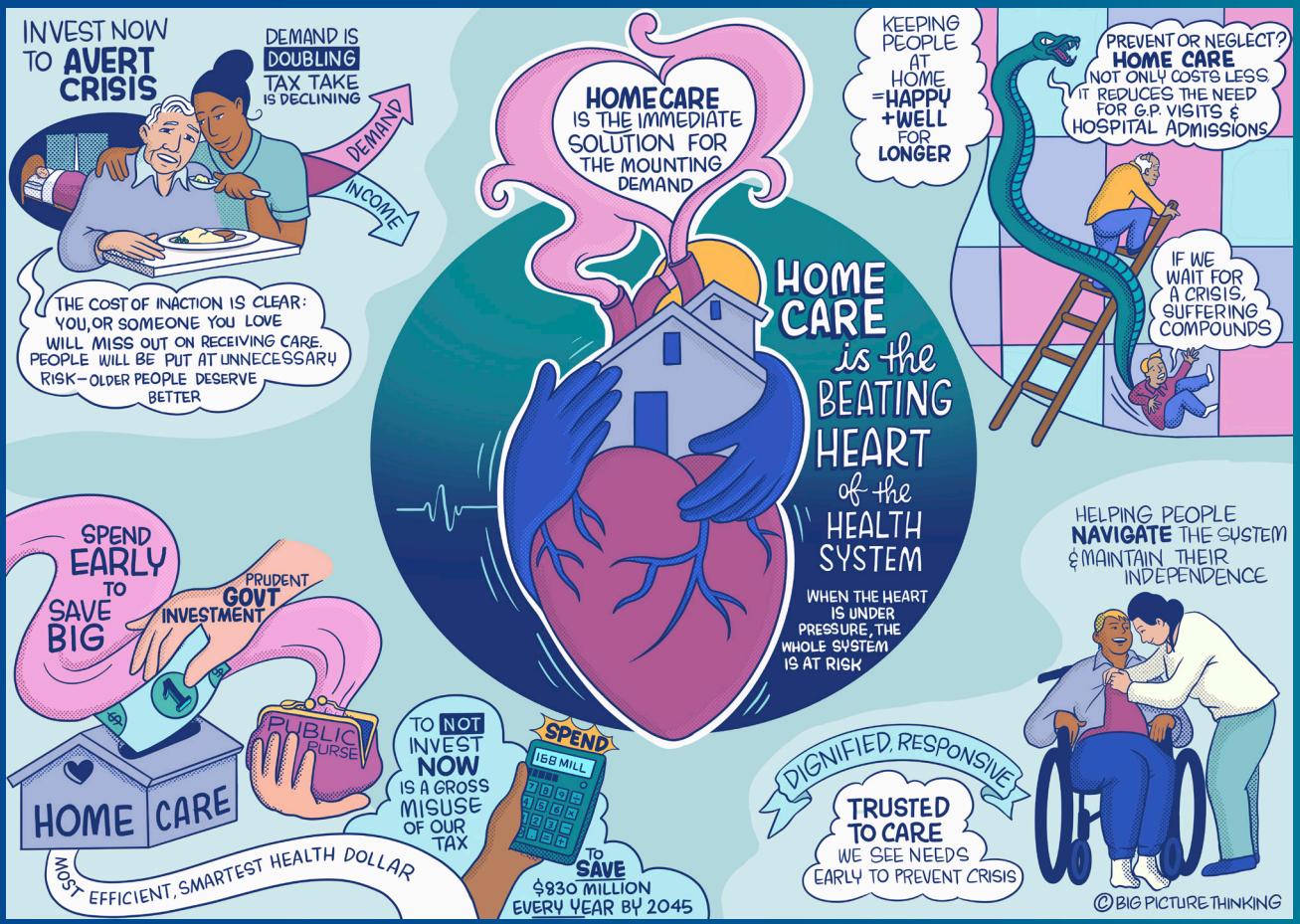
Home & Community Health Association

MANIFESTO

HOME CARE: THE BEATING HEART OF THE HEALTH SYSTEM



HCHA is calling on the Government to take 10 specific actions to prevent crisis, keep people well in their own homes and strengthen in-home care.

HOME CARE IS THE SMARTEST HEALTH INVESTMENT GOVERNMENT MAKES ON BEHALF OF TAXPAYERS

- Fund care at home, and you fund the beating heart of the entire healthcare system now and into the future.
- Prevention and maintaining independence are the two most powerful levers for reducing demand on the health and social system. Home care delivers both.

Home and community care plays a vital role in keeping people out of hospital and supporting older people, disabled people, and those recovering from injury, illness, or managing complex health needs to stay and live well in their own homes. Yet despite decades of growth and evolution, the importance of home care services, and the value they deliver to everyday New Zealanders, remains largely unrecognised. The funding model has not kept pace, leaving the sector unable to sustain the growing demand placed on it. This is a strategic gap, and closing it is the single highest leverage point available to a government focused on system wide efficiency.

Home and community care sits at the heart of the care system; it offers a public good that ripples outward, strengthening whānau, easing pressure on hospitals and GPs, and sustaining the communities around it. It is the lifeblood that shifts us from fragmented supports toward one connected, preventative system of care. Keeping people healthier for longer means we all win.

When the arteries feeding that heart become blocked, when home and community care is under-resourced and can't keep pace, the pressure backs up through the whole system. Hospitals fill, waitlists grow, GP practices get overwhelmed, and everyone trying to access care feels the strain. Wise, early investment in home and community care keeps those arteries clear, easing pressure before it reaches crisis, before hospitalisation, before a family reaches breaking point. It stops the crisis before it becomes a heart attack, protecting both the people at the centre of care and the system that surrounds them. Prevention is not a soft option. It is the most direct route to a resilient health system.

We are calling for support of the Aged Care Report recommendations for a strengthened framework of equitable healthcare provision to people in their homes, one that will deliver significant benefits to both the health and social care system and to people's wellbeing.

The home is where intervention has the greatest impact, shaping independence and wellbeing for the years ahead. Right service, right person, right place. Strengthening home and community care is an investment in that future, keeping people well before a crisis arrives. Our providers offer the community-based care that creates the scaffolding for independence, a public good that eases pressure on GPs and hospital EDs and moves us directly toward health system wait time targets. Every person kept well at home means less strain on the system, and on the people it serves.

Chronic conditions left unmanaged become harder, slower, and far more expensive to recover from, with outcomes that only worsen over time. Every dollar spent in the home is a dollar spent at the fastest possible point on an illness's trajectory toward recovery. Spent later, in an emergency department, that same dollar is working against a problem that has already compounded.

Home care is not a cost sitting upstream of the health system; it is at the centre. It is where the system gets its best return, where prevention happens, and where every taxpayer dollar delivers measurable outcomes, not only in health, but across social wellbeing, mental health, and community connection. The value proposition of being looked after in your own home is significant, extending far beyond the health portfolio to reduce pressure on social services, ease the burden on family carers, and keep people connected to the whānau and communities that sustain them.

Our intimacy and proximity to whānau are what allows us to deliver genuinely holistic care: seamless, relational, and interconnected, in a way no other part of the system can replicate. That closeness reduces hospitalisation, hastens

recovery, and eases pressure on critical care. It also positions home and community providers as natural navigators within the system, guiding people in a way that reflects local, cultural, and individual need for the provision of dignified, responsive care delivered in the comfort of their own home.

Hauora Māori means care that reflects whānau as the unit of care, not the individual in isolation. Care is delivered by providers who already hold relationships of trust within their communities. A system that focuses on costs and funds only individual clinical tasks, and not the relational, whānau-centred model, will keep missing the outcomes it says it wants. Culturally appropriate care is not an add-on to the model; for many whānau, it is the difference between a service that is used and one that is avoided.

We already hold the core elements of this system. Across the motu, around twenty six thousand kaiāwhina, alongside clinical and allied health workers, are already in place, skilled, present in homes, and ready to provide enhanced/advanced home care services today. We have all the pieces and the potential capability, across both clinical and non-clinical workforce; the real efficiency gain isn't in doing less. It's in redirecting the effort we already have away from system duplication and toward direct support of whānau. What's needed now is investment to activate advanced services and make full use of the trusted relationships our workforce already has with whānau.

Being in people's homes gives us something the rest of the system doesn't have; direct, contextual insight into how whānau actually live, and the lived-experience data that comes with it. Our workforce sees issues before they arise, provides care in context, and helps people navigate a system that can otherwise be impossible to move through alone. We are often the first, and sometimes only, line of defence against abuse and neglect in the home.

The right support at home, backed by carer and whānau support, keeps families together and protects them from the hidden cost of care: work left unfinished, school interrupted, training put on hold. Stronger families are the foundation of a stronger future economy.

TO SCALE THIS POTENTIAL, WE NEED:

- **Action on workforce infrastructure**, strengthening healthcare delivery and community wellbeing with capacity that automation cannot replace. It means consolidating the workforce's capability to deliver complex, personalised care, including proactive intervention and community-based acute response, that matches rising clinical need and is backed by robust safeguarding, health, and safety practice.
- **Enable investment in health technology across the sector**, whether through government directly supplying interoperable systems to providers or through funding structured so providers of every size can invest in that technology themselves. Technology efficiencies can reduce friction, support customisation, and improve access and interoperability, so relational care goes where it matters most. Home care can save costs and save lives when providers, large and small, have the technology and training needed to put it to use
- **An independent pricing and nationally negotiated funding model** will provide a stable, sustainable home care sector. This will boost the workforce and sustain the sector into the future.

OUR ASKS

Investment in home and community care maximises the time a person can remain independent in their own homes and reduces the cost of entering aged care facilities (or admission to hospital).

1. **Confirm home care's place at the front of the care pathway.** Home and community care to be recognised as a first line service, not simply as a downstream option once residential capacity runs short, reducing avoidable ED and hospital use through recognised hospital avoidance pathways.
2. **Fund the higher acuity capability the report itself recommends.** We ask government to commit to the recommended adjustment of funding and workforce settings so that home care providers can safely deliver higher acuity work, with clinical needs matched by corresponding investment in training, safeguarding, and fair remuneration, rather than the sector being expected to absorb growing complexity without the resources to support it.

3. **Honour and specify the six percent uplift.** We further ask government to confirm the six percent uplift as a floor, not a ceiling, and to guarantee it reaches providers delivering this care. This is urgent: without it, the sector's resources and ability to invest will keep declining. No sector can grow on funding that hasn't kept pace with its costs, and investment is needed now.

4. **Invest in the technology and training that make efficient care possible.** Urgent investment is needed to realise health technology efficiencies and the training that puts them to use.

5. **Implement direct navigation funding to providers.** Fund the accessible navigation providers already offer through their relationships with whānau, both local and community based.

6. **Rural-proof funding settings to reflect the realities kaiāwhina and providers already navigate.** What it takes to keep people well in rural communities looks different, and we ask government to ensure funding reflects that reality. Delivered by kaiāwhina, some Māori-led services, and trusted local providers already stretching further than funding models account for, this care sits alongside primary care and general practice, not behind it. Rural health reform will only work if home care is invested in as its own priority, not folded into settings designed for GPs. Rurally relevant funding settings, reflecting distance, terrain, and thin population bases, would let this strength scale rather than strain.

7. **Develop a cross-sector workforce strategy for aged care.** This includes paying support workers fairly for the work they are doing in line with the report's own remuneration recommendations.

8. **Honour and align with Mahi Aroha and the Dementia Mate Wareware Action Plan and the Disability Support Services Act.** We ask government to embed the priorities of Mahi Aroha, the Carers' Strategy Action Plan, the Dementia Mate Wareware Action Plan 2026–2031, and the choice, safety, and dignity principles of the Disability Support Services Act into home and community care policy, ensuring disabled people, older people, and their carers and whānau are equally reflected in how that policy is delivered. As a sector, we are ready to support delivery of these commitments, including recognition and respite for care partners, through the trusted relationships our workforce already has with carers and whānau.

9. **Recognise the cost differential between hospital, residential, and home care as an explicit funding principle.** The evidence shows where the wise investment lies, and this must be a key feature of government planning. Taxpayers deserve preventative, cost-effective investment over crisis response.

10. **Investigate transition to dynamic bulk funded approach directed by Aged Care Pricing Authority.** We support this direction and ask that it come with the safeguards the report itself sets out: smaller geographic cohorts, population updates that keep pace with local change, commissioning cycles of three to five years, and specific protection for locally and culturally specific models such as iwi based and community providers, with existing contracts grandparented through the transition. These safeguards should be treated as part of the model government commits to, not optional extras added later.