

These problems are big, but our capacity is bigger

We believe that together, community and government can overcome these obstacles for an Aotearoa New Zealand where our Aged Care Sector is

Connected ~ Reliable ~ Sustainable



The New Zealand Council of Christian Social Services (NZCCSS) represents more than 230 member organisations providing a range of community, health and social support services across Aotearoa. Around 230 separate members in 55 towns and cities throughout New Zealand deliver 37 types of services through 1,024 programmes.

Our work is focused in three policy areas – Equity and Inclusion, Children and Families, and Older People. The knowledge of our members, and the lived experience of the people they serve, informs our mahi of providing research, representation, connection, good practice dissemination, policy advice and advocacy.

Read our work on the Aotearoa Aged Care Action Plan to see how we can help with these issues.

nzccss.org.nz



Alzheimers NZ represents people living with dementia at a national level by raising awareness of dementia, providing information and resources, advocating for high quality services, and promoting research about prevention, treatment, cure and care.

We support local Alzheimers NZ organisations throughout Aotearoa New Zealand, each of which is a member of Alzheimers NZ.

Our local Alzheimers organisations provide support, education, information, and related services directly to members of their communities who are affected by dementia mate wareware.

Read our work on the Dementia Mate Wareware Action Plan to see how we can help with these issues.

alzheimers.org.nz

Making the Case

In support of joined up, reliable and sustainable healthcare for older New Zealanders

May 2024



Mā mua ka kite a muri, mā muri ka ora a mua
Those who lead give sight to those who follow,
those who follow give life to those who lead

**Do not cast me away when I am old;
do not forsake me when my strength is gone**
Psalm 71:9



Our Sector, Our Nation, Our Kāumatua

Aotearoa New Zealand is currently home to 850,000 people aged over 65, and with a rapidly ageing population, our kāumatua are estimated to number 1,000,000 by 2028.

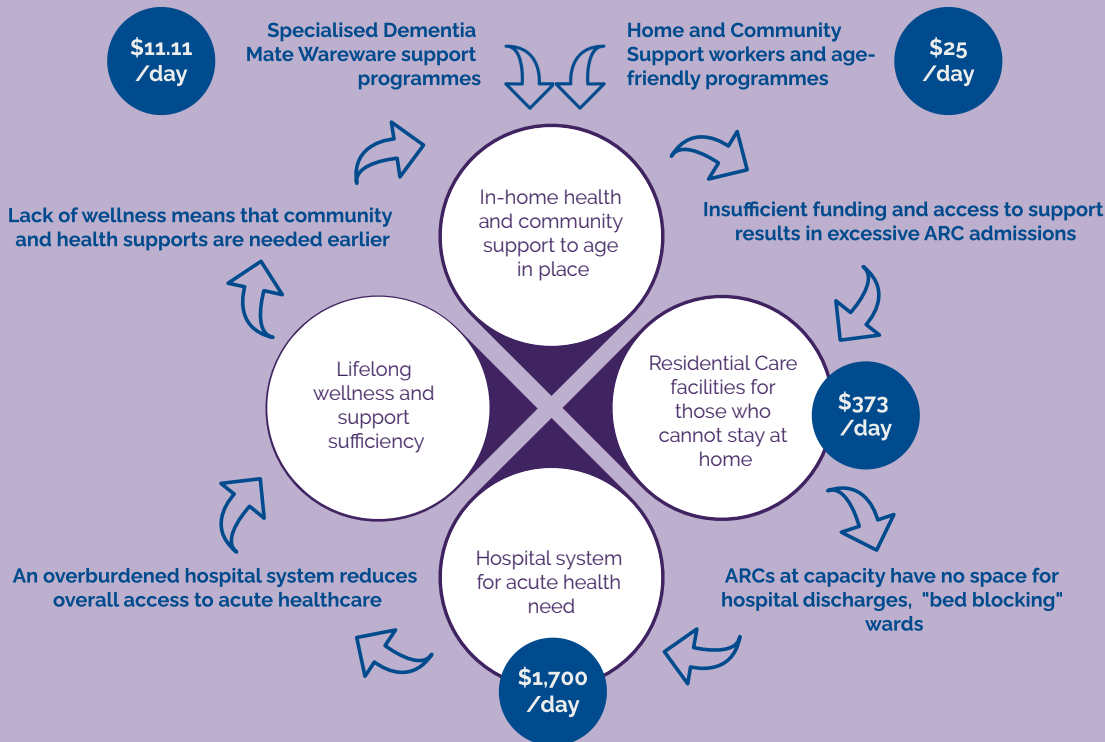
Currently **over 40% of healthcare services are used by older people**. People are entering aged residential care older, frailer, and with **more medical complexity than ever before**. Alongside this, there are approximately 20,000 dementia diagnoses a year, with our expected population of people living with **dementia mate wareware reaching 100,000 by 2026**.

We know that **a continuum of care approach is best** and that a focus on harnessing the benefits of connected community healthcare matters, InterRAI data tells us that there were 5,228 more assessments for Home Care in the 22/23 year compared to 21/22, **making up 30% of all of the 118,535 assessments** conducted across 22/23.

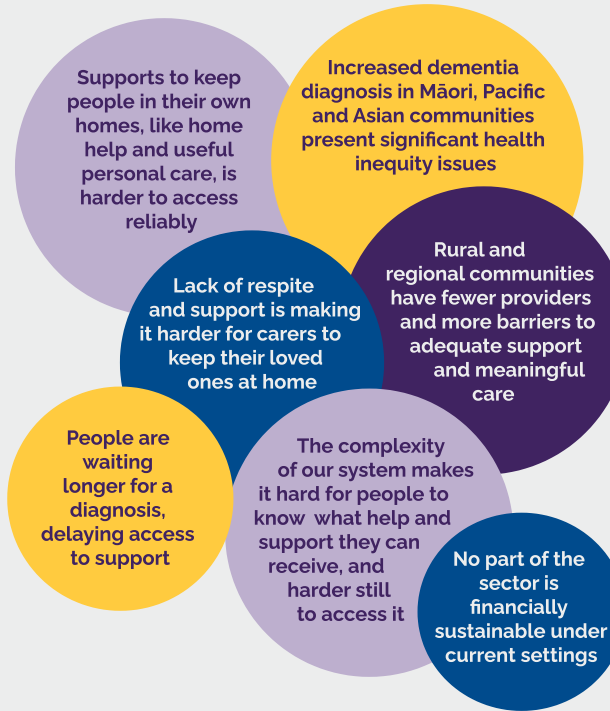
In order not to overwhelm our GPs, and hospitals - and to take the pressure off a residential aged care system in crisis - **we need to plan for robust, resourced and high quality community healthcare**. This care needs to address the holistic needs of older people and be well focused on common health challenges related to aging - such as dementia mate wareware.

By ensuring adequate support for the entire healthcare sector we can co-create a robust and sustainable system that meets the needs of our rapidly ageing population. In doing so, we also ensure that wellbeing of older New Zealanders is protected and uplifted during their final years, and that whānau are supported to make the best choices for their loved ones.

The Sector is Interconnected



We know from our communities that care and support is harder to access



Specialty Dementia Programmes

Less than 20% of those living with Dementia Mate Wareware currently receive targeted support in their homes and communities.

A new service model to sit alongside the current home and support model will create a strong, sustainable system in communities.

Increasing education for earlier and more timely diagnosis is critical to improving outcomes.

"It took months for Dad to get a diagnosis and that whole time we watched him decline. We were hoping that when he finally got the diagnosis it would mean he was eligible for some of the programmes we'd heard about, but there were none near us. We live in a small town, there's nothing here unless we travel for over an hour to a city. Even then there was no guarantee of a spot for him. There's just nothing available. Now we're having to look at finding care for him in a specialist dementia ward. We wanted him to stay near us, near his mokopuna, but we just can't cope."

Home and Community Support Services

The Home and Community Health Association reported **1,300 vacancies** in its workforce in the last year. Lack of staff results in the service being stretched too thin to be useful to those accessing it, with some whānau missing out as a result.

"We arranged for our support worker to come and help get my husband ready in the morning. We needed it so he could go to a day programme while I worked. Some days, the staff just wouldn't show up, or wouldn't come until the afternoon because they were so understaffed. He missed so many days at the programme, and I missed so many days of work that we had to make the decision for him to go to a home. It wasn't what he wanted, it wasn't what I wanted, but without the support workers coming when we needed them it was what we had to do. If we could have had better in-home support, he wouldn't have needed to take up a bed at a home. He could still be home with his family."

Aged Residential Care Facilities

Ansell Strategic's review of the financial stability of aged residential care facilities in New Zealand revealed that only 2 regions in the country are consistently profitable for the organisations that run them. Most other regions run these facilities at a loss, some upwards of **\$10 per bed per day**.

When facilities are running at a loss, closures are inevitable. Coupling this with the expected **13,000 extra beds needed in the next eight years**, hospitals and whānau are going to bear the brunt.

"Mum should have been in a facility six months ago, but there's nowhere available. We can't afford a premium bed for her, but even those are hard to come by. In the meantime, she's stuck in the hospital. We pay a fortune in petrol and parking to see her, and she's already caught another bug while she's been in there. She's not sick, she's just old. She needs support, not a hospital bed."