Aide-Mémoire

Meeting with the Aged Care Commissioner

Date due to MO:	16 June 2025	**Date of Meeting:**	18 June 2025
Security level:	IN CONFIDENCE	**Reference:**	H2025066502
To:	Hon Casey Costello, Associate Minister of Health		
Consulted:	Health New Zealand: ☒		
Proactive release:	This **title** is proposed by the Ministry of Health for proactive release: ☒		

Contact for telephone discussion

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About the Meeting

Purpose of Meeting

You are meeting with the Aged Care Commissioner, who would like to discuss a range of matters related to older people's health.

Details of Meeting

Date: Wednesday 18 June 2025
Time: 9.00am – 9.30am
Venue: Minister Costello's office, 2.54 PH

Attendees

Carolyn Cooper – Aged Care Commissioner

Organisation

The Aged Care Commissioner was established as a Deputy Commissioner under the Health and Disability Commissioner in 2021.

The Aged Care Commissioner makes statutory decisions on complaints and formal investigations into older people's health and disability services, to protect their rights under the Code of Health and Disability Services Consumers' Rights.

The Aged Care Commissioner also advocates for quality health and disability services on behalf of older people and their family and whānau, and provides oversight of the aged-care sector.

Carolyn Cooper was appointed to the role in February 2022. Ms Cooper has over 40 years of experience across health systems in both New Zealand and Australia, as a registered general and obstetric nurse, and in executive and clinical leadership roles across district health boards, aged care, rehabilitation and quality and risk management. She has been Managing Director of Bupa New Zealand and Chief Operating Officer at Wairarapa & Hutt Valley District Health Boards.

Officials

- Mark Powell – Director, Ageing Well (Acting), Health New Zealand

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Background and context

1. You previously met the Aged Care Commissioner (the Commissioner) on 7 February 2025 and discussed a range of matters, including the Commissioner's role and areas of interest.

2. For this meeting, the Commissioner has advised that she would like to discuss the following topics:

    a. Trends in complaints and investigations data from the past four quarters in terms of aged care complaints and investigations.

    b. Insights from the Commissioner's monitoring against the report *Amplifying the voices of older people across Aotearoa New Zealand*.

    c. Outcomes from the Sapere Phase Two report of the aged care funding and service models review.

    d. Insights from the Health Committee inquiry into aged care.

3. Please see talking points attached at **Appendix 1**.

Trends in complaints and investigations data relevant to older people's health and disability care

4. The Commissioner is a statutory decision-maker on complaints (including formal investigations) about care provided to older people, and whether their rights have been breached under the Code of Health and Disability Services Consumers' Rights.

5. You may wish to ask what trends the Commissioner is observing in complaints related to older people's health and disability care.

Monitoring against Aged Care Commissioner's report recommendations

6. In March 2024, the Aged Care Commissioner published a report titled *Amplifying the voices of older people across Aotearoa New Zealand*, that provides a snapshot of the issues and challenges faced by older people using health and disability services. The Commissioner made 20 recommendations to improve the provision of health and disability services for older people.

7. The Aged Care Commissioner wrote to the Director-General of Health and the Chief Executive of Health New Zealand on 15 April 2025 to request information on progress against the recommendations made in their report. The Ministry of Health (the Ministry) and Health New Zealand provided a joint response to this request on 16 May 2025. A copy is provided at **Appendix 2** for your information.

8. The Commissioner would like to discuss insights from monitoring of progress being made against the recommendations in the report, including some early results on:

    a. the impact of uptake of hearing aid funding and subsidies

    b. influencing the Long-term Insights Briefings which are being developed by the Ministry and Ministry of Social Development (MSD)

    c. changes in home and community support services (HCSS)

    d. early insights from the Te Tāhū Hauora Health Quality and Safety Commission (HQSC) HCSS survey.

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Hearing aid funding and subsidies

9. The ageing population in New Zealand is facing increasing prevalence of hearing loss. Whaikaha – the Ministry of Disabled People offers two funding options for hearing aids:

    a. The Hearing Aid Funding Scheme targets those with significant financial needs or circumstances justifying additional support, and provides comprehensive financial support to cover a larger portion of the cost of hearing aids and related services.

    b. The Hearing Aid Subsidy Scheme is available to those over the age of 16 who have permanent hearing loss and do not qualify for the Hearing Aid Funding Scheme. It provides a fixed amount of financial assistance ($511.11 per hearing aid).

10. The Commissioner may raise that hearing loss is a significant risk factor for dementia. The Dementia Mate Wareware Action Plan emphasises the need for accessible hearing care and early intervention to help reduce cognitive decline in older adults.

11. You may wish to ask what the Commissioner has learned about the uptake of hearing aid funding and subsidies.

Long-term Insights Briefings

12. The Ministry of Health and MSD are progressing Long-term Insights Briefings (LTIB) related to the wellbeing of older people.

13. The topic of the Ministry of Health's current LTIB is *Adding life to years: Health system shifts to support wellbeing in later life.* This topic was selected because of the pressing need to understand and prepare for the health system implications of New Zealand's rapidly ageing population. The Ministry anticipates a public consultation on the draft LTIB commencing in July 2025, with review and finalisation in August/September.

14. MSD is looking at *Current and future disadvantage for older New Zealanders*. This topic was selected on the basis of evidence that suggests disadvantage for older people has the potential to become an issue of increasing significance for New Zealand, due to a combination of demographic changes, social and economic trends, and public finance constraints. The Commissioner contributed feedback in late 2024 and has been providing ongoing support as the work progresses. The report will be released in the coming months and will inform future policy work.

Changes in home and community support services (HCSS)

15. Health New Zealand is undertaking work to implement a nationally consistent casemix driven, bulk funded, restorative model of care for HCSS. This is expected to improve service quality, equity, and consistency of provision of HCSS nationally, and affordability.

16. As part of this, the national HCSS Service Specification has been revised to include a new model of care that requires responsive and flexible service delivery. Te Waipounamu will be the first Region to transition to the nationally consistent service model, with new contracts starting in October 2025.

17. Health New Zealand is also investing in the development of a Health Data Platform to collect and store data related to HCSS service delivery and outcomes. A Pilot Programme is underway in Te Waipounamu, with an implementation date of 1 October 2025 to coincide with the implementation of the new HCSS Service Specification.

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18. This new Health Data Platform will enable access to shared data across providers, regions, and Health New Zealand. This will improve quality benchmarking across providers, improve transparency of information, and better inform calculation of bulk-payments to providers that reflect the complexity and proportion of services delivered.

Early insights from the HQSC HCSS survey

19. In 2024, HQSC's national patient-reported measures programme (capturing feedback about health-related experiences and outcomes) was expanded to include a new annual survey on the experiences of people receiving HCSS. The survey aims to help HCSS providers and funders understand how well people's needs are being met and where services can be improved. The survey will be repeated annually for three years.

20. In 2024, 16 providers opted to participate in the survey and 5,515 clients responded, of whom 82% were aged 65 and over. Overall, clients reported that HCSS services and support were provided in an inclusive way that respected their identity and circumstances. The areas where improvement was identified related to communication, being able to contact providers, and scheduling.

21. HQSC is preparing to release a national report highlighting key findings and areas for improvement and will formally brief Minister Brown ahead of its release, with a recommendation to share the report with you.

Next steps for the Health New Zealand Aged Care Funding and Service Models Review

22. Health New Zealand's review of Aged Care Funding and Service Models began in July 2023 as a commitment under Te Pae Tata | Interim New Zealand Health Plan 2022. It aims to, over time, improve the sustainability, accessibility, and quality of services available and ensure equity of access and outcomes through the delivery of services which are culturally sensitive and cater to the diverse backgrounds of the aging population.

23. Phase One of the review is complete, which resulted in a report by Sapere Research Group on the current state of aged residential care and HCSS. Phase Two of the review, which is focused on modelling options for improved service and funding models, began in 2024. The Sapere Phase Two report (Phase 2: Modelling some possible options for improved funding and service models), and was provided to you in December 2024.

24. s 9(2)(f)(iv)

Health Committee inquiry into aged care

25. The Health Committee (the Committee) is undertaking an inquiry into the provision of aged care, focused on the aged care sector's current and future capacity to provide support services for people experiencing neurological cognitive disorders. This was a commitment as part of the Government's coalition agreement.

26. The Ministry supported the Committee by providing a summary of the submissions received on 5 March 2025, and further information was provided to support the Committee on 28 March 2025. The Committee's inquiry is ongoing.

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Additional items

Support for older people's health in Budget 2025

27. The Commissioner may wish to discuss Budget 2025 initiatives for older people. You could note that the initiative funded through Budget 2025 will fund the continuation of a range of services to support the timely transfer of older people from acute hospital care into community settings through the delivery of services and support.

28. These services and supports will be provided to respond to individual needs that address either an unfunded barrier to discharge, or could include support for older people with exceptional needs, for example, unfunded equipment or a one-to-one watch for a new resident with complex needs.

Update on the stocktake of services for older people and subsequent gaps analysis

29. Officials recently completed a high-level gaps analysis of services and supports for older people across government which has been delivered to Minister Costello. This builds on earlier work done to develop a stocktake of services for older people across government. The final report was informed by feedback from agencies and Crown entities who contributed to the original stocktake, including the Aged Care Commissioner.

30. The Commissioner may have already seen the final gaps analysis report, which was sent through from MSD officials recently. You may wish to touch on the key themes explored in the gaps analysis which were:

    a. Overall supply and demand for services for older people

    b. Preventative support and social determinants of health

    c. Integration and coordination of existing services

    d. Service accessibility

    e. Experiences of cohorts of older people with differing needs.

31. The Commissioner's feedback and recommendations have been considered throughout. You could note the following areas of interest to the Commissioner which were highlighted in the report:

    a. A gap in investment in preventative initiatives for dementia mate wareware

    b. Difficulties for older people in accessing specialist care and primary healthcare

    c. The need to support older people to navigate and access services available, especially when they have complex needs.



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Appendix 2: Information to support monitoring of recommendations in *Amplifying the voices of older people in Aotearoa New Zealand*

Long-term, strategic calls to action	
Rec' 1: A targeted strategy for quality health and disability services for older people across Aotearoa New Zealand	The Ministry of Health – Manatū Hauora (the Ministry) is not currently progressing or planning to progress a new strategy for health and disability services for older people. There are a range of existing government strategies: • The Better Later Life Strategy – He Oranga Kaumātua 2019 to 2034, the Government's overarching strategy for the ageing population which looks to address the health and wellbeing of older people. • The New Zealand Health Strategy also provides direction for agencies to lead and support actions that promote independence in older age and protect against frailty, within environments enabling people to 'age in place'. • The Government Policy Statement on Health 2024-27 sets out that the government will prioritise the sustainability and quality of health services for older people. This includes ensuring aged care services and funding models support older people to live well, age well and have a respectful end of life in age-friendly communities.
Rec' 8: Primary and community care, valued as critical partners with investment in new models of care providing integrated care for older people	The Government is focused on improving health outcomes and ensuring that all New Zealanders have access to timely, quality healthcare. To support this, the Minister of Health Hon Simeon Brown is progressing improvements related to primary care. This work aligns with your report and is focused on strengthening general practice including digital health to support face-to-face services where appropriate, developing the primary healthcare workforce, and funding. More information on recent work programme announcements can be found here: Healthcare boost means seeing a GP, faster | Beehive.govt.nz

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Rec' 10: Investing in innovation, including models of care to help people age well at home	As you know, the Health Committee (the Committee) is undertaking an inquiry into the aged care sector. The Ministry of Health has supported the inquiry by providing a summary of the submissions to the Committee, and additional information to support the inquiry. The Committee may have findings in relation to models of care to support people to age well at home. The Ministry expects to consider this area through policy work, as part of a response to the Committee's findings. Our priority is to ensure that people can live well as they age, with good options and choices over where and how they live. Further, Health New Zealand – Te Whatu Ora (Health NZ) is continuing work on the Aged Care Funding and Service Models Review (the Aged Care Review). In January 2024, a report was completed as part of the Aged Care Review which outlined the current state of New Zealand's Aged Care funding and service models. This report endorses the implementation of a nationally consistent casemix driven, bulk funded, restorative Home and Community Support (HCSS) model of care, as recommended in the National Framework for HCSS. Health NZ has accepted these recommendations and has started the transition to a nationally consistent model. As part of this, a national HCSS Service Specification has been developed. Consultation on the Service Specification was undertaken between October 2024 and April 2025 with the HCSS Sector, consumers, and government agencies. Te Waipounamu region has undertaken an Expressions of Interest process in preparation to tender for regionally consistent restorative bulk funded HCSS with a planned start date of October 2025. The remaining regions are undertaking service analysis in preparation for the implementation of the model. Health NZ is investing in the development of a Health Data Platform which will enable direct collection of HCSS service data and data on the quality of services. This initiative will also enhance funding decisions and improve transparency.

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Rec' 11: Access to primary and community care for older people in rural areas	Access to healthcare within rural communities is a key issue, especially considering that around one-quarter of people aged over 65 years live in rural communities, making up 20% of the total rural population in 2018. While the Rural Health Strategy 2023 sets a positive strategic direction, it is crucial that the Government understand what is working well for rural communities and what needs improvement. Hon Matt Doocey, the Minister for Mental Health and Associate Minister of Health with responsibility for Rural Health, has begun visiting 12 rural locations across the country on a rural health roadshow. The roadshow will provide an opportunity for Minister Doocey to hear from the public and those working in rural health about how well the strategy is being implemented. The insights from the roadshows will support the Government's understanding of rural health needs across the country and contribute to the health and wellbeing of rural communities. We encourage you or someone from your office to attend one of the events. Capturing the experiences and voices of older people in rural communities during these roadshows will be invaluable. We would appreciate you encouraging older people to attend. The first two roadshow events have already taken place in Levin and Wairoa, with the third planned for in Wānaka on 1 July. More information about the rural health roadshows and future locations can be found on the Ministry of Health website, here: Rural Health Roadshow to hear from rural communities | Beehive.govt.nz. The primary care work programme's initiatives will support older people and rural populations, ensuring that our most vulnerable receive the care they need. As part of this work programme, the Minister of Health announced that podiatrist prescribers will increase access to medicines. As you know, podiatrists usually work in community and rural settings. They are particularly important for helping manage diabetes or health conditions of older people, as people with diabetes and older people are vulnerable to nerve and circulation problems, both of which can lead to foot and leg sores and infections. More information on this announcement can be found here: Podiatrist prescribers will increase access to medicines | Beehive.govt.nz Access to primary and community care, especially for older people and rural populations will remain a key priority.

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Recommendations linked to system reforms	
Rec' 3: Supporting person-centred, culturally safe communication for older people that involves whānau including carers	As above, Health NZ continues work on the Aged Care Review. The Aged Care Review will include recommendations that have the intent to improve person-centred, culturally safe communication for older people that involves whānau, including carers across New Zealand.
Rec' 4: The Aged Care Funding and Service Models Review (the review) supports HCSS and ARC to provide quality care	As above, Health NZ continues to work on the Aged Care Review. Phase One of the Aged Care Review has been completed. It included stakeholder engagement and a report from Sapere Research Group that outlined the current state of New Zealand's Aged Residential Care (ARC) and HCSS. That engagement and report highlighted some major challenges facing older people, whānau and their communities, as well as care providers and workers, including the following: • ARC and HCSS are underfunded • the funding models used to distribute funding to the sector are no longer fit-for-purpose • there are material ethnic inequities in accessing aged care services • the aged care sector continues to face significant workforce pressures • issues with aged care are exacerbated in regional and rural New Zealand. Feedback on options to improve quality and innovation in care included: • Evidence-based practices: Adopt and scale proven models of care, such as restorative care and early supported discharge, to enhance outcomes for older people. • Innovative service delivery: Encourage the development of innovative care models that improve efficiency and effectiveness, including bulk-funded home support, enhanced primary care networks, and technology-enabled self-directed care. Phase Two of the Aged Care Review began in January 2024 and is focused on developing recommendations for ARC and HCSS service and funding models that has the intent to, over time, lead to improvements in the sustainability of services and ensure equity of access and outcomes for older people across New Zealand. As you will appreciate, funding is constrained and as such, Health NZ is not able to commit at this stage to implementing recommendations from the review.
Rec' 5: The review and workforce plans support an aged-care workforce incl. nurses, geriatricians, allied health workers, cultural advisors and interpreters	Health NZ published its second Health Workforce Plan in December 2024. This included estimated whole-of-system pressures, both today and modelled in a decade's time, for nurses, internal medicine specialists (including geriatricians), and a diversity of allied, scientific and technical professionals.

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	Health NZ is committed to improving the fidelity of this data over time, particularly for the primary and community sector (including aged care). Further improvements to this data, including being able to more clearly identify critical workforces to support aged care (e.g. geriatricians), will require changes to how data is collected and shared with Health NZ.
Rec' 7: The review addresses the gap in Kaupapa Māori aged-care, especially dementia mate wareware and psychogeriatric care	The responsibilities of aged care service providers are documented under the Ngā paerewa Health and disability services standard (Ngā Paerewa). ARC facilities are not commissioned specific to ethnicity, however there are requirements within Ngā Paerewa referencing cultural responsiveness. For example, criterion 1.4.2 requires that service providers must be responsive to identity including values and beliefs, culture, religion, disabilities, gender, and more. One of the key findings in the 2024 Aged Care Review Phase One report by Sapere is that there are significant inequities in access to care by region, care level and ethnicity. In response to this Health NZ is undertaking the Aged Care Review to ensure there is the right type of capacity and capability to meet these needs over time. The Aged Care Review aims to provide recommendations to improve the sustainability, accessibility and quality of residential care facilities to meet the diverse needs of older adults and ensure equity of access and outcomes across New Zealand. Further, targeting and supporting priority populations has been a key focus of recent Health NZ procurement HCSS. Seven service trials are being delivered as part the Dementia Mate Wareware Action Plan implementation programme. These trials focus on priority populations including Māori, Pacific, people living in rural areas, and people with younger onset dementia mate wareware. The trials prioritise three areas: • innovative respite care options to support carers and whānau • post-diagnostic supports for people with dementia mate wareware, their whānau and carers • navigator roles to coordinate and support people to access the supports they need.
Rec' 9: a single point of contact for primary care and health/social care workers to provide navigation for older people Rec' 12: Regular training and development of primary and community care providers on health of older people	As noted earlier, policy and delivery work related to primary care is ongoing. Where relevant, we will look for opportunities to respond to the needs of older people.

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Rec' 15: Support HCSS so people can age well at home and to reduce the strain on ARC and emergency and specialist care	The national implementation of casemix driven, bulk funded, restorative HCSS has commenced. Health NZ expects it will achieve improved service quality consistency and address equity across the motu. Service outcome measures using internationally validated interRAI Home Care measures have been agreed and included in the revised national HCSS Service Specification. The roll-out will be supported by Health NZ's Health Data Platform. Te Waipounamu is the first region to undertake regional implementation, via a tender process from July 2025. ACC, the Ministry of Social Development, and Whaikaha – Ministry of Disabled People will need to be contacted directly for their updates on this recommendation.
Rec' 16: The review focuses on and prioritises HCSS	HCSS is a key component of the Aged Care Review. See updates provided for recommendations 10 and 15.
Short- and medium-term recommendations	
Rec' 2: Better discharge planning by hospitals to support transitions of care for older people to their home or an ARC home	Activities have occurred both nationally and regionally to improve discharge planning as a result of the System Pressures Plan for 2024/25. The 2024 System Pressures Plan was a concise compilation of eighteen specific measures designed to tackle our greatest pressure points by increasing overall system capacity, easing patient flow through hospitals, and dialing up preventative measures such as vaccination and public awareness campaigns. A key area of the plan specifically focused on timely discharge for complex cases to ARC and into the community. This focus has been incorporated into Health NZ's business as usual activities.
Rec' 6: Urgently address the national psychogeriatric care bed shortage in ARC homes in some regions	New Zealand has 36 psychogeriatric units caring for over 900 people. While national occupancy is 88.6% for these care beds (as of 30 Apr 2025), there is varying capacity across districts. Similarly, for dementia, there are over 5200 beds that are currently 91.5% occupied (as of 30 Apr 2025). The Aged Care Review is looking at ways to ensure there is the right type of capacity and capability to meet these needs over time. The Aged Care Review aims to provide recommendations to improve the sustainability, accessibility and quality of residential care facilities that meet the diverse needs of older adults and ensure equity of access and outcomes across New Zealand. The Health Committee's inquiry into aged care is also ongoing.

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Rec'13: Preventative actions to reduce or delay the onset of dementia mate wareware – incl. programs addressing loneliness and increases to government funding for hearing aids	The Cognitive Impairment Pathway is available to all primary care practitioners in New Zealand, and nationally updated versions were launched in April 2024. This advises primary care clinicians to give brain health advice to all people diagnosed with Mild Cognitive Impairment and encourages similar advice to be shared with people with a diagnosis of dementia and their whānau/ families as part of their initial management plan. Alzheimers New Zealand and Dementia New Zealand play a key role in Dementia Mate Wareware prevention through the sharing of information on their websites, and national health promotion campaigns. As mentioned in recommendation 7, seven service trials are being delivered as part the Dementia Mate Wareware Action Plan implementation programme. The trials prioritise three areas: • innovative respite care options to support carers and whānau • post-diagnostic supports for people with dementia mate wareware, their whānau and carers • navigator roles to coordinate and support people to access the supports they need. Components of objectives 2 and 4 of the Dementia Mate Wareware Action Plan are being evaluated by the University of Auckland, funded by Ministry of Health. This evaluation will review the processes and outcomes of the Dementia Mate Wareware Ecosystem and seven service trials across December 2024 - June 2027. Key activities of the evaluation to date include: • evaluation implementation hui hosted by the University of Auckland with key stakeholders in March 2025 • ethics approval for evaluation of the Ecosystem gained in April 2025 • evaluation reference group established May 2025 • Evaluation Plan due May 2025. Work in this area has also been undertaken by the Office for Seniors, ACC, and City and District Councils, and they will need to be contacted directly for updates on their progress. The Aotearoa Brain Project Kaupapa Roro o Aotearoa initiative (www.aotearoabrainproject.nz) has also been formed around a core group from the University of Auckland to promote brain health research, and Dementia Prevention Research Clinics are operating in three centres (www.dementiapreventions.co.nz).
Rec' 14: Upscaling of preventative actions to reduce dementia mate wareware from the Dementia Mate Wareware Action Plan 2020-2025	Health NZ continues to progress various work programmes that contribute to reducing the risk factors of dementia. This work covers: • National Public Health Service (NPHS) smoking cessation projects. • Nutrition and Physical Activity projects. • Mental Health and Wellbeing / Nōku te Ao (NPHS is represented by Health Promotion on the Dementia Mate Wareware Leadership & Advisory Group).

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	• Physical Activity projects. • Alcohol Harm reduction projects.
Rec' 17: Increase the transparency of care provided by HCSS	The national HCSS Service Specification has been updated to include new interRAI Home Care Quality Indicators (HCQI's) and Wellness measures derived from the interRAI Contact assessment. The HCQI's are internationally validated outcome measures that measure over 20 health indicators covering four domains: Physical, Psychosocial, Safety, and other Clinical Issues. This data will be collected from October 2025 in the Te Waipounamu region, and by other regions as they transition to the national HCSS Service Specification (noted above). These quality indicators will be comparable within and across providers, districts and regions. Updates will be provided regularly and information shared transparently between funders and providers. This initiative will support accountability and public reporting requirements. The Health Quality & Safety Commission have developed a survey which aims to find out about people's experiences of HCSS. The survey covers different parts of the HCSS experience including scheduling, communication, partnership, coordination, physical and emotional needs and cultural safety. Feedback received will help improve the quality of HCSS across Aotearoa New Zealand. ACC and MSD will need to be contacted directly for their updates on this recommendation.
Rec' 18: Health NZ to track shortages of care and support workers, nurses and other HCSS workers e.g. allied health workers Rec' 19: Health NZ to collate, share and regularly update a comprehensive national HCSS workforce dataset	The priority for Health NZ this year has been to implement consistent HCSS volume and client information reporting into the national Health Data Platform. Development of workforce data collection (which would enable Health NZ to track shortages of HCSS workforce) may be considered in future but it will require significant investment to ensure data on workers is managed securely.
Rec' 20: Health NZ to create and maintain an HCSS demand planner	Work is underway to develop a nationally consistent minimum data set for HCSS delivery volumes and client information. This will enable planning for future demand and inform service development. The Health Data Platform will provide visibility of clinical assessment information to inform a casemix driven funding model. This will also provide client complexity data, and match this to the level of service delivery. The first iteration of this national data set is on target to be delivered later in 2025.

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