



**Aged Care
Association**
NEW ZEALAND

Aged Care Association submission to the [Draft] Commission 111 Contact Amended Code 2023

February 2024

Contents

About the Aged Care Association	2
Context.....	2
Comment.....	3
Recommendation	4

About the Aged Care Association

This submission is from the Aged Care Association (ACA), the peak body for the aged residential care (ARC) sector in New Zealand.

New Zealand has over 670 aged residential care facilities, with more than 40,000 beds and 35,000 residents. In comparison, Te Whatu Ora oversees 10,748 public hospital beds.

Our members provide rest home, hospital, dementia, psychogeriatric, respite, and palliative care and care for around 700 younger people with disabilities.

Sixty six percent of beds are run by religious institutions, charitable trusts, family-owned, not-for-profits, and privately owned facilities. Most of the remaining beds are operated by listed companies (34 percent).

The ACA welcomes the opportunity to make a submission to the *Commerce Commission* on the *[Draft] Commission 111 Contact Amended Code 2023*. The Association is available for discussion at any time that suits the Commission.

Context

1. Overview of the services provided by the aged care sector

The aged residential care (ARC) sector provides clinical and well-being services to those over 65 years of age and in need of healthcare.

It is important to note that **aged residential care is different from retirement village living**. Villages provide independent living, whereas aged residential care is dependent living for people who require high levels of day to day and health care. Retirement Villages are entirely privately funded by retirees who purchase an “occupational right agreement” (ORA) by way of a capital investment.

In ARC facilities, all residents receive health services i.e. aged residential care services in the form of rest home, hospital or dementia level care, which is provided 24/7. By nature of the clinical care services provided to the residents, ARC facilities have trained and registered healthcare staff in the facilities 24/7, who are the first point of contact for residents during an emergency. Residents are provided with medical alarms or medical call bells to summon care staff in times of emergency. As a result, aged care facilities have persons available at all times who can call on behalf of the residents during emergencies, including during power outages.

2. Existing Codes of Compliance for ARC

Under the Age-Related Residential Care Services (ARRC) Agreement 2023-24, clause D19.6 Major Incident and Health Emergency Plan requires ARC facilities to:

- a. develop and implement a major incident and health emergency plan to ensure that the Services continue to be provided during health, civil defence, or other emergencies.
- b. The plan must:
 - i. identify how the Services will be provided in health, civil defence, or other emergencies;
 - ii. identify the needs of all Residents and staff and how those needs will be provided for during a health, civil defence, or other emergency;
 - iii. identify how the facility will respond to a worst-case scenario pandemic event (40% of the population affected with 2% death rate);
 - iv. meet the requirements set out in the most recent version of Part Five (which relates to health) of the national civil defence emergency management plan (or any document that supersedes or replaces that plan) issued by the department responsible for civil defence and other emergencies; and
 - v. be consistent with Te Whatu Ora's pandemic and emergency plans.
- c. review the major incident and health emergency plan at regular intervals to ensure that it continues to meet the requirements of this clause.
- d. provide Te Whatu Ora with a copy of the major incident and health emergency plan on request.
- e. when requested by Te Whatu Ora, participate in processes to ensure that emergency responses are integrated, coordinated and exercised. The level of participation required will be in accordance with the Services provided by the facilities and the expected roles and services they would provide in an emergency situation.

Comment

1. ARC provides high-level of day-to-day care and health support services and has protocols in place to ensure that residents can reach them in cases of emergency, including during power failures.
2. ARC facilities are compliant under the Te Whatu Ora ARRC agreement for having a health emergency plan. Having to also comply with the 111 Contact Code would, therefore, be superfluous, while adding additional pressure on reporting for ARC facilities.
3. Registered nurses are present within ARC facilities 24/7 to provide the necessary high level of care and health support services to its residents. Furthermore, the residents are provided with medical alarms and medical calls bells to summon nurses or care staff during emergencies, including during power failures. The care staff and nurses have the means of contacting emergency services on behalf of the residents, if need be, during power failures; meeting the purpose of the Code as stated in section C of the draft amended Code.

Recommendation

We recommend that the aged residential care sector is excluded from the 111 Contact Code.

We appreciate that the 111 Contact Code aims to ensure that vulnerable members of our community are able to contact the 111-emergency service in the event of a power failure. However, given the nature of services that ARC facilities already provide and the existing compliance requirements under Te Whatu Ora's ARRC Agreement, we are of the view that the amended Code is a duplication of the compliance requirements for ARC. It is the opinion of the ACA that another level of auditing or compliance is unnecessary for aged residential care providers and provides no further protection for ARC residents already receiving 24/7 assistance.