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Tēnā koutou

Submission to the Health Select Committee Inquiry into the aged care sector's current and future capacity to provide support services for people experiencing neurological cognitive disorders

Introduction

1. Alzheimers NZ thanks the Health Select Committee for the opportunity to provide a submission for the Inquiry into the aged care sector's current and future capacity to provide support services for people experiencing neurological cognitive disorders.
2. This document is produced in a dementia friendly style. It uses fonts and spacings that makes it as easy as possible for people with dementia.

Key points in our submission

3. Our submission focuses on the impact of, and recommendations to address, the rapidly growing prevalence of dementia in New Zealand. Dementia is one of the most significant health and social challenges facing the country. It affects individuals, families, the health system and the economy. Its already significant impacts will only get worse as our population continues to age.

4. Most people living with dementia live at home for most of their time after receiving the diagnosis. They want to remain independent and manage their health for as long as possible. But many of them face significant challenges in accessing the few available health services. Of the estimated [73,000 New Zealanders living with dementia in 2023](#), around 30,000 – about the size of a Blenheim or Queenstown – are missing out on essential community-based dementia support.
5. None of this is unexpected, ageing is the most significant risk factor for dementia, and we have long been aware of New Zealand’s ageing population. Projections from Statistics New Zealand indicate that by 2035, more than [one in five New Zealanders will be aged 65 years or over](#), or approximately 1.2 million people.
6. The substantial impact of dementia on our health system and economy is also not surprising. What is surprising, however, is that ‘the system’ has not adequately planned for the impact of New Zealand's ageing population in any meaningful way.
7. Older people are the biggest users of the health and aged care systems. But successive Governments have taken little action to mitigate these impacts or to provide the ‘integrated action plan for the health of older people’ called by the Aged Care Commissioner in her recent report [‘Amplifying the voices of older people across Aotearoa New Zealand’](#).
8. The rapidly increasing dementia prevalence is putting additional strain on our already struggling health system and costing the economy billions of dollars a year. Both of these issues are likely to worsen in the coming years.

9. The good news is that there are steps that can be taken now to address the looming dementia crisis we are facing. The evidence-based [Dementia Mate Wareware Action Plan 2020-2025](#) (the Action Plan) has been drafted specifically to do that. The Action Plan has four objectives and a range of strategies and actions to:
- a. Reduce the number of people living with dementia in future
 - b. Support people living with dementia and their families now
 - c. Build accepting and understanding communities
 - d. Strengthen leadership and capability across the sector.
10. Alzheimers NZ and Dementia NZ have also produced a business case, 'Fair funding for community-based dementia services' which offers considerable benefit to Government by supporting a shift away from high cost residential and hospital services to community delivered services, reducing the impact of dementia on the health system, providing economic benefit, and building a sustainable dementia sector for the future.
11. The unfortunate reality is that no Government decision has been made to fund and implement the Action Plan and there is currently no action being taken to address the existing unmet needs, or to prepare for the rapid increase in dementia numbers that is on its way. This lack of action persists despite the compelling evidence indicating that urgent actions are needed to mitigate the very considerable risks this health condition poses to our country.

Our recommendations

12. **We recommend that Government act now to:**
- a. Fund and implement the Dementia Mate Wareware Action Plan 2020–2025
 - b. Take the opportunity offered by the Aged Care Funding and Services Models Review to design and implement an integrated continuum of health services for older people
 - c. Establish multi-year, nationally consistent contracts for community-based dementia services based on the joint business case 'Fair funding for community-based dementia services.'

13. Taking these steps now will help Government to:

- Reduce the number of people living with dementia in future
- Provide better and more equitable support for those with dementia now
- Relieve pressure on the health system
- Reduce the future cost of dementia to Government.

14. We also reference the submission from the kaitiaki group for the Dementia Mate Wareware Action Plan 2020-2025, of which we are a member, which provides a more comprehensive overview of the Action Plan, the current circumstances, and the historical background than our submission. We fully support that submission and its recommendations and draw the Committee's attention to the insights it offers to address the challenges presented by dementia.

Alzheimers NZ

15. Alzheimers NZ is a lead organisation at a national level representing people and families living with dementia. We raise awareness of dementia, provide information and resources, advocate for quality services, and promote research about prevention, treatment, cure, and care. Alzheimers NZ is supported by the Alzheimers NZ Lived Experience Advisory Group and the Mate Wareware Advisory Rōpū. These groups provide insight into the experience and needs of people living with dementia. Alzheimers NZ is one of four kaitiaki organisations which co-authored the first national Dementia Mate Wareware Action Plan 2020-2025. The four kaitiaki organisations are Alzheimers NZ, Dementia NZ, the NZ Dementia Foundation and the Mate Wareware Advisory Rōpū.

16. We support local community-based Alheimers organisations throughout the country. Our local organisations provide support, education, information, and related services directly to members of their communities who are affected by dementia. These services include but are not limited to:
- a. Information and education to assist with understanding and living with a dementia diagnosis
 - b. Support for family and friends coping with the demands of caring
 - c. Support groups and day programmes for people affected by dementia.

Dementia

17. The World Health Organization defines [dementia](#) as an umbrella term for a number of neurological conditions that are mostly progressive, affecting memory, other cognitive abilities and behaviour, and significantly interfering with a person's ability to maintain the activities of daily living. Alzheimer's disease is the most common form of dementia, accounting for [60–70 per cent of cases](#). Other types of dementia include vascular dementia, Lewy body dementia and fronto-temporal dementia.
18. While age is the strongest known risk factor for dementia, the condition is not a normal part of ageing. Dementia is more prevalent among people over the age of 65, but can also affect people in their 30s, 40s, or 50s, a condition known as young onset dementia. People living with dementia often face stigma and discrimination.
19. The 'Dementia prevention, intervention, and care: 2024 report from the Lancet Commission' suggests that [45 per cent of the risk associated](#) with dementia is potentially modifiable. The modifiable risk factors of dementia worldwide are: less education, hypertension, hearing impairment, smoking, obesity, depression, physical inactivity, diabetes, low social contact, excessive alcohol consumption, traumatic brain injury, air pollution, vision loss and high cholesterol.
20. Currently, there is no treatment or cure for dementia.

A major and still rapidly growing problem for New Zealand's health system

21. New Zealand has an ageing population and ageing is the most significant risk factor for dementia. The number of older people is growing faster than ever, resulting in a major shift in the population structure. By 2035, approximately [1.2 million New Zealanders](#), or one in five people, will be 65 years or older.
22. The [Dementia Economic Impact Report 2020 \(DEIR 2020\)](#) shows that by 2050, an estimated 170,000 New Zealanders, or nearly three per cent of the total population, will be living with dementia. This represents a staggering 240 per cent increase from the 2020 estimate. This far exceeds the projected rises for other major health conditions such as stroke, which is expected to [rise by 40 per cent](#), and cancer which is projected to [increase by about 80 per cent](#).

“As soon as they hear Alzheimer’s, they jump back as if they can catch it. You find yourself isolated.” (Person with dementia)

23. The number of people living with dementia rises even more rapidly among Māori, Pacific Peoples, and Asian communities as these populations are ageing at a faster rate than the general population.
24. Dementia often goes unreported and undiagnosed. Recent research suggests the current estimated dementia prevalence is likely [underestimated by 12-15 per cent](#). This means there could be approximately 100,000 people living with dementia by 2025, with 20,000 new cases each year, and a projected total of 220,000 people living with dementia in New Zealand by 2050.

25. New Zealand is not alone in facing this challenge. According to the WHO, more than [55 million people worldwide have dementia](#), with nearly 10 million new cases diagnosed every year. Women are disproportionately affected by dementia, experiencing [higher rates of disability-adjusted life years and mortality due to dementia](#).

26. Dementia is also associated with increased mortality. In 2020, 27.8 per cent of people who died in New Zealand had a diagnosis of dementia at the time of death, with 9.4 per cent of total deaths having dementia reported as the primary cause of death. [Globally](#), dementia is the seventh leading cause of death. In [Australia](#), dementia ranks as the second leading cause of death overall and is the leading cause of death for women. Similarly, [in the UK](#), dementia has been the leading cause of death for women since 2011.

The economic impact

27. As well as the major human cost, dementia has significant fiscal implications. The DEIR 2020 estimated [a 43 per cent increase](#) in dementia-related health costs in New Zealand from 2016 to 2020, rising from \$1.7 billion per year in 2016 to \$2.5 billion per year in 2020. If nothing changes, dementia will likely cost our country nearly \$6 billion per year by 2050.

28. Dementia, like other health conditions, poses significant economic costs. For example, in 2020, the cost of dementia in New Zealand was \$2.5 billion per year, while [stroke cost the country \\$1.1 billion](#).

29. In 2020, the [social care costs](#) due to dementia were estimated at \$1.39 billion, with aged residential care accounting for 87 per cent of all social care costs (\$1.21 billion). Health care costs associated with dementia in 2020 were estimated to be \$274 million, with inpatient hospital admissions being the largest contributor at 86 per cent (or \$237.1 million).

30. Families also bear a significant portion of the cost. In 2020, [over one million hours of unpaid care](#) was provided to people living with dementia every week, mostly by family members. It equals to 52.7 million hours per year, which would cost \$1.19 billion if it were provided by paid carers (valued as replacement cost). Of those costs that fall on families, Māori, Pacific and Asian communities carry an inequitable share of the economic burden.
31. According to the WHO, dementia cost economies [US\\$1.3 trillion](#) globally in 2019. This cost will rise exponentially as the number of people living with dementia is projected to almost triple by 2050. If 'dementia' was a country, it would be [the world's 18th largest economy](#).

The broken system: Gaps in care and support

32. The 17 community-based Alzheimers and Dementia organisations across New Zealand are the primary source of support for people living with dementia. Their services include helping people living with dementia and their families understand the diagnosis and prepare for the journey, supporting them in making decisions about matters that are important to them, and encouraging them to remain active members of the communities. Referral to these services is a core component of each Cognitive Impairment Pathway.
33. A litany of problems exists when it comes to dementia services in New Zealand. People living with dementia are being let down by inadequate and inconsistent services creating gaps in the dementia journey. Access to, and availability of, services is inequitable particularly among Māori, Pacific Peoples, Asian, LGBTQIA community and other disadvantaged populations.
34. Because of this inconsistent access to support, people living with dementia are likely to experience a faster cognitive decline, more acute health events, frequent hospital admissions, longer hospital stays, failed discharges, an increased need for aged residential care, often at higher levels of support. Consequently, this leads to increased health spending.

35. Across all levels of care, at least [half of all residents](#) in aged residential care have dementia, whether diagnosed or not. Dementia increases the risk of admission to aged residential care by [70 per cent](#) through any pathway and not just into dementia-specialised beds. This finding is particularly concerning, considering the likelihood that the [InterRAI NZ](#) under-detects dementia.
36. There has been limited Government action to address the unmet needs of people living with dementia or to prepare for the increasing population that will be affected by this health condition. Much of the work that has been done has primarily been led by the dementia sector rather than the health system.
37. There is currently a short-term focus on addressing this long-term challenge. In Budget 2022, four years of funding was provided for a governance ecosystem, along with funding for seven four-year initiatives spanning post-diagnostic community support and respite services. Funding for the ecosystem expires in late 2025 and for the pilots in 2027. While these developments are welcome, they do not adequately address the significant unmet need of people living with dementia or the demand for community-based dementia services.

Families and carers struggle to support their loved ones with dementia

38. Families and carers are also under greatly [increased stress](#) and find it difficult to get help. There is lack of focus on supporting family and carers in acquiring the knowledge and skills they need, and information is not easily accessible in languages other than English.
39. Families and carers directly affected by dementia are experiencing significant health inequity. Many of them have a [health condition, disability or mental health condition of their own](#) and often neglect their own health. Working care partners often give up work or reduce their hours, suffering significant financial pressures as a result, and are frequently unable to prepare for their own retirement and future care.

40. Support for families and carers is an important part of the continuum of dementia care. This support includes providing information, navigation, education, and access to support groups offered by local Alzheimers and Dementia organisations. In addition, tailored respite options such as home-based, day programmes and residential care also play an important role in helping families and carers manage their responsibilities.

41. Alzheimers NZ supports the submission to this Inquiry from Carers NZ on the importance of [Mahi Aroha - Carers Strategy Action Plan 2019-2023](#). This Action Plan outlines the Government's commitment to improving the wellbeing of carers and supporting them in their crucial role.

“I was looking for some Pacific-based or multi-cultural-based activities that he could attend to give my Mum a break. In terms of resources in the community, there were none to support people going through dementia.”

(Pacific People care partner)

The need for an integrated continuum of care

42. The current health system is not planning for New Zealand's ageing population. The lack of care and support for older people and people living with dementia is highlighted in the Aged Care Commissioner's report '[Amplifying the voices of older people across Aotearoa New Zealand](#)'.

43. The report calls for a coordinated strategy and comprehensive planning to address the health needs of an ageing population. The report also outlines the importance of helping older people navigate the health system effectively, and improving the transitions of care across hospital, the community-based services and residential care.

Community-based dementia services are woefully underfunded

44. Community-based dementia services are a critical part of a coordinated and integrated continuum of care for people living with dementia. They play a critical role as the first stop on the dementia journey by helping people better understand the condition, make important informed decisions, navigate their way through the fragmented health system, and remain independent at home for as long as possible. However, community-based dementia service organisations struggle to deliver their daily services due to inadequate resources.

45. Around 36,500 people are not formally diagnosed¹ and at least 30,000 people living with dementia are missing out on essential community-based dementia support². When people with other health conditions such as cancer, mental health challenges, or rheumatic fever miss out on essential services that impact their quality of life, there is usually significant media and political outcry. However, this is not the case for New Zealanders living with dementia.

46. Total funding for these 17 community-based dementia services is just a paltry \$11.8 million.³ Only 58 per cent of this funding is contributed through contracts with Health New Zealand - Te Whatu Ora. This means that Health New Zealand - Te Whatu Ora contributes just over half of the funding used to support only a fraction (around 10,000) of people who require these services.

47. The community-based dementia service contracts have been in place for over 10 years and are no longer fit for purpose. Also, there is considerable variation in contracts nationally, leading to inequitable funding; some populations receive significantly more support than others. Currently, these contracts fund an average of \$1,261 per person per annum across our

¹ The [ADI report](#) indicates at best 50 per cent of people living with dementia do not receive a formal diagnosis. Based on this estimate, approximately 36,500 people or half of 73,000 people living with dementia in NZ (2023) are not formally diagnosed.

² Based on the most recent estimates around 73,000 people have dementia in 2023. 9300 receive services from local Alzheimers and Dementia organisations, 26,000 are in residential care, and if 20 per cent are able to pay for their services and/or receive them from one of the pilots, there are still 30,000 not getting help. Note, more recent research suggests that Report underestimates prevalence by 12 to 15 per cent which means these numbers likely underestimate the unmet need.

³ 'Fair funding for community-based dementia services,' a business case jointly developed by Alzheimers NZ and Dementia NZ. 2023.

services. However, when day programmes are excluded, this average drops to just \$630 per person per annum. The disparity in funding between different populations is striking; some, such as Wairarapa, get no funding at all, while in a place with a specialist day programme they receive as much as \$4,560 per person per annum.

48. Nor does current funding adequately cover operating costs for these dementia service organisations. From 2018 to 2022, operating costs have risen by 16 per cent, while revenue has increased by only eight per cent.

49. This constrained funding and ongoing need to absorb cost increases has limited the ability of these organisations to expand their reach and address the equity issues in local communities.

50. There is also limited ability to absorb any further costs. This creates a significant challenge for workforce attraction and retention given the pay parity gap that exists with Health New Zealand - Te Whatu Ora-employed registered health professionals, and in light of inflation pressure. Also, low cash reserves and limited infrastructure and tools mean there is minimal resilience to respond to challenges such as another Covid-type pandemic or invest in infrastructure such as telecommunications, IT, service improvement and innovation.

“...We know that we could be doing more, we know we could be doing better, and we know we could be reaching further but at the moment we’re doing the best we can. We’re spreading the margarine on the toast as thin as we can to cover as many slices of bread as we can... but we could be doing a lot more.”

(Manager, local Alheimers organisation)

Funding and care resources in the future

51. Alzheimers NZ and Dementia NZ have jointly developed and costed an evidence-based person and family-centred shared service delivery model for New Zealand's community-based services, which are under so much financial pressure. This business case, 'Fair funding for community-based dementia services' which aligns with Pae Ora – Healthy Futures and the Dementia Mate Wareware Action Plan has been provided to Health NZ - Te Whatu Ora, and the Minister and Associate Minister of Health in late 2023.
52. The [cost of delivering services](#) as proposed in this business case is \$11.11 per day compared to the current cost of home and community support workers at \$25 per day, aged residential care at \$373 per day and a hospital level bed at \$1,700 per day. These community-based services will be even more cost effective in future as the funding issues in other parts of the sector are addressed.
53. The business case model is designed to start meeting the existing unmet need, ensure these vital community-based services are sustainable, and geared to meet the inevitable growth in demand as our population ages. The model will also provide better and culturally appropriate services that meet the unique needs of tangata whenua and other population groups.
54. Implementing this business case will also have positive economic impacts such as:
- [Reducing the costs](#) of residential care, pharmaceuticals, and primary and secondary health services by enabling people living with dementia to live independently for longer. The DEIR 2020 indicates [a benefit cost ratio of 4](#), which means it is four times more cost effective to keep people at home.
 - [Increasing the productivity](#) of care partners and improving their wellbeing, by reducing stress and the burden on them, and improving access to respite and support services.
 - [Increasing the wellbeing](#) of people living with dementia, family and their care partners by promoting participation and inclusion in their communities.

55. Alzheimers NZ supports the intent of the Health NZ – Te Whatu Ora’s Aged Care Funding and Service Models review to redesign the aged care system to support older people to remain independent, to stay at home for as long as possible and to access services when they need to.

56. However, we are concerned that the need for better support for people living with dementia to achieve this intent is under-recognised by the Review and by stakeholders outside the dementia sector. There has been no indication that dementia care or community-based services will be included in the final design or funding decisions.

Asset thresholds for accessing aged residential care

57. Alzheimers NZ does not have the expertise to determine appropriate and sustainable asset thresholds for accessing aged residential care. Our focus is on supporting people living with dementia and their family to live their best possible lives with the diagnosis.

58. On that basis, our view is that any decisions regarding income and asset thresholds and co-payments for aged residential care must ensure that quality, evidence-based services remain accessible to those who cannot afford to contribute. Furthermore, every person should retain the right to choose the services that best meet their needs.

Future

59. Over the years, there has been rapid progress in [biomarkers in diagnosing and managing dementia](#). Recent advancements in biomarkers and disease-modifying treatments suggest that effective, safe, and cost-effective options may soon be available. These treatments will be aimed at people at risk of developing dementia, potentially years before symptoms appear.

60. There will be considerable demand for these treatments, and the health system will need to be prepared to meet this demand. However, before reaching this point, the health system needs to address the urgent and increasing needs of people who already have dementia, as their advancing condition requires immediate support and assistance.

Recommendations: Urgent action needed

61. Older people, especially those with a condition like dementia, tend not to be any Government's priority. This demographic has long been seen as 'politically unpopular' and 'too difficult to address.' As a result, successive New Zealand Governments have ignored the enormous financial, political and policy implications of our ageing population. But we can no longer delay addressing this issue.

62. This very obvious and concerning demographic shift must be addressed now. Urgent action is needed. **We recommend Government:**

- a. Implement the Dementia Mate Wareware Action Plan 2020–2025 with its four objectives to support people living with dementia and reduce the impact of dementia on the health system. It would also meet New Zealand's international obligations under the World Health Assembly's [Global Action Plan on the Public Health Response to Dementia 2017-2025](#).
- b. Design and implement an integrated continuum of health services for older people to manage the transitions between primary and community care, home and community support, aged residential care and secondary or tertiary services. This would enable older people to receive individualised, high-quality, and cost-effective care, and allow them to remain at home for as long as possible before transitioning to more expensive services like aged care facilities.
- c. Establish multi-year, nationally consistent contracts for community-based dementia services based on the joint Business Case 'Fair funding for community-based dementia services.'

Taking these steps now is a very small price to pay for a very tangible and very sizeable return. Conversely, the consequences of not taking these steps now are also very tangible and substantial.

Important enablers to support these recommendations

Risk reduction

63. As suggested by the [2024 Lancet Commission report](#), interventions on modifiable risk factors could reduce the number of people living with dementia in future. In New Zealand, [untreated obesity and hearing loss](#) are the main risk factors for dementia in Māori and Pacific Peoples. With a forecasted 240 per cent prevalence increase on the cards over the next 25 years, a modest reduction of even just 10 per cent could mean a significant reduction in the number of New Zealanders with dementia by 2050. For example, one of the [Aged Care Commissioner's Report](#) recommendations is to increase the New Zealand hearing aid subsidy to cover the cost of hearing aids, assessment, and fitting.

Equity

64. Providing culturally appropriate initiatives will improve equitable access to diagnosis and management planning for Māori, Pacific Peoples, the Asian and LGBTQIA community, and other groups. Raising awareness about dementia can reduce stigma, and engaging with people living with dementia and their families will promote understanding within communities and create an inclusive environment.

Workforce

65. A strategy to create a sustainable aged-care workforce is needed to address immediate capacity and capability issues, fix the ongoing pay equity issues in the sector, meet the long-term growth needs of the dementia and aged care sector, and account for the impact of the ageing workforce.

66. It is also important to increase the number of Māori health practitioners working in the dementia sector. This would build the capacity and capability of Māori health providers to deliver dementia services.

Digitalisation of community-based services

67. Investing in digital technologies for community-based services is crucial to reduce hospital and residential care admissions. Digital solutions can improve the quality of life for people living with dementia and reduce pressure on healthcare systems. Some benefits include early detection of health deterioration and confusion episodes, reduction in fall incidents, improved remote monitoring capabilities, increased social connections and better medication adherence.

Indicators and monitoring

68. Systematic, regular tracking and monitoring of key dementia indicators at the population level will guide evidence-based actions to improve services and measure progress towards reducing dementia prevalence. Monitoring dementia data will also support the creation of effective policies and programmes, ensure better resource allocation, and ultimately enhance the quality of care.

Benefits of implementing our recommendations

69. Funding and implementing the Dementia Mate Wareware Action Plan will reduce the incidence of dementia, support people living with dementia, their families and care partners to live their best possible lives, help build accepting and understanding communities and strengthen leadership and capability across the sector.

“I think they (community-based services) are 100 percent the most important. You would not cope without them.” (Care partner)

70. Providing fair funding for, and improving access to, community-based dementia services will generate a lengthy list of benefits:

- Help ensure these vital services are sustainable for the long-term.
- Contribute to achieving equitable health outcomes for people living with dementia, particularly among Māori, Pacific Peoples, Asian, and rural communities.
- Ensure business continuity, enabling local organisations to build on their experience and the community's trust in them and scale up their existing community-based support services.
- Better-funded, higher-quality support services place less pressure on an increasingly competitive pool of Government funding. Sustainable and well-structured community-based services are able to attract alternative funding on the basis of providing well-known, highly regarded support services.
- Funding services appropriately will invite more competition and position the system to procure high-quality services that make the best use of taxpayer funding.
- The service delivery model provides a platform for nationally consistent dementia support services that align with the Dementia Action Plan and Pae Ora - Health Futures. Nationally consistent contracting that is applied locally, based on the size of communities and expected reach of services, makes contract management easier for Health New Zealand - Te Whatu Ora and supports consistent delivery of the new service delivery model.

The impact of doing nothing

71. Doing nothing, as successive Governments have mostly done, will make an already difficult health journey even harder for people living with dementia.

Consequences will include:

- Dementia continues to add pressure on health services, resulting in significant costs for the overall system.
- People and their families will continue to miss out on services and may use more expensive options like rest homes and hospital care.
- Local Alzheimers and Dementia organisations will continue to struggle to meet the increasing demand and address health inequities.
- New providers are unlikely to enter a market with unfair and unsustainable contracts.
- The dementia sector will lack the flexibility and resilience to deal with unexpected external challenges, such as experienced during the COVID-19 pandemic.
- Current workforce challenges in attracting and retaining staff will worsen, making it harder to meet demand and expand services.

“People living with dementia struggle to access health and support services they need. They do not know what services are available or their eligibility. Nobody offers help, you’ve got to go and find it and ask for it. You have to go to your doctor and some doctors don’t want to give it [information on services] either, which to me is quite strange.”

(Older person with dementia)

Conclusion

72. This submission underscores the urgent need for better services for older people, especially people living with dementia. As dementia prevalence jumps rapidly in New Zealand, it is crucial that our aged care services evolve to meet these challenges.

73. This submission highlights the critical gaps in current services, the need for equitable access, and the importance of community-based service organisations. We advocate for the provision of sustainable funding and a holistic approach to an integrated continuum care to enable older people, including people living with dementia, to live well, age well and have a respectful end of life in age-friendly communities.

Ngā mihi nui



Catherine Hall
Chief Executive