

**SPEECH DELIVERED BY GERALDINE WOODS ON BEHALF OF HON PETE HODGSON,
MINISTER OF HEALTH**

Thank you for this opportunity for me to speak to you today on behalf of Pete Hodgson, Minister of Health. The Minister would have liked to follow up on his attendance in the previous two years, but unfortunately the Minister is unable to be here. He has asked that I convey a few thoughts to you about progress in developing your sector.

Improving the health of older people continues to be one of the Minister's priorities for this year for the Ministry of Health and District Health Boards. Further development of services is needed between DHBs and providers as we work to improve the care of older people. Three areas have been identified for progress this year: improved assessment; new models of supportive care for those choosing to live longer at home; and training for those in the sector.

At the same time, the commitment to support all disabled people to be able to live as others do in their homes and communities remains. The Ministry is working on: workforce development, sector standards, and implementation with ACC of a new outcome focused service specification.

The Government has made significant investments in the last three budgets in the home based care sector. In Budget 2007, the government committed a targeted investment of \$20.3 million per year in home based care for older people and \$8 million per year for younger people. This funding is targeted at improving wages and conditions which will support improvements in the quality of care. This is on top of the \$22 million in Budget 2006, and \$18.6 million in Budget 2005 for home support services. The latest contract, with its new specification, has actively acknowledged the situation of support workers by requiring flow through of new prices into worker wages and access to collective agreements. The Minister is pleased that these contractual changes appear to be implemented rapidly throughout the home based support sector.

Disability Services have also given a high priority to workforce development in recent years, including expenditure of \$2.3m on a training initiative between 2004/05 and 2006/07. In addition, \$1.5m by the Ministry of Health is budgeted to be spent during the current financial year to support improved access to training, so that support workers are equipped to safely deliver high quality services.

Older People

The vision and objectives of the Health of Older People Strategy remains relevant today and there is still a lot of work required to achieve them. The vision is that older people will participate to their fullest ability in decisions about their health and wellbeing and in family, whanau and community life.

They are supported in this by co-ordinated and responsive health and disability support programmes.

Providing people with choice is a key objective. The strategy identified a gap in services that inhibited older people from living safely in the community. The ongoing preference by older people to remain at home has meant priority work was needed to address gaps in community based services.

Services supporting people in their home has required more attention than residential care services. While there is a greater policy focus on home-based support services for older people, residential care services remains a large component of long term support services and is expected to remain a significant part of the continuum of care.

At present the balance between aged residential care funding and home based support services funding is approximately 80%-20% respectively. In the future the government would like to see a shift in the balance towards an increase in home-based support services to help ensure that we can provide more choice for older people. As the older population increases, we recognise however that overall levels of services provided will also increase.

Despite this progress, improvements still need to be made. More community services need to be provided, and just as importantly, these services need to be linked in some way.

The concept of the continuum of care requires interfaces between primary care, acute hospital care, discharge planning, needs assessment, rehabilitation, and long term support services.

While stabilising and filling gaps has been the priority so far, the Minister believes DHBs have worked very hard at implementing the health of older people strategy and we are now seeing a variety of community based initiatives being implemented. Some DHBs, such as Capital and Coast and Canterbury, have made major changes to their systems to improve coordination across services. Others have initiated smaller one off programmes such as the Wairarapa Support to Live at Home programme.

Improving and developing the continuum continues to be a priority for both DHBs and the Ministry. This work is not yet completed. Current work within the Ministry of Health is looking at how community based services are functioning and where more work needs to be done. Increasing the scope of these services is designed to maximise an older person's access to services. In addition, the Ministry will report to me in 2008 on gaps in services supporting the overall continuum of care for older people.

People with Disabilities

The New Zealand Disability Strategy continues to provide the vision that disabled people can say they live in 'a society which highly values our lives and continually enhances our full participation'. Again, quality, co-ordinated and responsive disability supports can play a part in reaching that vision.

A significant recent development has been the joint Ministry of Health and ACC plain English service specification for Home and Community Support Services. Its outcomes-based framework focuses on supporting a person's individual goals through collaborative processes between the person, assessors, and providers. There is new opportunity for flexibility as well as common reporting and monitoring for Disability Services and ACC.

Disability Services and ACC home based service providers, including members of NZHHA, service users, NASCs and ACC social rehabilitation assessors have all been involved, and will continue to work together in the Implementation Reference Group. There will also be shared training of ACC, NASC, Disability Services staff and providers in 18 centres during October and November.

The new name, Home and Community Support Service Specifications (HCSS), acknowledges access to community activities and links the service specifications to the NZS Home and Community Sector Standard.

The review of the home based support sector's preparedness to meet that standard, concluded earlier this year, has hopefully supported you as providers to be clear about where you are in relation to the minimum requirements which should be achieved.

Relevant also to home based providers is the imminent implementation of the Ministry funded NASC national information system, Socrates, planned for "go live" during this calendar year. As well as supporting better payment systems, Socrates will provide (for the first time) national level data relating to those people (usually under 65 years) known to NASCs who are also clients of HBSS, including the member organisations of NZHHA.

Workforce Development

One obvious gap that currently exists across the sector, and that is being addressed, is a sustainable workforce, with a career path that provides incentives for workers to improve their skills.

Improving pay and conditions, and training to upskill workers will contribute to stabilising the workforce and thereby improving the quality of care and sustainability of both home and residential support services. This was a key influence in the government's approach to the 2007 budget low paid workforce budget initiative.

District health boards understand their responsibility for ensuring quality services under the NZ Public Health and Disability Act. In this sector, quality services require us to develop and support the workforce.

The Home Base Support Services Training Initiative, begun in 2005, aimed to contribute to improved capacity and capability of the sector by increasing support worker competency and thereby the quality and safety of service delivery. Phase One served as a pilot for the delivery of a national qualification for home based support workers, and concluded in July this year.

An independent evaluation of Phase One has confirmed that the project's objectives were met, to varying degrees, and that the model of workplace training should continue to be supported by the Ministry and the sector. It demonstrated providers can, with appropriate support, deliver workplace based learning; workplace infrastructure support is one of the critical success factors; and E-learning and multi-media have considerable value. The project team is developing options for a training reference group meeting in October. These will focus on creating infrastructure to sustain high quality training initiatives beyond the life of the project.

Officials continue to work with employee representatives and the sector looking at measures such as developing a career path with training and wages that reflect skills. This would help make the sector more attractive to work in. In addition, those who are trained will be more likely to stay in the sector, producing a return on this investment.

Changes will help make it easier for workers to move into different roles in the sector as necessary, and to progress into more senior positions. A more highly skilled aged care workforce will also improve the standard of care and support in the sector.

While we all clearly have a lot of work to do still, I believe it is also important to step back and look at what we have achieved. I would like to take this opportunity to thank you for your hard work in helping to improve support for both disabled and older people in this country. We will need to work just as hard in the future to continue the rate of progress we have achieved. I am confident we can do it.

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