Canterbury
District Health Board
Te Poari Hauora ō Waitaha

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RE Official information request CDHB 10018

I refer to your email dated 14 January 2019, requesting the following information under the Official Information Act from Canterbury DHB:

Thank you for your email dated 14 January 2019. You raise a number of concerns that I will address here, while giving an overview of services that are provided in Canterbury for people who have a diagnosis of dementia or other similar age-related cognitive impairments. It is very pleasing to see our community groups sharing our concern for older people with dementia and there may be projects we can work on together in future as we address the needs of this growing group.

Firstly, to address your concern that people are being "forced to stay longer" in Retirement Care Apartments before transitioning into Dementia Care units. People living in apartments are considered to be living in their own homes – while there may be some supports in place, it is a private residence. As with people living at home in other circumstances, the decision when and if it is appropriate to move into residential care (i.e. Rest Home care, or Dementia Rest Home Care) is not always an easy one. Most people want to remain at home as long as possible, and in Canterbury, in line with the Ministry of Health's Ageing in Place policy, we aim to support people to live in their own homes with support as long as they can but because this is generally what people want and they tend to have better health outcomes if this can be supported appropriately.

Even when people have a cognitive impairment, if they still maintain capacity, this is their choice. Some people can have a degree of cognitive impairment, but if they still have legal capacity to make decisions and they choose to remain living at home in the community, then we will do our best to support them to do so safely. Often people will spend some time in Rest Home Level Care (even with

a cognitive impairment) until they can no longer be safely managed there, at which point they may be reassessed and moved to Dementia Care.

If a person no longer has capacity (i.e. can no longer legally make a decision for themselves) an Executive Power of Attorney may be activated. The primary purpose of the EPOA is to act in the best interests of the person that they are representing. There are no real financial barriers to going into Aged Residential Care as this is funded by the government for anyone who lacks their own means to pay for it (this is further explained below). Before someone can move into Aged Residential Care, they need to be assessed by a Clinical Assessor and then signed off at a specific level of care. Keep in mind also that a person's journey with dementia just like any other illness, is not always a steady decline so the best time to make this transition may be unclear. Often individuals may have "bad patches" or periods with lesser cognitive awareness – they may sometimes have a delirium triggered by a health event (for example, a person with a urinary tract infection or chest infection may suffer a period of delirium or severe cognitive impairment that can in many cases be reduced or reversed when the underlying infection is treated). It is a complicated decision to make for oneself and even more so to make for a loved one.

In some cases we are aware that people purchase units in retirement villages with an understanding that should their health deteriorate, they will still be able to be accommodated in the Rest Home attached to the village. However not all villages have a large enough Rest Home (or enough Dementia Level beds) to allow this for everyone who needs it. The result then is that a person might need to move into another facility – or might spend more time than otherwise optimal in their apartment while waiting for a space at their facility to open up. Again this is part of the contractual arrangement between the village resident and their rest home – our part as a DHB is to ensure that there are overall enough Dementia Level beds, enough community services, and enough assessors, so that people have the ability to receive the right care at the right place or the right time. There is still an element of choice about when or if these services are taken up by an individual, and the DHB, while required to ensure there are sufficient rest home and dementia beds, is not in a position to guarantee that everyone will always be able to attend their first choice of facility.

By 2025, Christchurch demographics will reach its highest number of 80 year olds residents.

1. **How many will be living in Christchurch Retirement and Care homes in their own apartments?**
2. **How many will be living in Christchurch suburbs located in the northwest of the city?**

The above questions are tricky to answer with any exactitude as they involve a future projection. It is clear that our population is growing; it is clear that our population is ageing. All our planning takes this into account.

We can say that we have 90,120 people over the age of 65 in Canterbury (38,250 over the age of 75. As of December 2018, we had 1263 people living in Aged Residential Care at rest home level of care (note, not in villages – see point about private residences above), 1484 at hospital level of care, 734 people living in dementia level care (443 over the age of 75), and 200 residing in psychogeriatric level of care. In total, we have 3681 people living in Aged Residential Care in Canterbury. Note that this number includes only those who are government-subsidised. Those who pay privately are not included.

3. What is the 2025 planning for these 80 years who have dementia?

World Health Organisation figures predict that there will be a doubling of the incidence of Dementia by 2050. Currently our planning takes into account this predicted rise in dementia. We have some very good dementia services in place currently, however these are already nearly at capacity, so we're working currently on planning for the future increased demand.

Our policy is and has been, in addition to supporting increased residential care, to care for people as long as possible in their home environment. Services put in place to support these people might include:

- Home-based support services (including Personal cares (showering, help with dressing etc); Domestic Assistance (help with basic housework and meal preparation) and Medication Management (supervision of medication delivery);
- Day Support Services/ Community Activity Programmes (where the individuals attend day programmes on one or more week days);
- Homeshare programmes via Presbyterian Support
- Day support in ARC;
- Support programmes through Dementia Canterbury, including supports for Carers, family and whānau, and community activity respite programmes;
- The provision of Carer Support funding to provide respite at home;
- Respite in a Rest Home or Dementia-level care facility

All of these services are provided without means testing, that is, they are allocated by needs assessors according to the clinical need of the individual. There are a lot of positive steps that can be made to help people and their families live well with a dementia diagnosis, so if there is dementia present, getting diagnosed opens up a lot of pathways for support. An agreed process for referral and the delivery of services is captured in the "Cognitive Impairment Pathway" which is part of our online tool "HealthPathways", used by clinicians across the health system. We are working with the PHOs to improve GP awareness of these services and the desirability of dementia diagnoses – it is not viewed as a "bad news" story that it may have been in the past.

At some point – often some years into their experience with dementia - many (not all) people with dementia may need to enter an Aged Residential Care facility.

4. How many will be able to afford the cost of Dementia Care with assets under $22,000 or there about?

5. How many will be able to afford the costs of Dementia Care if their assets are over $22,000 or thereabouts?

Aged Residential services ARE means-tested. The cut-off for assets is in the realm of $200,000 (that is, if a person has assets above this cut-off, they are required to contribute towards their residential care). This amount to pay is called a "maximum contribution" – it is set at a government level and is the same whether or not a person goes into Rest Home level of care, Hospital level of Care, Dementia Level of Care, or Specialist Psychiatric level of Care. People generally move into a dementia facility when their symptoms and behaviours make a secure setting safer and more appropriate for them. Many people can be managed happily in a Rest Home level facility, and in fact, many people living in Rest Home Level of Care do have a cognitive impairment to some degree. People with dementia are often admitted to facilities which have both levels of care so that they can graduate up a level following assessment should their condition deteriorate, without having to change facilities.

If a person has a partner who remains at home, the family home and car are protected assets. If a person is receiving a government benefit (including a pension) then they will pay a portion of their pension towards their rest home fee.

If a person has assets under $200,000, the government will pay for their ARC care, at whichever level they are assessed as needing. Sometimes, if more services are desired, or (for example) a family wishes their person to live in a more luxurious room, or have additional supports at home, these can be purchased, but the basic services to care for someone with dementia are provided by the DHB (paid for by the government). The important thing to note is that, because of this, ALL people with Dementia, no matter what their income and/or assets, will have access to Dementia services (in the community or in Aged Care). There is no chance at all that someone will miss out because they cannot afford it privately.

This is the current state of affairs: we are anticipating a rise in the number of people with dementia diagnoses, and are planning to increase services to support this cohort.

By 2025, will the number of qualified nurses for Older Persons match the needs of our 80 years+ population?

1. Will Christchurch have sufficient qualified nurses to cater to the needs of our 80+ population?

The CDHB is aware of the pending increase in dementia numbers.

Dementia Level Rest Home Care is provided by private providers who are contracted by the CDHB. This is a nationally agreed contract that relies on a market model for the provision of care. We will see several new Dementia wings opening in 2019 and are discussing possible changes with other ARC providers. Aged Residential providers are also aware of the anticipated growth and may adjust their facilities and care provision to reflect this. We will monitor the situation but anticipate that providers will adapt to the need.

Our Community Services Home Based Support Services are bulk-funded and we keep a careful eye on the capacity of our providers to deliver these services. All people receiving services are assessed to determine their needs, and those with dementia and other cognitive disorders are categorised as complex, which means that they may get more time/funding allocated.

We have an excellent programme called “Walking in Another’s Shoes” which is specifically designed to give nurses, support workers and other workers expertise in understanding the needs of people with dementia and working appropriately with them. We are looking at ways that we can roll this out further. In an ideal world, at least one worker from every Aged Care facility would be trained and available to work as a “champion” in their facility.

We have a Dementia Stakeholders Group that meets regularly. This group has committed to following the South Island Dementia Strategy, *Dementia is Everybody’s Business*: https://www.sialliance.health.nz/UserFiles/SouthIslandAlliance/File/twice%20reduced%20size%20Model%20of%20care%20v7%203%20Oct.pdf . This strategy aims to increase awareness, reduce stigma, and provide adequate services at all points of the dementia journey (including prevention).

We have a Health of Older People Work Stream that meets several times a year to think strategically about issues facing older people’s health and to plan and deliver service developments. For our 2019/20 work plan, we have positioned dementia services as a very high priority. This means that this group of clinicians, service providers and funders will be looking closely at service provision for people with dementia and their carers so as to streamline them and address any projected issues around

capacity. We are looking at education around dementia prevention (this aligns closely with recommendations for preventions of diabetes, heart disease and other mental health problems) and are investigating the possibility of establishing local Dementia Nurse Specialists.

We are aware that the ageing population presents some issues in terms of the availability of enough nurses and other staff to serve this population. Amongst developments that we hope will address this is the new nursing MECA that has been nationally negotiated. Similarly to the impact Pay Equity legislation has had for support workers, the new MECA requires nurses to be paid a more desirable and more stable wage and provides real career advancement. We anticipate that over time these changes will make both these careers more attractive. We also have an ageing workforce, so it's important to attract young people to these careers.

Your question regards overseas trained and qualified nurses is extremely pertinent. By 2025 we anticipate that 50% of our workforce in the Aged Care sector will be trained overseas. We are paying particular attention to the changes in the laws around NZ Visas, and our leadership team have been made aware that any restrictions to Visas may impact this important workforce. The DHB is prepared to advocate for these workers if necessary. We're also looking at how we can support these workers to have a good experience in the transition to working in New Zealand.

2. Should future plans for persons with dementia include more groups catering for 5 day care programmes?

We currently fund a number of day programmes, but only two of these are dementia specific. As with ARC facilities, many people attending "regular" day programmes will have some degree of cognitive impairment. We have also begun funding an excellent programme of services through Dementia Canterbury which are called Community Activity Respite Programmes (where groups meet at places of interest for those attending including community gardens, the Christchurch Art Gallery, swimming pools, the Court Theatre etc.). We are looking at the moment into ways that we can support more people for day services. Generally people are allocated one day a week (to share the availability equitably) but it's possible for more to be allocated if they need it. We also have other options available, including Ministry of Health Carer Support allocations. This is currently under review as we predict even more demand in the future. Increasing the capacity of our day services may be part of that planning.

3. In terms of what Residents Associations and community groups in the North West of Christchurch should be considering to be better aware of the needs of Older People's Health?

There is a lot of research (including Action plans) around Dementia Friendly communities. Some useful information can be found here: http://www.alzheimers.org.nz/getattachment/News-Info/Dementia-worldwide/dementia-friendly-communities-pdf.pdf/ but there is a lot of other (local and international) information available.

This may be a project that would interest Residents Associations and community groups. One of the things that struck me from the initial concerns that triggered your letter is that – while it's concerning that the lady in question was wandering from her home – she met someone who was kind to her, and knew what to do. Rather than thinking about how we can keep people more constrained – that is, to stop them from wandering - perhaps we can think about (as part of our response to growing need in the dementia area) how we can continue to build a community where people, like yourself, know what to do should they meet someone who is confused, how to look after them and how to get them home. I think this could be a positive challenge and a space where groups like yours could make a real difference. There are programmes (for example through St John) which provide monitoring – it should

be stressed however that being monitored is again, a personal choice, and potentially has privacy implications. Monitoring bracelets, etc. may prove useful but again this is contingent on a personal choice to wear them (and to remember to put them on). Technology may develop to provide a solution here but it cannot be relied on to do so – part of the work is to ensure our communities are safer havens for people with cognitive impairments.

In Canterbury we still rely a lot on volunteer input into a number of our programmes. It might be worthwhile talking to Dementia Canterbury and Presbyterian Support (for example) – both of these organisations have excellent dementia programmes and are often open to accepting volunteers and/or fund-raising support.

In conclusion – the Canterbury District Health Board is aware of the increasing number of people with dementia and has planning in place that will seek to address this increased need. We have a number of services currently in place but will be looking to enhance and extend these. Having said this, there is definitely a role for community groups to participate in supporting people with dementia (and their carers), and making our communities more dementia friendly.

We would be happy to meet with your organisation to discuss any ideas you might have or come and talk to your group about these issues.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

Greg Hamilton
Acting Executive Director
Planning, Funding & Decision Support