Home & Community Health
Association

ANNUAL REPORT 2025/2026

HOME AND COMMUNITY HEALTH ASSOCIATION

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Chairperson's Report 2025-2026

Murray Penman

Chairperson

Home and Community Health Association

I am pleased to present the Annual Report and financial statements for the Home and Community Health Association Incorporated for the financial year from 1 July 2025 to 30 June 2026.

Having received the Sapere Group phase 2 report, the HCHA advocated to government on what the next steps would be for our sector. By October, the Associate Minister of Health announced that a Ministerial Advisory Group (MAG) would be set up to develop a report and recommendations to government on three main areas:

- The funding model needed to support sustainable services
- How the costs of providing aged care could be reasonably shared between those receiving care and the government
- The changes needed to support cohesion and integration between aged care services and health services, and between aged care and disability support services.

As a sector, while we were still apprehensive due to more delays in charting a firm pathway for our sector's future, we welcomed the MAG and the inclusion of sector experts who would be able to bring together all of the information from the many reviews that have been undertaken to date.

While all of this was going on we undertook analysis to present to government the challenges with managing In Between Travel and dealt with an ongoing fuel crisis which has increased overall costs.

Unfortunately more challenges are to come. Over the next year the northern and midland Te Whatu Ora Tender processes will be finalised. These processes create potential opportunities but also significant uncertainty for providers and clients at a time when our sector needs stability to be able to meet the challenges ahead.

During this year, we have again stepped up our engagement with Government. The Board and the CEO have met with Ministers, Government officials and other Members

of Parliament to discuss the challenges we face, and I am thankful for the support from providers who have hosted and advocated on behalf of our sector to MPs. We are now starting to see the results of a raised profile with politicians now regularly seeking to engage with us.

As always, I want to sincerely thank the members of the association for your ongoing support and for generously sharing your knowledge. Your contributions are deeply appreciated and play a vital role in strengthening our advocacy efforts.

In addition, I would like to acknowledge the work of our Chief Executive Officer Lisa Foster. She has worked tirelessly and it is directly through her efforts that the profile of the HCHA has been significantly raised across government.

Ngā mihi

Murray Penman

HCHA Board Members 1 July 2025 - 30 June 2026

Appointed Independent Board members

Alison Van Wyk (Deputy Chairperson) (Re-appointed Independent Board Member April 2026)
Penny Hanning (Appointed Independent Board Member 9 November 2023)

Elected Board members

Shelley Cunningham (re-elected 1 June 2025)
Murray Penman (Chairperson) (re-elected 1 June 2026)
Meng Cheong (re-elected 1 June 2024)
Wendy Hoskin (re-elected 1 June 2025)
Carmel Conaghan (re-elected 1 June 2025)
Androulla Kotrotsos (re-elected 1 June 2026)

Board members who have left during the period

No Board Members have left during the period

Chief Executive's Report 2025-2026

Lisa Foster

Chief Executive Officer, Home and Community Health Association

HCHA: A Year in Review

Kia ora koutou katoa,

Home and community care keeps people well in the place they choose to be: their home. It reduces costs and demands on acute health services that are under strain, and it holds tāngata whaiora and whānau at the centre. This year we set out to make sure the people who fund and shape our health and community system recognise this fact and the central role our sector holds for a more resilient society.

The year demanded a great deal of our members, kaiāwhina and community health professionals who carry this sector into homes across the motu. Fuel costs soared. Cost of living impacts became more intense. A revised Long Form Agreement Template for the Funded Health Sector was developed. In-Between Travel efficiency targets arrived. And Budget 2026 did not offer the sustainable funding increases we had hoped for.

It was also a year of results. Meetings with Ministers and MPs rose from 34 to 60. A 30% interim mileage rate increase was secured for kaiāwhina when fuel costs threatened service continuity. We were able to raise the sector profile with national media coverage. The Prime Minister, Ministers and MPs across the political spectrum acknowledged the value of the care our members provide, and we built new partnerships with primary care and rural health that are shaping the year ahead. HCHA is realistic about the pressure this year brought, and about the steady progress made alongside it, like the koru, moving forward to influence change and hold hope. Through it all, our members' fortitude, dedication and resilience held steady the tāngata whaiora and whānau who rely so heavily upon them.

Amplifying Our Collective Voice

We sent 144 direct updates and 10 pānui to members, with our usual break in January and a pause in August. The pānui open rate rose from 53.7% in February 2025 to 86.4% in February 2026, a sign that members are reading and using what we send. We hosted 13 member webinars, with Te Kōhao Health graciously hosting a Māori provider hui, one of six held this year. There were nine CEO breakfasts, we held our annual Forum and

AGM in October, and we completed 15 formal submissions. I was honoured to visit nine members at their worksites, from Hamilton and Auckland to Whangārei and Christchurch, and attended 16 conferences and events, speaking at three. Media interviews rose from none to eight, and we issued five media releases, so the story of home and community care was told more often and more publicly.

There was a deliberate shift of effort towards whakatairanga, elevating the profile for our members. We held regular working group meetings with funders, guided by reflections and feedback, where decisions on contracts were being shaped. Our hours reflect it: time spent on leadership and collaboration in strategy work rose from about 129 to 329 hours.

Membership numbers held at 40 provider members, alongside 8 affiliate and 7 charity affiliate members. Some organisations left and others joined, and we welcomed Korowai Aroha Trust, Age Care Central, Pirirākau Hauora, Laura Fergusson Trust, Dementia New Zealand, Biarri Optimisation and Netsoft, with further members due to join in 2026/27.

Government Engagement: Momentum Built

The activity was also in meetings with Ministers and MPs which rose from 34 to 60, with 28 held with Ministers and 32 with MPs, an increase of just over 76%. They included the Prime Minister, Ministers Brown, Costello, Willis, Seymour and Simpson, and a constructive meeting in January with Te Whatu Ora Chief Executive Dr Dale Bramley. We also met Labour, Green and ACT MPs, because sustainable funding for home and community care needs to be understood across the political spectrum, particularly in the lead up to an election year. Our message stayed consistent: home and community care is cost-effective, preventative and central to meeting the Government's health targets. We shared our case study winners with Ministers and influencers far and wide, and increasingly we heard agreement with our core messaging.

Kotahitanga in Action: Whakatairanga

On 23 October 2025 brave members gathered at Te Papa for Whakatairanga: Elevate, Celebrate Our Impact, some joining virtually after severe, wild weather hit the capital and led to cancelled flights. Nevertheless, more than 80 people from 44 organisations registered for the day. Hon Simeon Brown opened the day and celebrated with us, Sir Ashley Bloomfield gave the keynote, and speakers from Te Whatu Ora, ACC, DSS, universities and Ageing Australia grounded the day in evidence. Our case study awards put the everyday impact of kaiāwhina in front of the Minister and our funders. From the subsequent evaluation, all rated the Forum good or better and 82% rated it excellent or very good, while 95% said they were extremely or very likely to attend again. Sir Ashley Bloomfield's keynote and the chance to network stood out, and the Māori providers' hui the night before was rated extremely or very useful by 92% of respondents who attended

it. Ngā mihi nui to our sponsors, Careerforce, DAA Group, Biarri and Catalyst, whose partnership and belief in the home and community sector made Whakatairanga possible. Our thanks also go to Prestige Print for the printing.

Awards were given to five member stories and presented by Hon Simeon Brown, Minister of Health, at our Forum event. This included Enliven's Bloke's Club and Women's Circle in Hamilton which gives people living with dementia early support and social connection and those caring for them much needed respite. Pacific Homecare's Fia Ola, self-funded for more than a decade, which runs five cultural groups a week for 174 elders in South Auckland. Te Kōhao Health who brought rongoā and conventional care together for a kaumātua in rapid decline, and his whānau watched his mobility, mental clarity and connection return. RDNS who built a support team around a young woman with tetraplegia so she could move cities for university, and she now lives in her own flat, having her own choice and control over her life. And tlc4u2 walked alongside a young man after a spinal cord injury, from the hardest part of his recovery and mental health challenges, to training for the 2028 Paralympics.

Each of these stories begins with a life that was narrowing. In each, the right support at the right time, in the person's own home and community, widened it again, at a fraction of the cost of the alternative. Home and community care in action, enhancing lives one story at a time. That is what our members do every day, and it is why we keep putting these stories in front of Ministers and officials.

The Fuel Crisis and the Mileage Rate Increase

When fuel prices surged in early 2026, the kaiāwhina carried the biggest burden, as cost of living impacts hit them the hardest, and some began declining rural visits or even considering leaving the sector. HCHA wrote to the Minister of Finance on 18 and 25 March setting out the risk to service continuity, and the letter was tabled in Parliament and covered by national media. Your stories and evidence, along with union pressure and media, gave it weight. The result was a 30% interim increase in the mileage rate for home and community support workers, confirmed by Te Whatu Ora, with ACC and DSS aligning, and with the Prime Minister and the Minister of Health publicly recognising the essential role of kaiāwhina. The increase has been clarified as temporary and the pressures extend well beyond fuel to consumables, coordination costs and workforce retention, so we continue to press for a durable sustainable funding model. At the time of writing, the increase continues to be honoured although there could be further escalation of need. We also engaged the Ministry of Health on its Fuel Response Plan, proposing a surety fund, recognition of coordination costs, and a way for kaiāwhina to be identified as essential workers at the pump.

In-Between Travel was the thread running through the year, building momentum as it went. For 2026/27, Te Whatu Ora confirmed a base price uplift of 2.66% for home and

community providers, with a further 1.1% conditional on an IBT Efficiency Plan, bringing new planning, reporting and contractual obligations for providers. IBT was the first topic for our joint working group with Te Whatu Ora, and through the second half of the year our focus moved from describing the problem to negotiating solutions. That work has continued into the new financial year, covering provider planning, the principles applied, reporting requirements and the contractual implications for members.

Our position remained that even the combined 3.76% does not reflect the pressures members carry, from minimum wage increases and Holidays Act changes to KiwiSaver obligations and fuel, and this remains central to our advocacy.

The uplift is also easily misread, with one member of Parliament recently being told by the Ministry that the sector had received 4%. It is why we keep calling for an independent, evidence-based pricing model that tracks real costs, so our funding needs can be crystal clear, and we can stay vibrant and resilient in the increasing needs ahead.

During the IBT process we continuously challenged the framing that rising IBT costs only reflect inefficiency, pointing to client complexity, split shifts, client choice, rural distance and years of underfunding, and we formally requested the methodology for assessing the 1.1%, which we never received. ACC confirmed a 2% uplift from 1 July 2026 that excludes mileage, and we pressed ACC for transparency on how it is set although the response was vague. For DSS an increase to support demand and inflationary cost pressures was announced of 2% with some delay occurring in providers receiving this increase.

From Pay Equity to Pricing: Redirecting Our Effort

The closure of pay equity claims in 2025 dramatically changed where our energy went. The previous year absorbed about 356 hours of pay equity work, and this year a lot of that stopped in its tracks. This report clarifies where that effort went, including raising our members' profile, sharing vital updates and offering important webinars or connections into key legislation or engagement. We did not totally step away from workers' pay. Alongside our Chair, Murray Penman, we gave an oral submission to the People's Select Committee on the repeal of pay equity on 28 August 2025, setting out the years of good faith work and resources providers had invested in the claims, and a pay parity gap linked to high support worker turnover estimated at around 25%, versus 10% for Te Whatu Ora employees. The Committee's March report recommended reinstating the cancelled claims and establishing an independent pay equity unit. The pay parity gap of about $5 an hour between Te Whatu Ora employed health care assistants and community support workers stayed central to our advocacy.

Aged Care Reform, A Place to Grow Old

The groundwork for aged care reform was laid well before this year. EY's 2019 report, Recognising the Contribution of the Home and Community Support Sector, put our sector's economic contribution on the record, and Te Whatu Ora's two Sapere reports for the Aged Care Funding and Service Models Review assessed the current state of home and community care and modelled options for funding and service delivery. While the release of the second report was delayed, momentum was reinvigorated when the Health Select Committee opened an inquiry into the sector's current and future capacity to provide support services, with particular attention to people living with neurological cognitive disorders. HCHA's 2024 submission set out what our members' evidence shows: that home and community support keeps people well, keeps them out of hospital, and does so at a fraction of the cost of the alternatives. We highlighted chronic underfunding and rising complexity, a difference of around 15% in funding rates depending on location under the fee-for-service model, and the need for a co-designed strategy and action plan that addresses pay equity and workforce planning.

The subsequent Committee report in November 2025, made 14 recommendations on improving support for people with neurological cognitive disorders. These related to access to aged residential care, home and community support services, carers and the aged care workforce. The Government's formal response in March 2026 noted all 14 recommendations and confirmed they would be considered through the Aged Care Ministerial Advisory Group, which Minister Costello announced in October 2025 as an independent, bipartisan group, and whose members were appointed in December 2025 to advise on the sustainability and future direction of the aged care system.

In April 2026 HCHA was among about ten organisations invited to advise the Group with a submission. We argued that, with sustainable funding, flexible commissioning, equity for Māori and better support for carers, home and community support can deliver innovation and savings across the aged care continuum and must be in the frame rather than an afterthought to residential care. The Group's report, A Place to Grow Old, was released in August 2026, after the end of this financial year.

Reform Across the Sector

Keeping our members updated with our regular newsletters is an important aspect of our mahi and there has certainly been a lot to report. Here are few key areas we addressed.

Te Whatu Ora began moving home and community support from fee-for-service contracts to a bulk-funded, casemix-based model built on a restorative approach, starting with a competitive procurement in the Northern region that opened in January 2026, with Te Manawa Taki and the other regions to follow. This process is based on government procurement framework and follows a competitive process. Where

appropriate, we provided members with information on this model and pressed for clear communication ahead of further regional change.

ACC also went through a time of significant change this year. In November 2025 ACC briefed our Board on In-Between Travel and confirmed it had no plans to move to bulk funding, and in January 2026 it released its Turnaround Plan in response to significant financial and performance pressures, with a renewed focus on lasting recovery and independence. We shared with members what this could mean for them and the people they support. In June we met with the Minister for ACC, Hon Scott Simpson, to highlight the quiet, essential mahi our members do every day to keep people safe at home and prevent falls and injuries before they happen. We also raised transitions between Te Whatu Ora and ACC funding as an area needing more attention, particularly when funding processes between the two are unclear. The Minister was supportive and we now meet regularly with Sarah Sinnott, Head of Health Commissioning, Transitional and Long-Term Complex Care, to share updates and look at themes and trends across the system.

Disability Support: Reform and Partnership

Disability support reforms moved quickly as DSS shifted from stabilising the system to a focus on strengthening it. There were many contentious issues and concern around lack of inclusion during these processes and HCHA was keen to ensure any opportunity for input was shared with members. To support this intent, HCHA met regularly with the Deputy Chief Executive, Disability Support Services to ensure HCHA remained updated. DSS also attended our Board meeting to offer a high-level overview of their direction of travel. HCHA welcomed the move towards nationally consistent assessment and more flexible funding, and removal of the purchasing rules, 1 April 2026, while pressing that years of underinvestment still need to be addressed. The DSS CEO Provider Forum was reshaped into a strategic partnership, co-chaired by DSS and NZDSN with HCHA as an ex-officio member. The New Zealand Disability Strategy 2026 to 2030 was developed during the year, and HCHA took part in a hui on the draft in September 2025. Through our pānui we shared ways for members, and the disabled people and whānau they support, to have their say. We also prepared a submission and a member template on the Disability Support Services Bill.

Partnership and Collaboration: Primary Care, Rural Health and Health Tech

Partnership shaped this year. In March we signed a memorandum of understanding with Collaborative Aotearoa, giving home and community care and primary care a shared platform to reduce duplication and speak together on issues like fuel and travel costs. We joined Hauora Taiwhenua, and I attended the WONCA World Rural Health Conference at Te Papa in April and Rural Fest in May, where the message was consistent: rural and kaupapa Māori care is relational, not transactional, and funding

must reflect distance, workforce and trust. As access to a GP within a week becomes a national health target from 1 July 2026, we have positioned kaiāwhina as the in-home support that keeps people well and reduces pressure on primary care. In health technology, we hosted webinars on cyber security and emergency preparedness, engaged Te Whatu Ora on the Shared Digital Health Record, and welcomed Biarri Optimisation and Netsoft as affiliate members.

Workforce, Evidence and Stories

Workforce sustainability remained a core advocacy focus with quality training a key need. Careerforce moved into the new Industry Skills Board on 1 January 2026 as vocational education was reformed, and we kept members informed as work began on role-specific skill standards for home and community support. We supported members to apply to the Workforce Futures Fund and scoped workforce data to give the sector the evidence it lacks. We also backed the Health Quality and Safety Commission's client experience survey. This showed consistently positive experiences of respect and cultural inclusion, strong results from kaupapa Māori providers, and communication and scheduling as the areas to improve. Our December member survey ranked advocacy and influence with government as members' top priority, followed by evidence-based funding models and raising the sector's profile, and that steer shaped our year.

The Royal Commission of Inquiry into Abuse in Care led to a focus on safeguarding and HCHA was nominated to the Care Sector Reference Group, established in February 2026 as part of the Crown's response. The group gives HCHA a voice across three workstreams: workforce capability, checking the suitability of the care workforce, and reporting and visibility of abuse and neglect. We made sure the realities of home-based care, including for providers in remote communities, were part of that conversation, and that lasting safeguarding depends on a workforce that is well trained, supported and valued.

HCHA was also one of two peak bodies on the Strategic Cross-Sector Forum on Workforce Development, established in late 2025. The Forum looks across the roughly 65,000 care and support workers in disability support, home and community support, aged residential care, and mental health and addiction services, many of whom work across more than one setting, with the shared aim of a well-trained, safe and sustainable workforce. Its first piece of work, the DSS Workforce Data and Insights Project, set out to establish a minimum dataset showing who the workforce is, with a current state report due by 30 June 2026, and HCHA contributed to its early design. This work continues into 2026,27. We have emphasised that providers need to be able to trust who gathers, holds and uses their data, and that the story behind the numbers matters just as much if the insights are to shape real improvements in training, recruitment and retention.

Governance

At our AGM, held alongside our Forum in October 2025, members endorsed the re-registration of HCHA as an incorporated society and adopted a refreshed, more accessible constitution, aligning us with the Incorporated Societies Act 2022 and the Charities Amendment Act 2023. Ngā mihi nui to our Board members for their governance and support, and especially to our Chair, Murray Penman, whose steady guidance and many hours of Ministerial preparation, working groups and Board business have made a real difference this year.

Since Year End

Momentum has kept gathering since 30 June. The Ministerial Advisory Group's report, A Place to Grow Old, was released in August 2026, and its recommendations are being prepared by the Ministry of Health for active consideration in 2027. Te Whatu Ora delayed the move to its new regional model in the Northern region, which is now expected to begin in March 2027 and roll out district by district. On 15 and 16 September we launched our Manifesto, Home Care: The Beating Heart of the Health System, at Parliament and at our Leaders' Forum, Mauri Ora: Home and Community Support, the Heart of Care, where we had opportunities for whakawhanaungatanga, ako and manaaki with members, politicians and funders in the same space. ACC released its 2026/27 Turnaround Plan, and at the Forum Sarah Sinnott confirmed that home and community support remains essential to the Scheme. ACC also appointed Sid Miller OBE as its Chief Executive from 21 September.

Looking Forward

The year ahead will test us. The general election on 7 November 2026 takes us into uncertain territory. We all acknowledge that the health system is a large ship that turns slowly, and it is turning in heavy weather: an ageing population, a fragmented system and funding that has not kept pace over decades. Our job is to be on deck when the course is set, so that home care is seen as essential and investment follows.

Every day, kaiāwhina go into homes across Aotearoa so that people can stay at home, close to their whānau and community. That is why our Manifesto puts it simply: fund care at home, and you fund the beating heart of the health system. We are asking for independent pricing that reflects the real cost of care, for investment in services that keep people well rather than duplicate, and for support in the home to be treated as core infrastructure alongside primary care, pharmacy and digital. To make this a reality we need to support the workforce and the technology that helps them, for equity gaps to close, and for a long term, bipartisan plan, because an ageing population does not work to electoral cycles.

After the election, these asks will be at the centre of our Briefing for Incoming Ministers and our first meetings with those holding the portfolios that matter to our sector. Through our pānui and member updates we will keep you close to that kōrero, because we are strongest when we speak with one unified voice. Our aim has not changed: fair, sustainable funding for home and community care, so kaiāwhina are valued and whānau are supported to stay well at home. Keep that heart strong, and the whole health system is stronger for it.

Ngā mihi nui,

Lisa Foster

Chief Executive Officer