

Health and ageing

How the health system can support
New Zealanders to live well in later life

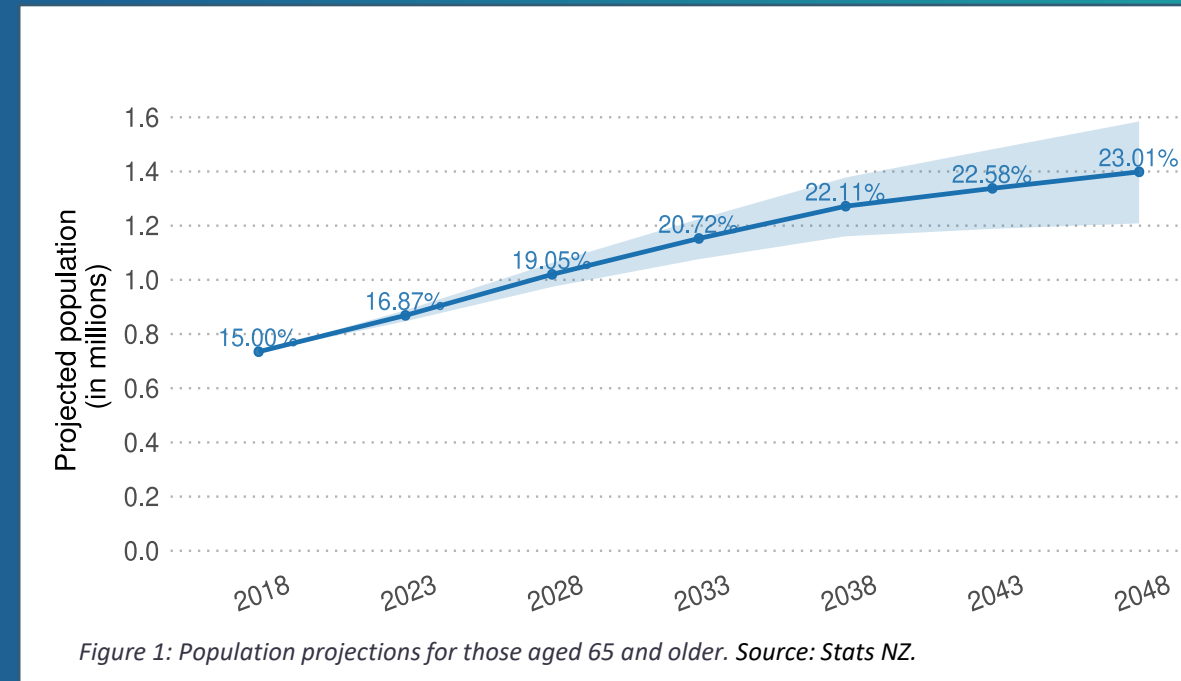
*Designing Cities for Every Age – Age Friendly
Cities and Communities Symposium*

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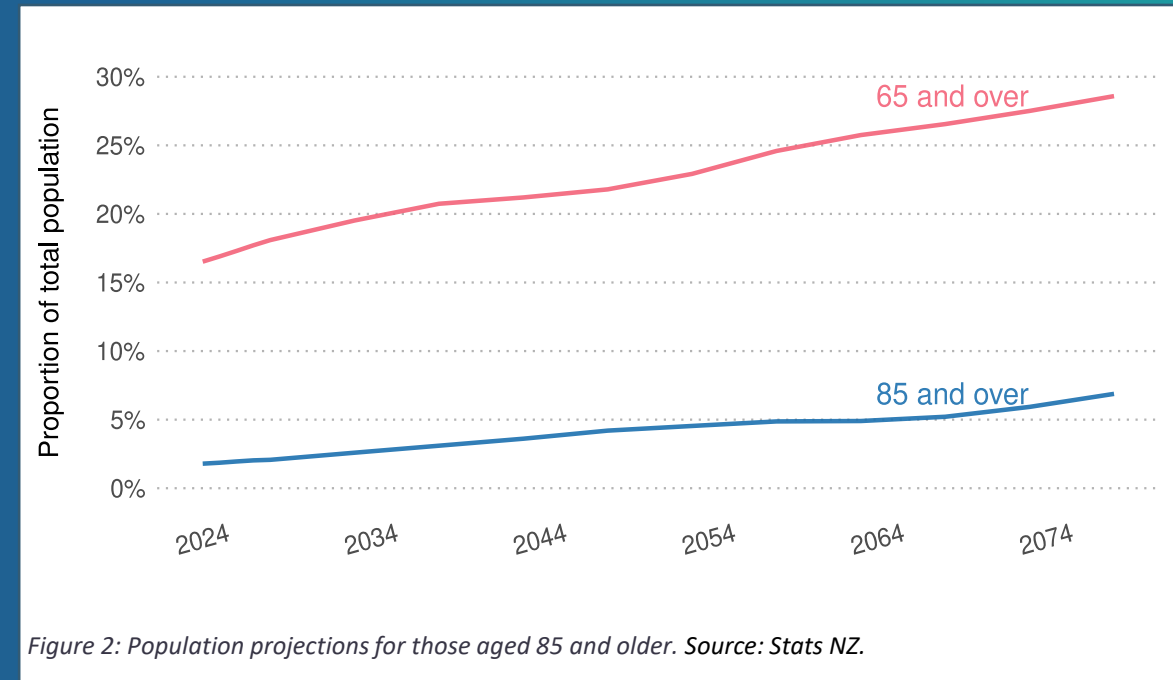
New Zealanders are living longer than ever before

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- We are becoming a “super-aged” society
- This brings both opportunities and challenges



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Health system implications

- Demographic and health trends
- What it means to “live well” in later life
- How can the health system support this?



Not all extra years are spent in good health

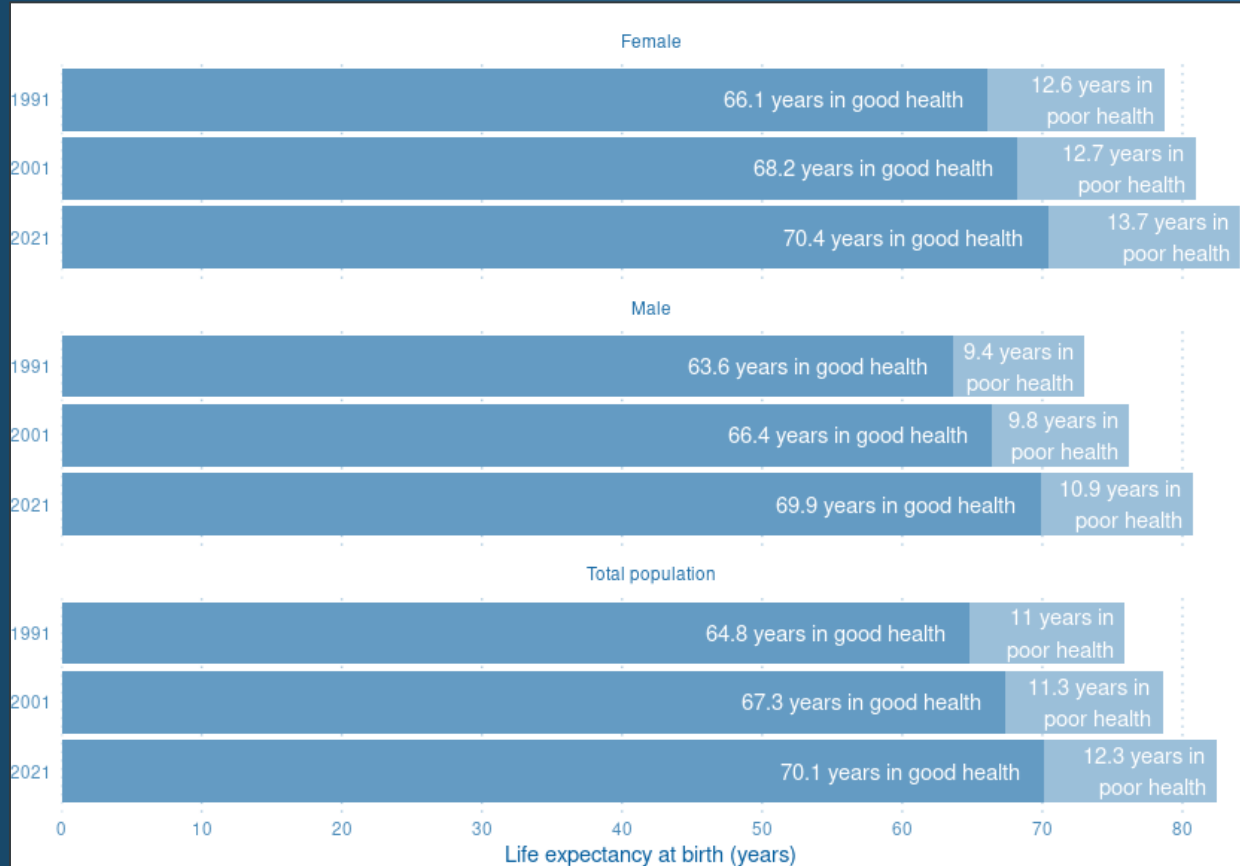


Figure 3: Comparison of life expectancy and health expectancy in New Zealand, by gender, 1991–2021.

Life expectancy – The average number of years a person can expect to live.

Health expectancy – The average number of years a person can expect to live in good health, without significant illness or disability.

What does living well in later life mean?

- Remain in our homes and communities
- Stay socially connected
- Access quality, affordable health care
- Enjoy financial security
- Engage in meaningful activities
- Maintain autonomy – mana motuhake – in everyday life



Our vision

- Older New Zealanders are valued, connected, and supported
- People have real options in terms of how they live in later life
- The health system enables ageing in place



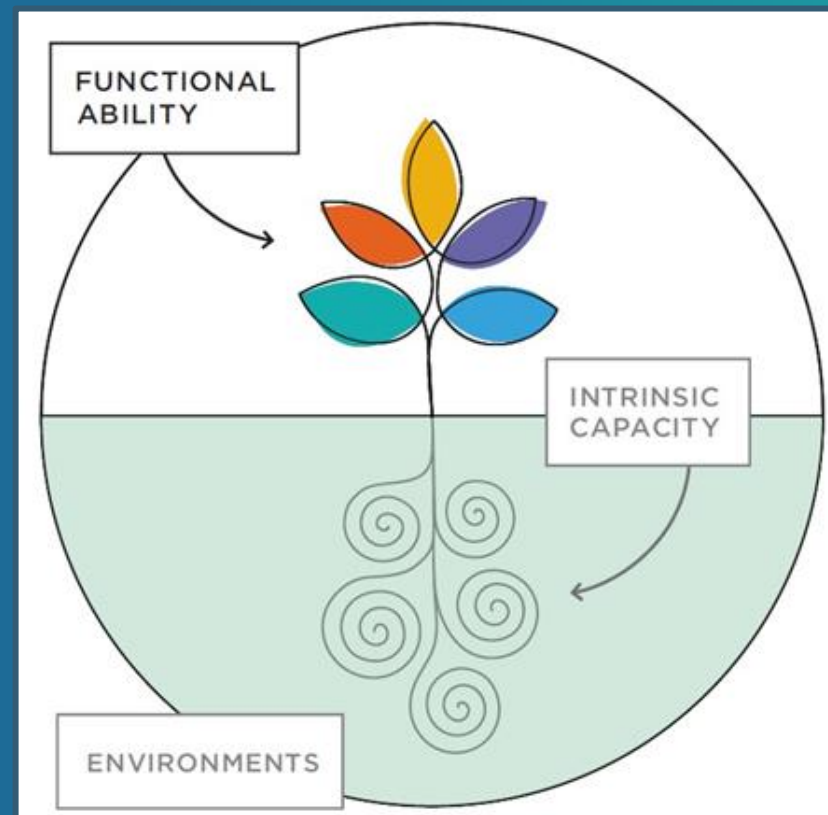
Principles

- Tackling ageism
- Recognising diversity in ageing
- Ensuring equity



Functional agency – our guiding concept

- Ability to do what matters most
- Shaped by capabilities and environment
- **Focus on options, autonomy, and participation**



Approaches to care to support living well



From reactive to proactive health care



From provider-focused care to person- and whānau-centred care



From fragmented care to integrated care

Proactive health care

What

- Focus on functional agency, mental/social wellbeing, and quality of life
- Augment biomedical care with preventive, habilitative, and rehabilitative services

Why

- Reduces hospital admissions and stays
- Delays disability, improves recovery, reduces polypharmacy
- Extends social and economic participation
- Enable ageing in place

How

- Greater use of allied health professionals in primary care
- Prioritise interventions that can improve functional agency
- Adopt digital tools (telehealth, wearables)
- Incentivise holistic outcomes via policy levers



Person and whānau-centred care

What

- Bring care closer to daily life: home-based, mobile clinics, community hubs
- Embed health and social care in local contexts
- Include social prescribing and carer support

Why

- Improves access, early intervention, and adherence
- Builds trust and cultural alignment
- Supports ageing in place and reduces barriers

How

- Co-design with local providers and community groups
- Strengthen primary care capacity
- Use digital portals and remote monitoring
- Enable and incentivise collaboration across health and social sectors



Integrated care

What

- Needs-based, multidisciplinary pathways
- Combine primary, secondary, community, allied health, and social supports
- Provide clear navigation and continuity

Why

- Avoids duplication, polypharmacy, and missed care
- Reduces costs and improves safety
- Essential for multimorbidity and complex needs

How

- Shared electronic records and interoperable systems
- Multidisciplinary teams and outcome-based funding
- AI-driven decision support
- Cross-sector collaboration under health-in-all-policies



Conclusions

- Optimise functional agency so older New Zealanders live well in later life
- Person-centred, accessible care in primary and community settings
- Focus on enabling people to stay well and safe at home and in their communities