difference between the anticipated economic impact of the Framework and the estimated economic impact under the Alert Level system. These figures estimate the impact for all New Zealand and are relative to forecast activity with no restrictions. Framework figures do not incorporate the potential impact from any local or regional lockdowns. In future, as regional differences emerge and information (data) improves, the Treasury will be able to provide estimated impacts for scenarios where regional settings differ in Framework decision-making Cabinet papers.

Table 1: Estimated economic impact under public health frameworks

Alert Level system	
Alert Level 2	-4 to -6% of GDP
Alert Level 3	-10 to -15% of GDP
Alert Level 4	-25 to -30% of GDP
COVID-19 Protection Framework	
Green	-0 to -4% of GDP
Orange	-1 to -5% of GDP
Red	-2 to -5% of GDP

63 These initial estimates suggest that the economic impact of the Framework is likely to be much lower when compared with Alert Levels 3 and 4 restrictions. The economic impacts under the Framework will also likely be at the lower ends of the ranges estimated as the international border opens further.

64 While the estimated GDP impact figures between Alert Level 2 and the Red setting under the Framework are similar in aggregate, time is needed to understand the actual sectoral outcomes. At Alert Level 2 the economic impact of restrictions affected some industries more than others (e.g. the events sector, hospitality and tourism). Under the Framework, many of those

sectors operating with My Vaccine Passes at Orange and Red will be able to do so with reduced restrictions compared to those under Alert Level 2; any impact on economic activity could therefore be more evenly spread across all sectors.

Operational readiness

- 65 Implementation planning for the transition to the Framework is underway across government with a focus on compliance and Care in the Community.
- 66 There are no identified obstacles to the transition to the Framework. Governance arrangements are in place for the efficient escalation and resolution of issues should they occur through the National Response Group, the National Response Leadership Team and the COVID-19 Chairs Board.
- 67 The key risk area from an operational readiness perspective is the support structures for people who cannot isolate at home. It will not be possible in some regions to secure enough housing to meet the demand from people who will need to self-isolate. In Northland, for example, many motels have pulled out from offering services as they anticipate greater demand from holiday makers over summer. Officials are working both regionally and nationally to ensure that, within the limited supply options available, agencies and partners are well coordinated to support the health and welfare response and there are dedicated regional housing groups have been formed. The Minister of Housing and the Minister of Social Development and Employment will report back to Cabinet in December on the implementation of the welfare and housing approaches under the Framework [CAB-21-MIN-493 refers].
- 68 Police advises that the Framework settings will have significant operational impacts for multiple Districts, should several regions shift to Red. This would lead to increased COVID-19 demand, alongside existing demand, in areas where limited Police resource can be redeployed. Police has successfully managed the prioritisation of COVID-19 and other demand under the Alert Level framework, through applying a targeted, risk-based approach to COVID-19 enforcement. This approach would be continued under the new framework, scaled to the resource capacity of the relevant Police District.
- 69 It is important that people can contact health and welfare support services while isolating. Recent announcements by the Minister of Social Development and Employment included \$204.1m in support for individuals and whānau who need to isolate at home and a dedicated 0800 COVID-19 welfare support helpline to support those in isolation throughout their recovery. Officials advise that a model has been rapidly developed and is ready for implementation from 3 December which will be closely monitored.
- 70 Guidance on the new Framework has been developed across 14 sectors following extensive engagement within each of the sectors. Guidance for all sectors will be live on agency websites or detailed documents shared with stakeholders on or before Monday 29 November.

- 71 My Vaccine Passes are a key tool for the new Framework. The legislative framework is now in place, and Orders made under the new legislation will be gazetted on Saturday 27 November. As at 25 November, over 2 million passes have been downloaded and NZ Pass Verifier, the free app for scanning and verifying passes, has been downloaded over 100,000 times.
- 72 Regional Leadership Groups will oversee and enable effective locally-led care in the community, in line with Cabinet's agreement on the Managing COVID-19 Care in the Community and welfare system approach. Ministry of Social Development Regional Commissioners will take a lead role in coordinating the implementation of the welfare system approach in their regions. Cabinet has agreed to some funding for regional leadership to enable partnerships with iwi, hapū, and other Māori organisations to ensure consistency with Te Tiriti o Waitangi.

Changes to Framework settings

- 73 Ministers with Power to Act delegated by Cabinet on 22 November, considered the proposed Framework settings ahead of public release of the summary of settings (Appendix 4) and publication of the first tranche of sector guidance material. As part of this process, Ministers altered the capacity limit for public facilities at Red, removing the hard capacity limit of 100, so that the capacity limit is now based on one metre distancing only (equivalent to the settings for public facilities at Orange). s9(2)(f)(iv)
- 74 On 22 November we also directed officials from the Department of the Prime Minister and Cabinet to review in January 2022 the Framework's specified maximum capacity limits and investigate the potential to differentiate capacity limits between indoors and outdoors. In addition we had earlier agreed that the use of My Vaccine Passes be reviewed in the new year [CAB-21-MIN-0438 refers]. s9(2)(f)(iv)
- 75 s9(2)(f)(iv)
- 76 It is not intended for the Framework to impede social services from being delivered on the basis of vaccination status. We therefore propose specified social services (defined as, or similar to 'a service provided under the Oranga Tamariki Act 1989, and other social services provided to support persons to maintain critical well-being and as crisis support for people who are unsafe or

homeless') be explicitly excluded from the definition of close-proximity businesses and services. For the avoidance of doubt, we will also clarify that such social services are exempt from seated and separated food and drink rules, as there has been some confusion about how these rules apply or not to social services.

Financial implications

- 77 The wider financial implications of the move to the Framework have been considered through other papers or will be considered shortly including financial support for individuals and businesses, and funding for MIQ.

Legislative Implications

- 78 To give effect to the Framework, the Minister for COVID-19 Response will make an Order under the COVID-19 Public Health Response Act 2020, following consultation with specified Ministers.
- 79 A draft version of the COVID-19 Public Health Response (Protection Framework) Order 2021 (the Order) is attached as Appendix 5.⁹ The Order contains a 'menu' of all of the restrictions from the Alert Level system as well new restrictions like My Vaccine Pass for the new framework. The restrictions that apply at Red, Orange and Green or during a localised lockdown are a selection of restrictions from the menu. The schedules to the Order apply these clauses as appropriate, sometimes with small modifications (e.g. to specify a setting-specific number limit) if needed.
- 80 There is a separate schedule for each colour setting of the Framework. The schedule will specify whether it is active and which parts of New Zealand it applies to. There are also schedules for when localised lockdowns apply to outline how businesses and services can operate and travel related conditions for when restrictions apply to movement between regions.
- 81 Offences have been specified as infringement offences where appropriate throughout the Order. The Minister for COVID-19 Response will amend the Order to classify these offences as either low, medium or high risk (with corresponding fees and fines) after the COVID-19 Public Health Response (Infringement Offences) Regulations 2021 come into force on Saturday 4 December.

Impact Analysis

- 82 The Treasury's Regulatory Impact Analysis team has determined that the proposals in this Cabinet paper relating to transitioning to the new COVID-19 Protection Framework are exempt from the requirement to provide a Regulatory Impact Statement on the grounds that they are intended to manage, mitigate, or alleviate the short-term impacts of a declared emergency

⁹ The draft Order is still in the process of being reviewed proofread and is still subject to change.

event of the COVID-19 pandemic, and the implementation of the policy is required urgently to be effective (making complete, robust and timely impact analysis unfeasible).

Human Rights

83 s9(2)(h) [Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

84 s9(2)(h) [Redacted]
[Redacted]
[Redacted]

85 s9(2)(h) [Redacted]
[Redacted]
[Redacted]

86 s9(2)(h) [Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

87 s9(2)(h) [Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

88 s9(2)(h) [Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]



Te Tiriti o Waitangi Analysis

- 89 The Crown's obligations to Māori under the Treaty of Waitangi require active protection of tāonga, including health. Decisions must be informed by good faith engagement with, and appropriate knowledge of, the views of iwi and other representatives of potentially vulnerable Māori communities. Treaty principles require the Crown to do what is reasonable in the circumstances.
- 90 In the context of the Framework, this involves considering what will support a national response that is co-ordinated, orderly, and proportionate, considering the Crown's obligation to actively protect Māori interests. The Crown should also look for opportunities to enable for-Māori by-Māori responses.
- 91 Current vaccination rates are lower for Māori compared to the average across New Zealand. Lower vaccination rates coupled with a disproportionate burden of disease mean Māori communities are at a greater risk of illness and death as we transition into the Framework.
- 92 For areas with lower Māori vaccination rates, transitioning to Orange rather than Red could put vulnerable Māori communities at greater risk of COVID-19 infection. Even with vaccination or testing requirements in place to cross the Auckland Alert Level boundary, there is an increased likelihood of the virus spreading throughout the country once the boundary opens. However, overall, the Framework provides better protection than being at Alert Level 2.
- 93 While incentives under the Framework may increase vaccination rates among some individuals, a process of building trust through effective engagement with (particularly vulnerable) Māori communities should also lie at the heart of any ongoing strategy to boost vaccination rates. This is because people who do not trust the source of information (e.g. the need to get vaccinated) are unlikely to follow the advice from it.
- 94 Additional funding is being provided to Māori health providers, and DHBs are continuing their push to increase vaccination rates. It is important that this funding is held by Māori organisations to design solutions for and with Māori communities, in partnership with local DHBs, Māori health providers and other organisations.

Population and economic impacts

- 95 The population and economic impacts were outlined in earlier sections of this paper.

Next steps

- 96 Cabinet will review the Framework settings again on 13 December, and Ministers with Power to Act will review the settings again on 17 January 2022.

Consultation

- 97 This paper was prepared by the COVID-19 Group within the Department of the Prime Minister and Cabinet. The Ministry of Health reviewed the paper and provided specific input. Crown Law advised on the Bill of Rights implications.
- 98 The following agencies were consulted: Customs, Police, Te Arawhiti, Treasury, and the Ministries of Business, Innovation and Employment, Transport and Social Development.

Communications and proactive release

- 99 The Prime Minister will communicate the decisions set out in this paper after Cabinet agreement. We intend to proactively release this paper after Cabinet consideration subject to redaction as appropriate under the Official Information Act 1982.

Recommendations

The Prime Minister and Minister for COVID-19 Response recommend that Cabinet:

- 1 note on 18 October 2021 Cabinet agreed to introduce the COVID-19 Protection Framework, and to shift from the elimination strategy to an approach based on minimisation and protection [CAB-21-MIN-0421 refers];
- 2 note on 22 November 2021 Cabinet agreed that all of New Zealand would transition to the Framework at 11.59pm 2 December [CAB-MIN-0497 refers];
- 3 note the Ministry of Health's COVID-19 Protection Framework health assessment, based on vaccination rates, case rates, health capacity and other factors, recommends that Auckland and Northland transition to the Framework at Red and the rest of the country at Orange;
- 4 note Ministers could also consider, in light of the relatively lower vaccination rates, especially amongst Māori, that additional areas could also be at Red as a transitional measure to provide additional protection to communities in those areas;
- 5 agree that at 11.59pm Thursday 2 December:
EITHER
 - 5.1 Auckland and Northland move to the Red setting of the Framework, and all other regions will move to the Orange setting of the Framework (supported by the Ministry of Health);

OR

- 5.2 Auckland and Northland move to the Red level of the Framework, along with
- 5.2.1 Taupō and Rotorua Lakes Districts; and/or
 - 5.2.2 Kawerau, Whakatane, Ōpōtiki Districts; and/or
 - 5.2.3 Gisborne District; and/or
 - 5.2.4 Rangitikei, Whanganui and Ruapehu Districts; and
 - 5.2.5 all other regions not at Red move to the Orange level of the Framework;
- 6 agree these initial settings will be reassessed by Cabinet on 13 December following a COVID-19 Protection Framework health assessment;
- 7 note that the next scheduled review of the settings is planned for 17 January 2022;
- 8 note the capacity limit of 100 for public facilities at Red has been removed and capacity is now determined by 1 metre distancing only;
- 9 s9(2)(f)(iv) [REDACTED]
- 10 s9(2)(f)(iv) [REDACTED]
- 11 note that the current definition of close proximity businesses and services may capture some critical social services that provide critical wellbeing services and may prevent these services being delivered;
- 12 agree to exclude specified social services from the definition of close proximity businesses and services; and
- 13 agree that the Prime Minister will announce today's decisions.

Rt Hon Jacinda Ardern
Prime Minister

Hon Chris Hipkins
Minister for COVID-19 Response

Appendix 2 – COVID-19 Protection Framework Assurance Committee - Initial Health Assessment on DHB Capacity and Demand Considerations

Rating principles

The below guidelines should be used to support DHBs to rate their current health system capacity and expected demand on this capacity. Please note these are guidelines only, and professional judgement should be used.

	1	2	3	4	5
Capacity:	Health services at imminent risk of collapse.	Health services can manage current demand, but require national support.	Health services can manage current demand, with regional support.	Health services can manage current demand within geographical area resources.	There is currently sufficient health service capacity.
COVID-19 Demand:	COVID-19 demand is expected to grow exponentially.	COVID-19 demand is expected to grow.	Demand is expected to be stable.	COVID-19 demand is expected to decline.	COVID-19 demand is zero.

Key for Health System Considerations / Supply

Consideration based on 3 factors

1. Healthcare services sufficient to meet demand, e.g., appropriate models of care to support those with covid in the community, regional coordination models, enough skilled workers, ability to deliver BAU services, healthcare infrastructure, access to primary care, ICU capacity, national level tertiary service, impact of vaccination mandate on workforces,
2. Equity e.g., sufficient engagement with Māori and Pacific providers, mental health care and disabled communities, population diversity, geographical isolation and social-economic deprivation
3. Support services, e.g., lab and testing capacity, appropriate access to vaccination, established mechanisms for isolation, access to transport, midwifery care and other allied health specialists

The comments noted for each DHB are those of particular concern and/or note. Please note, the list is not exhaustive and if nothing is mentioned for a DHB, this is may be because nothing was considered to be an 'issue' at the time of assessment

Key for COVID-19 Considerations / Demand

Consideration based on 6 factors

1. Vaccination rates by ethnicity (Note: this is second dose)
2. Testing rates (Note: this is per 1000 population)
3. Wastewater sampling (Note: this is recent detection over the past fortnight)
4. Active cases (Note: current at time of assessment)
5. High risk exposure events over the next 14 days
6. Clusters of concern (Note: current at time of assessment)

Key questions to determine for each region employing a one month horizon	If yes, move to...
<p>Can we no longer ‘minimise and protect’ effectively without localised restrictions and closures?</p> <ul style="list-style-type: none"> • Is there a new variant of concern for which current vaccines in New Zealand have significantly reduced effectiveness at preventing severe illness that is resistant to the vaccine? • Are hospitalisations, ICU admissions (and/or deaths) predicted to increase substantially, to the point where the health system will be overwhelmed? 	<p style="text-align: center;">Localised restrictions and closures</p> <p>(equivalent of AL 3 or 4; at a local, not regional, level)</p>
<p>Are there warning signs that a shift for a region to Red is needed to assure health system capacity remains sufficient?</p> <ul style="list-style-type: none"> • Is demand on the health system (e.g. primary care, hospitalisations, ICU admissions, testing, contact tracing) likely to exceed capacity? • Are we likely to see a rapid growth in hospitalisations or fatalities, particularly among the most vulnerable? 	<p style="text-align: center;">Red</p> <p>Action needed to protect health system – system facing unsustainable number of hospitalisations.</p> <p>Action needed to protect at-risk populations.¹⁰</p>
<p>Is health system capacity beginning to come under pressure, so more restrictions are needed to help protect capacity?</p> <ul style="list-style-type: none"> • Are case numbers likely to exceed capacity to manage in one or more regions? • Will the contact tracing or testing system come under strain as a result of an outbreak in a given region? 	<p style="text-align: center;">Orange</p> <p>Increasing community transmission with increasing pressure on health system.</p> <p>Whole of health system is focusing resources but can manage.</p> <p>Increasing risk to at risk populations</p>
<ul style="list-style-type: none"> • Will health capacity continue to be sufficient to meet healthcare demand? (noting the ability to share resources across regions) 	<p style="text-align: center;">Green</p> <p>COVID-19 across New Zealand, including sporadic imported cases.</p> <p>Limited community transmission.</p> <p>COVID-19 hospitalisations are at a manageable level.</p> <p>Whole of health system is ready to respond.</p>

¹⁰ Cabinet previously agreed these risk assessments and thresholds for movement within a region at each level of the Framework [CAB-21-MIN-0421 refers].

Appendix 3 – Vaccination rates and projections as at 21 November

DHB	Mid-point				Worst-case			
	1 st Dec	13 th Dec	25 th Dec	31 st Dec	1 st Dec	13 th Dec	25 th Dec	31 st Dec
New Zealand	86%	89%	90%	91%	81%	83%	84%	85%
Auckland	Complete				Complete			
Bay of Plenty	81%	84%	86%	88%	77%	79%	80%	81%
Canterbury	88%	92%	94%	94%	84%	86%	87%	88%
Capital and Coast	91%	93%	94%	94%	88%	89%	90%	91%
Counties Manukau	86%	89%	91%	92%	85%	87%	89%	90%
Hawkes Bay	82%	85%	88%	89%	79%	81%	82%	83%
Hutt Valley	86%	89%	90%	91%	83%	85%	86%	87%
Lakes	78%	81%	85%	86%	75%	77%	78%	79%
Midcentral	84%	87%	89%	91%	81%	83%	84%	85%
Nelson Marlborough	84%	88%	89%	90%	82%	84%	85%	86%
Northland	77%	80%	83%	84%	73%	75%	76%	77%
South Canterbury	83%	87%	89%	90%	82%	84%	85%	86%
Southern	87%	91%	92%	93%	85%	86%	87%	88%
Tairāwhiti	75%	79%	83%	85%	71%	73%	74%	74%
Taranaki	81%	85%	88%	89%	78%	81%	83%	84%
Waikato	84%	87%	89%	90%	81%	83%	84%	86%
Wairarapa	83%	86%	89%	91%	81%	84%	85%	86%
Waitematā	89%	92%	93%	93%	88%	89%	89%	90%
West Coast	78%	83%	85%	87%	75%	77%	78%	79%
Whanganui	78%	81%	84%	85%	76%	78%	79%	80%

Appendix 4 – COVID-19 Protection Framework settings A3

PROACTIVELY RELEASED

**Appendix 5 – Draft version of the COVID-19 Public Health Response
(Protection Framework) Order 2021**

PROACTIVELY RELEASED



Cabinet

Minute of Decision

This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.

COVID-19 Response: 29 November 2021 Review of COVID-19 Protection Framework Settings for New Zealand

Portfolio **COVID-19 Response**

On 29 November 2021, Cabinet:

- 1 **noted** that on 18 October 2021, Cabinet agreed to introduce the COVID-19 Protection Framework (the Framework), and to shift from the elimination strategy to an approach based on minimisation and protection [CAB-21-MIN-0421];
- 2 **noted** that on 22 November 2021, Cabinet agreed **in principle**, subject to a health assessment and confirmation by Cabinet on 29 November 2021, that all of New Zealand would transition to the Framework at 11.59 pm on Thursday, 2 December 2021 [CAB-21-MIN-0497];
- 3 **noted** that the Ministry of Health's COVID-19 Protection Framework health assessment, based on vaccination rates, case rates, health capacity and other factors, recommends that Auckland and Northland transition to the Framework at Red and the rest of the country at Orange;
- 4 **noted** that Ministers could also consider, in light of the relatively lower vaccination rates, especially amongst Māori, that additional areas could also be at Red as a transitional measure to provide additional protection to communities in those areas;
- 5 **noted** that when Cabinet agreed to the Framework on 18 October 2021 [CAB-21-MIN-0421] it was noted that the government has the ability to adjust the settings and application of the Framework as transitional measures during the transition to the Framework to take account of vaccination coverage and the risks to vulnerable communities;
- 6 **agreed** that at 11.59 pm on Thursday, 2 December 2021 Auckland and Northland move to the Red level of the Framework, along with:
 - 6.1 Taupō and Rotorua Lakes Districts;
 - 6.2 Kawerau, Whakatane, and Ōpōtiki Districts;
 - 6.3 Gisborne and Wairoa Districts;
 - 6.4 Rangitikei, Whanganui and Ruapehu Districts;and that all other regions not at Red move to the Orange level of the Framework;

- 7 **agreed** that these initial settings be reassessed by Cabinet on 13 December 2021, following a COVID-19 Protection Framework health assessment;
- 8 **noted** that the next scheduled review of the settings is planned for 17 January 2022;
- 9 **noted** that the capacity limit of 100 people for public facilities at Red has been removed, and that capacity is now determined by 1 metre distancing only;
- 10 s9(2)(f)(iv) [REDACTED]
- 11 s9(2)(f)(iv) [REDACTED]
- 12 **noted** that the current definition of close proximity businesses and services may capture some critical social services that provide critical wellbeing services, and may prevent these services being delivered;
- 13 **agreed** to exclude specified social services from the definition of close proximity businesses and services;
- 14 **noted** that the Prime Minister will announce the above decisions.

Michael Webster
Secretary of the Cabinet

PROACTIVELY RELEASED