

1. For those of us who are working in the sector and addressing some of these issues highlighted today within our region how do we share our ideas, initiatives, knowledge, experiences with others?

One of the ways that people can share their ideas, knowledge and experiences is through the organisations they work with / have a connection with, for example Dementia New Zealand, Alzheimers New Zealand, or the Mate Wareware Rōpū.

Alongside this, the New Zealand Dementia Foundation is establishing and coordinating the Dementia Network. The purpose of the Network is to enable the dementia sector including people affected by Dementia, their whānau, and carers to provide advice to the Dementia Leadership and Advisory Group (DLG).

The Network will ensure the DLG is well connected to the broader dementia sector and strengthen its effectiveness and responsiveness. The Network will consist of stakeholder groups, subject matter experts and consumer representatives.

The new health system is designed to strengthen health service delivery and be more responsive to people's needs, responsive to innovation and to the opportunity to improve equity and health outcomes for all New Zealanders. To achieve the equitable outcomes and improvements we need to work as a unified health system, working across geographic and professional boundaries, supporting local communities. It is the responsibility of all health care providers to collaborate and communicate to support consumers and their whānau.

2. How do you envisage Te Whatu Ora overcoming the current staffing deficits in the dementia care field especially in the community and aged care sector?

A Workforce Taskforce has been stood-up to make rapid progress on workforce issues across the health sector. The Taskforce will agree the key priority interventions for immediate workforce expansions where service failure is at risk if the workforce is not supported in the short term.

The Taskforce will work with employee organisations, relevant union partners, tertiary training institutions and professional regulators to accelerate the need for trained workforce in priority service areas while national strategic workforce initiatives are being implemented.

There are several initiatives both being established and underway to address the ongoing pressures on the health workforce. These include providing financial support to help nurses return to practice, doubling the number of nurse practitioners we train each year, and offering opportunities for qualified overseas health professionals to work and gain residency in New Zealand.

Here is a link to more information about the Taskforce and workforce initiatives:

<https://www.tewhatauora.govt.nz/about-us/news-and-updates/health-workforce-pressures-met-with-new-initiatives>

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3. Pleased to hear of investment in trial models and the national advisory group. Given the need to focus on improved access for Māori, Pacifica, what work is planned with NASC as a gateway to many services?

Improving access to supports for people with Dementia and their whānau and carers is one of the priorities in the Dementia Action Plan and a focus of this Dementia initiative. The new DLG will work with Te Whatu Ora and Te Aka Whai Ora to ensure this initiative identifies and addresses barriers to accessing timely and appropriate supports. This may lead to changes to the current ways people access their needs assessments and care.

A review is being planned of Home and Community Support Services (HCSS) and Aged Residential Care (ARC) service and funding models. One of the intended outcomes of this will be to achieve equitable outcomes for all New Zealanders.

As a next step to the funding review, there will be an opportunity to work with NASCs to ensure the current assessment tools are fit for purpose.

4. Just a thought, who can fund a Māori and or Pacifica care home? Funding for Māori to study Nursing?

Funding for Māori and or Pacifica care homes

There are already Pacific and Māori home and community support service providers around the mōtū.

Residential Care facilities can be funded either privately (by the residents) or through contracts with Te Whatu Ora districts (previously district health boards). Contacting your local district would be a good starting place to learn more about this.

Te Whatu Ora is committed to developing Māori-led kaumātua community and residential care models for kaumātua with complex needs, supporting them to be a functioning part of their community including when needing residential care. Similarly, Te Whatu Ora is committed to develop services with Pacifica for Pacifica.

Funding for Māori to study nursing

There are scholarships available for Māori to study nursing. The links below are to sites where there is information about Māori scholarships for a range of different health courses.

- <https://www.health.govt.nz/our-work/populations/maori-health/hauora-maori-scholarships-2022>
- <https://www.kiaorahauora.co.nz/scholarships/search>
- <https://maorieducation.org.nz/undergraduate-maori-scholarships/>
- <https://www.nzhealthgroup.com/maori-scholarship/>

5. How are people with Dementia and funding going to work in an equitable way? Fund the disability, not the cause. Compared to people who have an intellectual disability and the funding rates to support them, to have a great life in the community – how is the money allocated in the budget going to fund this equity gap.

How Budget 2022 Dementia Action Plan funding is to be allocated across the focus areas is yet to be determined. These will be decisions made by Te Whatu Ora in partnership with Te Aka Whai Ora having taken advice from the Dementia Leadership and Advisory Group. The goal of this funding is to provide equitable and sustainable supports for people with dementia, their whānau and carers.

The funding is for new, innovative respite and other ways of supporting people with dementia. While decisions are yet to be made on how funding is allocated, options will include testing funding models and approaches that aren't currently typically used to support older people in the community, such as individualised funding. Regardless, the emphasis will be on services that are

people and whānau centred to meet the needs of the person with dementia, their whānau and carers.

6. Is there an expectation that these new supports etc will be funded? (This was in relation to the original question around unpaid carers putting in about one million hours in unpaid care per week, and how hard and confusing the system is to navigate.

The funding allocated by Government for this dementia initiative is to establish programmes that will enable timely, post diagnosis supports for people with dementia, their whānau, and carers that are equitable in terms of access and outcomes, tailored to individual needs.

Navigator roles will be established to coordinate post-diagnostic supports and work with people with dementia mate wareware, their whānau and carers. The funding will also be used to develop innovative respite care options for flexible and person-centred respite for carers.

Re unpaid carers

In June 2022 the Government agreed that family members providing care for people assessed with low, medium, high, and very high needs can receive their allocated home and community support services (HCSS) package from a paid family carer.

The impact of this policy is expected to more appropriately recognise and value family, whānau and āiga carers. These have been a large, unpaid workforce and provide disabled people, older people, families, whānau and āiga with greater choice and control.

Budget 22 allocated \$72 million over four years (\$18 million per annum) for paid family care support in Vote Health. This has been appropriated to Te Whatu Ora – Health New Zealand to meet the costs of this policy extension.

Te Whatu Ora, working in partnership with Te Aka Whai Ora, is expediting an operational policy for this change. This will ensure that eligible family carers are receiving payment before the end of this calendar year. Communications are being developed to enable whānau to be notified of their eligibility for this new fund.