



HEALTH REPORT

Subject: DEMENTIA IN NEW ZEALAND: IMPROVING QUALITY IN RESIDENTIAL CARE

Date: 21 March 2002 **File Ref:** H(45-18-2

Attention: Hon Ruth Dyson (Associate Minister of Health)

Copy to: Hon Annette King (Minister of Health)
Hon Tariana Turia (Associate Minister of Health)

Priority:	Routine	Semi-Urgent	Urgent	24 Hour
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EXECUTIVE SUMMARY

This report provides the Associate Minister of Health, Hon Ruth Dyson, with advice and preliminary comment on each of the recommendations of the Dementia Working Group's report: *Dementia in New Zealand: Improving Quality in Residential Care* (the Dementia Care Report).

The Ministry of Health supports the recommendations listed in the Dementia Care Report. We also agree with the working group's assessment of the impact of dementia on people's lives, and the subsequent importance of:

- early diagnosis through high quality assessment
- appropriate intervention through therapies and activities
- an active partnership between family carers and professionals
- high quality residential care through improved training, staffing, restraint and medication practices, and other measures outlined in the Dementia Care Report.

Existing work programmes within the Ministry are already progressing many of the recommendations made in the Dementia Care Report. In particular, the development of new nationally consistent residential aged-care contracts by 1 June 2002 will provide increased prescription in terms of service quality, with greater accountability through stronger auditing and monitoring provisions.

Specifically, the Ministry is taking or has already taken the following actions to address the recommendations of the Dementia Care Report:

Recommendations Requiring Urgent Action

Training

- Four unit standards, endorsed by Alzheimers NZ, have been prescribed in the new national draft service specification for aged-care services¹. The Community Support Services Industry Training Organisation (CSSITO) has assured the Ministry that there is capacity within the education sector, through trainers such as Aged Care Education, to allow all dementia providers seeking to have their staff trained in these unit standards to do so.
- The Ministry is directly linked into a sector-based group on training issues which has been liaising with CSSITO to ensure that the content of the four prescribed unit standards are current and meet the needs of the sector. The planned introduction of new contracts with aged-care providers will ensure regular monitoring of training levels through routine quality audits.
- The Ministry will provide copies of the Dementia Care Report to all health professional organisations, training institutes, the Health Workforce Advisory Committee (HWAC), and Clinical Training Agency (CTA), asking them to give active consideration to the issues raised in the context of their responsibilities and work programmes.
- The Ministry is currently working with the Ministry of Education on the development of the "Tertiary Education Strategy", to ensure appropriate levels of training for workers in the health and disability sector.

Staffing

- The Ministry's Expert Advisory Panel has been asked to develop a formula that specifies the number of registered and enrolled nurse hours that should be provided to each client. This formula will take account of the level of care required by each client.

¹ This prescription requires that all staff working in specialist dementia units achieve credits in the four unit standards within a set timeframe of beginning work in a specialist unit. The Ministry acknowledges that an increase in training requirements for staff may incur additional costs for providers. Potential costs will be linked to the work being undertaken on pricing and introduction of new contracts for aged residential care.

Use of Medication and Restraint

- Proposed new residential aged care contracts include the requirement for providers to comply with the Restraint Minimisation and Safe Practice Standard (814:2001). Routine quality auditing under the new contracts include specific evaluation of this compliance. Where any funded providers fail to comply, requirements for remedial action will be made and followed up through ongoing monitoring to ensure full compliance.
- All providers of residential services will also have to fully comply with the Restraint Minimisation and Safe Practice Standard in order to be certified under the new safety legislation (Health and Disability Services Safety Act 2001).

Recommendations Requiring Action Over The Next 12 months

Involvement of whānau, families and carers in planning

- Proposed new contracting arrangements for aged-care residential services include requirements for providers to involve whanau, families, and carers in care planning and delivery. Compliance with this requirement will be monitored through routine quality audits, including surveys of families' levels of involvement, once new contracting arrangements are in place.
- A brochure will be developed in consultation with advocates and representatives of the sector to provide information on the contractual and legislative obligations of providers of residential services, the rights and obligations of residents and their families/whanau, other sources of further information and advocacy, and information on how to raise issues and have them addressed. This brochure will be published in accessible formats by August 2002.

Support for Māori with Dementia

- The proposed new residential aged-care contracting arrangements will require providers to have Maori health plans which ensure that services are responsive to the needs of Maori. Compliance with this requirement will be monitored through the Ministry's quality audit programme. The Ministry is will give providers further information and clear guidelines on how to meet this contractual requirement.

Support for Pacific People with Dementia and other Cultural Groups

- The Ministry will further this work under the *Health of Older People Strategy* which includes specific actions to better support older Pacific people and others from ethnic minorities.

Access to Services (including needs assessment and reassessment)

- The Ministry will put in place a training programme for all needs assessors and service co-ordinators for the 2002-2003 year to ensure relevant guidelines, particularly the 1997 National Health Committee Guidelines which provide a pathway for the diagnosis and management of Dementia, are followed appropriately.
- Needs Assessment and Service Coordination Agencies are audited in response to issues being reported to the Ministry of Health. The audits measure whether the service has a process to carry out reassessments, which are expected to be carried out at least annually or as required.

Audit of Services and Enforcement of Compliance

- New national contracts for aged residential care, including implementation of the new service specification and improved audit capabilities, are expected to be in place by 1 June 2002.
- The Ministry will develop an organisation-wide process for complaint management.
- The Ministry is developing "Health Innovation and Quality Awards" to encourage continual improvement of care and services in the health and disability support sector in New Zealand. The first award ceremony is planned for April 2003. Audit reports will be made publicly available under the new aged care residential contracts, so that people can use the information to inform their choices regarding care.

Recommendations requiring action over the next 12-24 months

Dementia specific standards

- The Ministry is committed to the development of a dementia specific standard from 1 July 2003. It is intended that these standards would eventually be brought under the umbrella of the Health and Disability Services (Safety) Act.

Respite care, day care, and home care

- The Ministry is currently undertaking a stocktake of all policy and practices regarding the disability support services it funds, in order to develop a nationwide services framework to guide provision of disability support services (DSS).

- The Ministry and ACC are developing standards for the provision of home based rehabilitation (home support) services. It is intended that the Standards will eventually become mandatory under the Health and Disability Services (Safety) Act. It is anticipated the Standards will be completed by January 2003 for implementation on 1 July 2003.

Information and education

- As discussed above, a brochure will be developed in consultation with advocates and representatives of the sector to provide information to consumers and their families. The Ministry of Health will also clarify with Alzheimers New Zealand any further actions required to provide better information.

Environmental design

- The Ministry will, in consultation with key stakeholders, initiate a literature review and develop either guidelines or a standard for the design of dementia facilities.

Pharmacotherapy for dementia

- The Ministry and Pharmac are currently in discussion regarding the issue of funding of pharmaceuticals for dementia. Outcomes of this discussion will be reported back to Ministers by June 2002.

Younger people with dementia

- Between April and June 2002 the Ministry is completing a stocktake of all younger people (under 65) with disabilities currently in residential care. This stocktake will ascertain what care services are currently provided and what services are most appropriate to meet individual needs. Appropriate alternatives will be developed where required.

Population data on dementia

- The Ministry will further work on gathering population data on dementia under the *Health of Older People Strategy*, which includes the following specific actions:
 - The Ministry will agree with DHBs a standard set of data to model demand for services. This is to be completed by June 2003.
 - The Ministry will work with DHBs and other to improve the quality of existing data.

Research

- The Ministry is working with the Health Research Council (HRC) to ensure that HRC funds are directed to disability research projects. Dementia research is one area highlighted for attention.

Further Work

The Ministry is developing a more detailed work programme from the Dementia Care Report recommendations that will include specific outcomes, planned timeframes, and clear accountabilities. This will be completed by early June 2002.

RECOMMENDATIONS

The recommendations are that you:

- (a) **Note** the recommendations in the Dementia Working Yes / No Group's report;
- (b) **Agree** to Ministry of Health work programme for dementia Yes / No services outlined in the report
- (c) **Agree** to the release of this briefing to the members of the Yes / No Dementia working group.



Carol Searle
Deputy Director-General
Disability Issues Directorate



MINISTER'S SIGNATURE:

DATE: 10/4/02.

REPORT

BACKGROUND INFORMATION

1. Advocates for people who have dementia have for some time been raising concerns about the safety and quality of care within residential services for older people. The level of concern became heightened during 2001 as a result of media attention being focused on residential dementia services, following the death of a resident whilst she was living in specialist dementia residential-care unit. As a result, a working group was established in August 2001 to advise the Ministry of Health on ways to improve the safety and quality of care for people who have dementia.
2. The group was made up of service providers, health professionals and other representatives from the aged-care sector. The group met on the 19th of September 2001. The terms of reference for the group were to:
 - consider the issues related to the quality of care and safety in the provision of residential, respite and day services provided for people who have dementia and provide advice to the Ministry of Health on possible strategies or initiatives which could be employed to address issues.
 - Tasks to be considered included;
 - Staff training, skills and staff ratios
 - Providing a safe and appropriate environment
 - Involving family members (residents and carers) in the planning and provision of care
 - Use of medication and restraint procedures
 - Protection of resident's rights
 - Access to needs assessment/reassessment
 - Audit
3. Dr Hazel Lewis was contracted by the Ministry of Health (the Ministry) to facilitate the working group and prepare a written report documenting any resultant recommendations.
4. The key issues of concern identified by the working group were:
 - a need to optimise staff training, skills and competencies, and staff-resident ratios;
 - providing a safe and quality environment in appropriately configured units;

- involving family members, residents and carers in the planning and provision of care;
 - ensuring the use of medication and restraint (chemical as well as physical) appropriately and safely;
 - ensuring access to services, including needs assessment and reassessment;
 - enforcing compliance through effective regular audits of services;
 - providing early identification, treatment and community based services to support people with dementia and their carers.
5. An initial draft report was prepared late 2001 and sent out for comment to the working group members and other interested parties. A further draft was circulated in early January 2002. After incorporating feedback and additional comment the final report, entitled "Dementia in New Zealand: improving quality in residential care" (referred to throughout this paper as the Dementia Care Report), was submitted to the Ministry in January 2002.

COMMENT

6. The Ministry supports the majority of the recommendations listed in the Dementia Care Report. Many of the issues identified by the working group had also been previously identified through audit processes and discussion with stakeholders and advocacy groups prior to the formation of the dementia working group. Existing work programmes within the Ministry are already progressing some of the recommendations made in the Dementia Care Report. These work programmes include:
- Development of new residential aged-care contracting arrangements with increased prescription around service delivery staffing ratios and increased accountability through stronger auditing provisions.
 - Standardisation of training requirements for care workers in dementia units through the National Curriculum Framework.
 - A new legislative framework to assure reasonable standards of safety in the residential sector: the Health and Disability Services (Safety) Act 2001.
 - The work of the Ministry's Expert Advisory Panel on nursing specification and staffing specification.
 - Release of the Health of Older People strategy.
 - Development of home support standards as a mechanism to assure quality in the provision of home support.

Responses to recommendations which involve the Ministry undertaking new work are discussed individually below. By the early June 2002 a detailed work programme will

be developed from these recommendations which will include specific outcomes, planned timeframes and clear accountabilities.

7. The recommendations from the report are grouped as those requiring :
 - a) urgent action (recommendations 1-7);
 - b) action over the next 12 months (recommendations 8-17);
 - c) action over the next 12 to 24 months (recommendations 18-26).

RECOMMENDATIONS REQUIRING URGENT ACTION

(RECOMMENDATIONS 1-7):

8. Current work within the Ministry will implement many of the recommendations which have been listed as requiring urgent action. Implementation of strategies to ensure that staff in dementia units are trained appropriately is underway, as is work related to ensuring that medication and restraint practices are appropriately implemented. Currently, work related to ensuring staffing levels are safe is progressing, but there are significantly differing views, both nationally and internationally, related to prescribing staffing ratios. These issues are currently under discussion with the Ministry and sector to seek satisfactory resolution.

Recommendation 1. *The Ministry of Health works with CSSITO, Alzheimers New Zealand and sector groups to ensure that training programmes in dementia residential and community care are nationally consistent, accessible, affordable and reflect the needs of people who have dementia.*

9. This recommendation arose from a concern that some caregivers had little or no knowledge of dementia, or of the needs of people who experience dementia. There was no consistent minimum training requirement for staff working in residential settings and quality audits had previously identified a significant issue with regards to the quality and the take-up of training by providers who were accessing training. In an attempt to resolve this, four unit standards endorsed by Alzheimers NZ have been prescribed in the new national draft service specification for aged-care services. This prescription requires that all staff working in specialist dementia units achieve credits in the four unit standards within a set timeframe of beginning work in a specialist unit.
10. The Ministry has consulted closely with CSSITO with regards to the future inclusion of unit standards in aged-care contracts. CSSITO has assured the Ministry that there is the capacity within the education sector through accredited delivers of training or through qualified work-place assessors, to ensure that all providers seeking to have their staff trained in these unit standards, will be able to do so.
11. Aged Care Education (ACE), an industry based provider of education, has worked closely with both CSSITO and Alzheimers NZ to ensure that its educational package will equate with the training requirements for the prescribed unit standards.
12. Advocacy organisations and nurses organisations have indicated that they believe this training requirement should be extended to cover all workers in

residential care settings. Anecdotal evidence from audits, suggests that some providers are already implementing this training requirement within current funding levels and in many instances, extending it to all staff, not just those directly involved in dementia units. In discussions with representatives of the provider sector, it has been made clear to the Ministry of Health that the sector is unwilling to accept the extension of prescription related to training, without acknowledgement of the costs of complying with training requirements. The Ministry acknowledges the additional costs related to training, and as any new training requirements are implemented the cost implications of these will be reflected in appropriate pricing adjustments.

Recommendation 2: *The Ministry liaises with professional organisations to ensure that training in assessment and the early recognition of dementia is included as part of continuing educational programmes.*

13. This recommendation arose from a concern about the perceived low level of expertise amongst some health practitioners who are often gatekeepers for those seeking support or help related to dementia needs.
14. The Ministry will ensure that copies of the Dementia Care Report (once publicly released) are circulated to all health professional organisations and training institutes to ensure they are aware of public concern regarding training in assessment and the early recognition of dementia.
15. The Ministry is currently working with the Ministry of Education on the development of the "Tertiary Education Strategy" to ensure all tertiary education training provides the appropriate level of training for those who will work in the health and disability sector.
16. The Ministry will ensure the Health Workforce Advisory Committee (HWAC) is given a copy of the Dementia Care Report asking them to give consideration to the issues raised and recommendations made around current workforce capacity, including workforce education and training needs in the area of dementia, in the context of their work.
17. The Ministry will ensure the Clinical Training Agency (CTA) is informed of the recommendations and will advocate for the development of post graduate training for health professionals working in the area of dementia.
18. The CTA is currently assessing the need for interdisciplinary training for health professionals working with older people with multiple conditions which will include people with dementia.

Recommendation 3: *The Ministry of Health liaises with CSSITO to ensure that unit standards prescribed in contracts are regularly undated, and that providers are regularly monitored with regard to their contractual obligations for training.*

19. There has been some concern expressed by the provider sector that the unit standards that the Ministry has proposed as a training requirement in the new draft national service specification, are not current or are not pitched at the correct level.

20. Whilst, the maintenance of these unit standards is primarily CSSITO's responsibility, the Ministry of Health has sought feedback from the sector and advocacy groups to determine that CSSITO is being appropriately responsive to industry needs.
21. A sector-based group interested in training issues has been liaising with CSSITO to ensure that the content of the four prescribed unit standards are current and meet the needs of the sector. The Ministry is directly linked into this sector group and is monitoring their ongoing progress with CSSITO.
22. The planned introduction of new contracting arrangements with the aged-care sector, will ensure a level of compliance with regards to training in these new unit standards, as this will be monitored through routine quality audits. CSSITO will also be able to supply data on the numbers of enrolments and progress in these unit standards. The Ministry of Health acknowledges that an increase in Training requirements for staff may incur additional costs for providers. Improvements in training and potential costs will be linked to the work being undertaken on pricing and introduction of new service specifications.

Recommendation 4: *The Ministry of Health requests advice regarding, and an in-depth analysis of, appropriate staffing levels, skill mix and accountabilities, for residential dementia services in New Zealand, from the Expert Advisory Panel currently working on Nursing specifications for Residential Aged Care. The Ministry of Health will need to assess the policy and fiscal implications of this advice.*

23. Representatives on the working group were concerned to see an auditable minimum staffing requirement prescribed for hands-on caregivers in dementia units. This reflects a widespread belief amongst advocates that quality of care for people who have dementia is closely linked to staffing levels. Various advocates have lobbied for a staffing ratio to be prescribed either through legislation or as a contractual requirement. The level of staffing prescription being lobbied for by advocates is not recognised in current funding levels being offered to the provider sector. The provider sector itself has also expressed a desire to have a clear unambiguous staffing requirement. Discussions are continuing with representatives of the provider sector to reach resolution on this issue.
24. The Ministry's Expert Advisory Panel has been requested to develop a formula that specifies the number of registered and enrolled nurse hours based on the aged consumer's complexity levels. The Ministry is currently assessing the impact of advice and will provide a briefing to the Minister in April 2002.

Recommendation 5: *The Ministry of Health requires residential facilities to meet the New Zealand Standard 814:2001, (Restraint Minimisation and Safe Practice).*

Recommendation 6: *The Ministry of Health requires residential facilities to inform carers if restraint is to be used; ensure carers are involved in the consent to restrain process, ensure residents have legal protection through the PPPR Act; and residents have access to independent advocacy services.*

Recommendation 7: *The Ministry of Health audit restraint procedures and processes for remedial action when standards are not being met.*

25. The three recommendations above (5,6, and 7) are grouped in terms of the Ministry's response. Working group members expressed a significant degree of concern that restraint was commonly used as the principal method to manage challenging behaviour associated with the progression of dementia and that those residents who did not have regular contact with family were more at risk due to the lack of external advocacy. Ministry of Health audits have also identified inappropriate use of restraint and lack of consultation around its use as an ongoing issue. Current contracts do clearly prescribe requirements for appropriate use of restraint. The recently published Restraint Minimisation and Safe Practice standard (Ref NZS 8141:2001) provides clarity and guidance around when and how restraint may safely be used. The issue is to now ensure that providers comply with the new standard through either contractual or legislative audits.
26. Proposed new contracting arrangements for aged-care residential services currently includes the requirement that providers of aged-care residential services comply with "all Ministry of Health approved standards.
27. The draft new audit tool being prepared for use once a new national contracting arrangement has been agreed, includes specific sections designed to evaluate compliance with the Restraint Minimisation and Safe Practice Standard.
28. As a contractual obligation, compliance with this requirement will be monitored through routine quality auditing. Where any funded providers fail to comply, requirements for remedial action will be made and followed up through ongoing monitoring to ensure full compliance.
29. As a legislative obligation, all providers of residential services will have to fully comply with the Restraint Minimisation and Safe Practice Standard in order to be certified under the new safety legislation (Health and Disability Services Safety Act 2001). The final date for compliance will be October 2004.

RECOMMENDATIONS REQUIRING ACTION WITHIN 12 MONTHS

(Recommendations 8-17):

30. The work related to the new contracting arrangement for aged-care residential services will address, through better prescription, some of the recommendations proposed for the next twelve months. The Ministry has also done substantial work to ensure that providers are directly accountable for delivery of services under these new requirements. Whilst there is better prescription related to ensuring the needs of Maori, Pacific Island, or other cultural groups are acknowledged and addressed by providers, there is clearly more that needs to be done to provide guidelines and assist the sector with understanding and implementing these requirements. Planning is in place to address this and will be included in the Disability Issues Directorate work plan for 2002/03.

Recommendation 8: *The Ministry of Health involves whanau, families and carers in care (i.e. provide information, assist with support and placement decisions, include in care planning process, including reassessment and evaluation).*

31. Proposed new national contract specifications for aged-care residential services include requirements for providers to involve whanau, families and carers in care planning and delivery. Compliance with this requirement will be monitored through routine quality audits once new contracting arrangements are in place.
32. Current quality audit practice includes surveying families of people who are in aged-care residential services to measure their perception of how well their family member is cared for by the residential service. The survey process within the new contract will include specific questions designed to measure how well whanau, family and carers are involved in the ongoing decision making and care delivery.
33. Currently, guidelines for needs assessment, service co-ordination (NASC) services are being implemented to achieve national consistency in the delivery of needs assessment and service co-ordination. The guidelines require that during service co-ordination, whanau, families and their carers are appropriately supported to make placement decisions.

Recommendation 9: *The Ministry of Health develops an information brochure for subsidised residents and their whanau and families entering residential care, that outlines what they should expect from residential services.*

34. The Disability Issues Directorate of the Ministry is currently working on the development of an information brochure for those who are seeking information on or access to aged-care residential services. Such a brochure is to be developed in consultation with advocates and representatives of the provider sector, to provide information on the contractual and legislative obligations of providers of residential services, the rights and obligations of residents and their families/whanau, other sources of further information and advocacy, and information on how to raise issues and have them addressed. This brochure will be published in various formats to ensure widespread access by August 2002.

Recommendation 10: *The Ministry of Health ensures through contractual obligations that the care and treatment of Maori with dementia is responsive to their needs and cultural expectations.*

35. Feedback from the sector indicates that currently, aged-care residential services do not meet the needs of Maori people with dementia and their whanau in some instances. Further investigation is required to identify and understand the issues and to determine the preferred support options for Maori people and the whanau.
36. The Ministry is currently developing a Maori disability action plan which will provide principles and guidance for providers to ensure that Maori people with disabilities and their whanau have their support needs met in the most

appropriate ways. It is anticipated the plan will be finalised in June 2002 and begin implementation from July 2002.

37. He Korowai Oranga, Maori Health Strategy, the Health for Older People's Strategy and the Maori Disability Action Plan all have objectives to ensure the needs of older Maori and their whanau will be met by appropriate, integrate, healthcare and disability support services. Key steps currently being taken to achieve these objectives include:
- Involving local iwi and Maori in services for Older Maori
 - MOH and DHBs working towards mainstream and Maori service providers being clinically sound, culturally appropriate and well co-ordinated
 - Development of advocacy structures that promote issues for older Maori
 - Financial targets being set within the Disability Issues Directorate budget for provision of 'by Maori for Maori' services
 - Identification of current age specific services for Maori to provide a benchmark figure to build on.
38. The proposed new residential aged-care contracting arrangements will require providers to have Maori health plans so as to ensure that services are responsive to the needs of Maori. Compliance with this requirement will be monitored through the Ministry's quality audit programme. Current feedback from the sector indicates that there is a degree of concern amongst providers of aged-care residential services as to what this particular requirement actually entails. The Ministry is currently discussing the various options for ensuring that providers have clear guidelines as to how they could meet this contractual requirement.

Recommendation 11: *The Ministry of Health ensures that providers of care for people with dementia from different cultural groups take into account the risk of isolation, the importance of culturally appropriate services and special issues that arise in providing carers support, through contractual obligations.*

39. The Health for Older People Strategy specifically states, under Objective 2, that: "Policy and service planning will support quality health and disability support programmes integrated around the needs of older people" and has a key action to:
- Provide guidance on health and support needs for older people in the ethnic minority communities by 2006.
40. The Ministry will also link with DHBs to gather information on specific ethnically based services and what they are currently providing, to co-ordinate and develop aged-care service planning in this area. In order for devolution of funding for services for older people to DHBS, they will be required to demonstrate that they have the "capacity and capability to deliver a continuum

of care. While work is continuing, a decision on devolution is expected by September 2002

Recommendation 12: *The Ministry of Health develops, as part of the Ministry's current needs assessment project, an evidence based guideline (and training) for the assessment and reassessment of people with dementia.*

41. The Ministry published in February 2002 "Support Needs Assessment and Service Co-ordination Policy, Procedure and Information Reporting Guidelines" to support the development of skilled assessment and service co-ordination practice in needs assessment and service co-ordination services.
42. These guidelines recommend referral for specialised assessments when: "...the disabled person's needs require further investigation and assessment by an assessor or service with particular skill and expertise in the area". Reasons for making a specialised assessment referral would be to establish a diagnosis and to access treatments and appropriate interventions.
43. The Ministry will put in place a training programme for all needs assessors and service co-ordinators for the 2002-2003 year to ensure the guidelines are implemented consistently.
44. A copy of the Dementia report will be circulated to all NASC service providers highlighting to them the recommendations specifically related to their role and reinforcing the appropriate process that should be followed when assessing people with dementia. In particular the needs assessors must recognise that a person who may have dementia needs to be assessed by a specialised assessor. The 1997 National Health Committee Guidelines provided a pathway for the diagnosis and management of Dementia. Once dementia is suspected, the person needs to be referred to a geriatrician, a psychogeriatrician or a neurologist for the development of either a treatment or management programme.
45. The Ministry will also ensure that the assessment issues raised in the Dementia Report are addressed within the work that is currently being completed by the Ministry on assessment processes for older people.

Recommendation 13: *The Ministry of Health implements a review and auditing process for reassessments, through contracts with assessment services.*

46. Currently, NASC services are not routinely audited for compliance with their contracts with the Ministry of Health. Some NASC services have been audited against the new national specification for needs assessment and service co-ordination, in response to issues being reported to the Ministry of Health.
47. The NASC audit tool does measure whether the service has a process to carry out reassessments. Reassessments are expected to be carried out at least annually or as required.

Recommendation 14: *The Ministry of Health in association with the sector, proceeds with the inclusion of new nationally consistent service specifications into contracts.*

48. The Ministry in association with the sector has developed a new nationally consistent service specification for inclusion in contracting arrangements with providers. The Ministry is currently awaiting Cabinet approval on the process to be used for contractual arrangements with the aged residential care sector in the future, before the new national service specifications can be implemented.
49. The timeframe for implementation of the new service specification will be linked to introduction of the new contract which will be in place by 1 July 2002.

Recommendation 15: *The Ministry of Health progresses the inclusion of new provisions for holding providers accountable to their contractual requirements through strengthened audit clauses in contracts.*

50. The Ministry has developed audit provisions that would give the Ministry of Health the ability to effectively monitor and enforce contract requirements to be implemented at the time new contractual requirements are introduced by the end of June 2002.

Recommendation 16: *The Ministry of Health develops a national complaints procedure to assist with auditing services and monitors the response to complaints.*

51. Currently, the Licensing section of the Ministry of Health and the Disability Issues Directorate have worked together to achieve a practical approach to managing complaints related to the aged-care sector, which each section then responds to according to their own protocols. There are various Health Funding Authority and Ministry of Health documents that outline how complaints should be responded to, but there is currently no overarching Ministry policy or procedure for complaints management or monitoring.
52. The Ministry will develop a Ministry wide solution to complaint management. The Reportable Events Working group within the Ministry is currently scoping the Ministry of Health's needs in regards to recording events and ensuring appropriate follow up and response occurs in every instance. A complaints process is already in place within the Disability Issues Directorate. An issues based audit can be initiated upon receipt of a complaint and a process followed where issues of concern have been identified as a result of the findings of a routine audit. The disability Issues directorate process will be linked to the Ministry wide Project which is in the early stages of development.

Recommendation 17: *The Ministry of Health explore ways of improving performance, for example, publicly recognising improvements in quality through health and disability awards.*

53. There is a perception that the Ministry is not being proactive around promoting quality through incentives. The criticism falls on either side of a line. Either the Ministry is too soft when it audits and audits do not provide an accurate picture of the quality of a service, or the Ministry fails to appropriately acknowledge

good providers and thereby fails to incentivise a quality focus during service delivery.

54. The Minister of Health agreed in November 2001 to the Ministry proceeding with the development of "Health Innovation and Quality Awards" to encourage continual improvement of care and services in the health and disability support sector in New Zealand. The Health and Disability Innovator Awards are currently under development, and the first award ceremony is planned for April 2003. It is anticipated that all health and disability support services, including residential care, will be eligible to apply for an award.
55. The Ministry has included a mechanism within the proposed new contracting arrangements, to allow the routine publishing of audit reports. The Ministry will ensure that reports are published in an accessible manner, so that people who are interested in the quality of care delivered by individual providers of aged-care services, can use the information to inform their choices regarding care. International experience indicates that providers are responsive to this kind of transparency.
56. The Ministry will also be working with sector representative groups to identify ways in which findings from audits can be used to promulgate best practice and address training and development issues.

RECOMMENDATIONS REQUIRING ACTION OVER THE NEXT 12-24 MONTHS
(RECOMMENDATIONS 18-26):

Recommendation 18: *The Ministry of Health in association with Standards New Zealand, develops dementia specific residential standards which can be brought under the umbrella of the new Health and Disability Services (Safety) Act 2001.*

57. The Ministry has identified that with there is a need to ensure a nationally consistent approach to future quality monitoring and that the legislative framework of the Health and Disability Services Act 2001 provides a better platform to monitor providers, than the current auditing against contracts.
58. The Ministry is committed to the development of a dementia specific standard from 1 July 2003. It is intended that these standards would eventually be brought under the umbrella of the Health and Disability Services (Safety) Act.
59. The Ministry would run an open tender for the development of these standards and Standards New Zealand would be approached to submit a tender along with any other organisation who would be interested in completing the work

Recommendation 19: *The Ministry of Health develops a policy on respite, day care and home care services for people with dementia and their carers, to guide the provision of these services.*

60. The Ministry is currently undertaking a stocktake of all policy and practices regarding the disability support services it funds in order to develop a nationwide services framework for disability support services (DSS).

61. A work programme will be established by 1 July 2003 on the priority policy areas which need to be worked on to ensure a nationally consistent approach to the funding and provision of services for implementation before the end of 2003.

Recommendation 20: *The Ministry of Health will develop standards for respite, day care and home care services for people with dementia.*

62. The Ministry has a joint project with ACC on the development of standards for the provision of home based rehabilitation (home support) services. It is intended that the Standards would apply to contracted providers who will be accredited through external audit and the standards would eventually become mandatory under the Health and Disability Services (Safety) Act. It is anticipated the Standards will be completed by January 2003 for implementation by funders on 1 July 2003.

Recommendation 21: *The Ministry of Health assesses the needs of consumers for information about dementia, and evaluates access to existing dementia educational resources.*

63. The Disability Issues Directorate is currently working on developing an information booklet for prospective residents and their families of aged-care services, which would outline what they can expect from residential services and what obligations providers are subject to (Ref paragraph 34).
64. The Ministry currently contracts with Alzheimer New Zealand for the provision of information and advocacy (DIAS). The Ministry of Health will clarify with Alzheimers New Zealand any further needs of consumers for information about dementia. Action to address any gaps identified, will be negotiated between the Ministry of Health and Alzheimer's New Zealand during recontracting for DIAS services.

Recommendation 22: *The Ministry of Health develops a policy based on best practice in the design of dementia facilities, i.e. small scale units with features that help to orientate, maximise independence and dignity, and promote functional abilities*

65. There are currently a number of publications indicating best practice regarding the design and configuration of dementia facilities. The Ministry will initiate a review of this literature and develop a policy in consultation with key stakeholders so as to develop either guidelines or a standard for the design of dementia facilities. This work is seen as a lower priority for the Ministry of Health at this stage, in comparison to other projects related to improving the quality of dementia care. Completion of this project, however, is anticipated to be within the timeframe of 24 months.

Recommendation 23: *Pharmac keeps under review, criteria for funding pharmaceuticals suitable for the treatment of dementia.*

66. The Disability Issues Directorate of the Ministry will enter discussions with Pharmac regarding the issue of funding of pharmaceuticals. Outcomes of this discussion will be reported back to you by June 2002.

Recommendation 24: *The Ministry of Health ensures that providers caring for younger people with dementia are able to fully meet their special needs with appropriate care packages. This will be part of a wider project which will examine age appropriate residential care.*

67. Between April and June 2002 the Disability Issues Directorate of the Ministry is completing a stocktake of all younger people (under 65) with disabilities currently in residential care. The purpose of this stocktake is to ascertain what care services are currently provided, what services are most appropriate to meet individual needs and to develop appropriate alternatives where required.

Recommendation 25: *The Ministry of Health explores ways of collecting population-based data on dementia in New Zealand in order to better assess needs and plan more effectively for future service provision.*

68. The Ministry acknowledges the need to explore improved ways of collecting population-based data on a range of health and disability needs in New Zealand. Reliable data to model demand is seen as a action of the Health of Older People strategy with key steps to achieving this being:

- The Ministry will agree with DHBs a standard set of data to model demand for services. This is to be completed by June 2003.
- The Ministry will work with DHBs and other to improve the quality of existing data

69. The Ministry will also ensure the Ministry of Social Development and Statistics New Zealand have copies of the Dementia Care Report, with specific reference to this recommendation as they develop strategies that could operate across government to gather and integrate consistent data relating to people with disabilities, to enable measurement of equity of access to and coherence of government funded services.

Recommendation 26: *The Ministry of Health supports New Zealand research proposals on dementia including operational needs assessment and evaluation of existing services.*

70. The Disability Issues Directorate of the Ministry is looking at currently available information and information gaps to identify research requirements. The Directorate is working with the Health Research Council (HRC) to ensure that HRC funds are directed to projects that include disability research, and dementia research is one area highlighted for attention.

IMPLICATIONS FOR REDUCING INEQUALITIES

71. The responses outlined in this paper have the potential to significantly improve access to services and the quality of residential dementia care for Maori and other minority groups who are poorly catered for by existing services.

Contact for telephone discussion (if required)

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