



Briefing Note: Minister Tinetti meeting with Diabetes NZ on 4 May

To:	Hon Jan Tinetti, Associate Minister of Education		
Cc:	Hon Chris Hipkins, Minister of Education		
Date:	28 April 2022	Priority:	Medium
Security Level:	In Confidence	METIS No:	1286038
Drafter:	Fiona Bartley	DDI:	044638182
Key Contact:	David Wales	DDI:	044637669
Messaging seen by Communications team:	No	Round Robin:	No

Purpose of Report

The purpose of this paper is to provide information to support your Zoom meeting with Lena Fendley from Diabetes NZ on 4 May.

You have requested current information on the Highest Needs Review and the support provided by the Ministry for ākonga with Type 1 diabetes.

Summary

- The zoom meeting was requested by Lena Fendley to discuss the High Needs Review and current supports for ākonga with Type 1 diabetes.
- Lena Fendley is the Branch Coordinator for Diabetes New Zealand in Tauranga and the Bay of Plenty/Lakes Youth Coordinator.
- All ākonga with Type 1 diabetes are eligible for additional support in school through the School High Health Needs Fund (SHHNF).
- The current process and support for ākonga with Type 1 diabetes will remain in place until the Highest Needs Review is completed toward the end of 2022. Recommended options and solutions for change are yet to be determined. The Ministry is not yet able to comment on those outcomes.
- At the meeting Lena may also want to discuss the consultation regarding the introduction of a healthy drinks policy in primary schools.

- Public consultation on proposed changes to the promotion and provision of healthy drinks in schools will close on 2 June 2022. The discussion document and online survey are available for consideration and submissions.

Proactive Release

Agree that the Ministry of Education release this briefing in full once it has been considered by you.

☒ Agree ☐ Disagree



David Wales
**Poutohu Matua Te Hāpai Ō Rāngai
Te Pae Aronui**

28/04/2022



Hon Jan Tinetti

Associate Minister of Education

30 /04/ 2022

Background

Diabetes New Zealand

1. Diabetes NZ is a Charitable Trust that represents and supports people with diabetes. They have existed for over 50 years and have a National Office in Wellington, and branches across the country with staff and volunteers who help people live well with diabetes. Their focus is to lead, champion and advocate for change to reduce the incidence of diabetes, improved diabetes health care, and empower those affected by or at risk of diabetes to lead healthy, active lives.
2. Diabetes NZ's 2021 Strategic Plan sets out goals for the next 5 years to improve access to new technologies, medicines and essential services including fully funded Continuous and Flash glucose monitors. The context of the 2021 Strategic Plan for Diabetes NZ is appended as Annex 1.

School High Health Needs Funding (SHHNF)

3. The SHHNF was established in 2001 to provide support and supervision for ākonga who have significant, fragile health needs.
4. The SHHNF aims to ensure ākonga with significant health needs can safely attend school. The fund helps ākonga learn to self-manage their health needs to the best of their ability and as quickly as possible.
5. A very small number of ākonga may need the fund's support for the duration of their schooling. As at 22 April 2022, this is less than 20 ākonga. Two of these ākonga have co-morbid health conditions which include Type 1 diabetes.
6. All ākonga with Type 1 diabetes are eligible for additional support in school through the SHHNF from either first entering school, or when initially diagnosed. An educator from the team around the ākonga submits a SHHNF application. Eligibility for the SHHNF is determined by the Assurance and Eligibility team in the Ministry of Education National Office with local Regional Offices (Te Mahau) determining the hours of support allocated to each individual ākonga, based on their health needs and identified in the Individual Care Plan. Every ākonga who receives funding has a Ministry key contact who is part of the team supporting the student's needs and is the school's point of contact. Supporting students with this condition towards independence is considered best practice for achieving long-term wellbeing for the ākonga.
7. As at 22 April 2022 the SHHNF supports 523 ākonga with Type 1 diabetes in schools.
8. The average time ākonga with Type 1 diabetes receives SHHNF support is dependent on age of diagnosis. Younger children receive initial support for 2 to 3 years. At the end of this time, on review, their place in the fund is extended between 12 to 18 months depending on their independence in managing their condition.
9. 5-year-olds entering school on average receive a total of 23 terms of support as they move to more independent management of their condition.
10. When the ākonga no longer meets the threshold for a high level of support (i.e. when they have increased overall management of their condition), their supervision is continued and managed by the school within their resources.

11. Annex 2 describes data about ākonga with Type 1 Diabetes supported by SHHNF, including the period of time ākonga receive SHHNF support, the geographic region and ethnicity of ākonga.
12. The Assurance and Eligibility team work closely with diabetes practice nurses and paediatric networks in Wellington to ensure best practice guidelines and recommendations are followed.
13. Ākonga with Type 2 diabetes are not included in the scheme at this time if their diabetes is managed by diet only. They may be supported by the SHHNF if they require insulin at school, there are concerns for their social needs and wellbeing, and when there are co-morbid medical conditions.

Highest Needs Review

14. Engagement for the Highest Needs Review has now closed, and the process of analysing submissions received is underway.
15. Diabetes NZ made a late submission prepared by Heather Verry, CEO, and Marsha Mackie, Youth and Project Manager, on Wednesday 13 April 2022, which was acknowledged and accepted.
16. The key area of their submission was regarding children with Type 1 diabetes. Relevant content from their submission is italicised below.
17. The current process and support for ākonga with Type 1 diabetes will remain in place until the Highest Needs Review is completed toward the end of 2022. Recommended options and solutions for change are yet to be determined. The Ministry is not yet able to comment on those outcomes.

Children with Type 1 diabetes

Of the estimated 280,000 people with diabetes in New Zealand, it is estimated that 10% have Type 1 diabetes, the majority of whom will have been diagnosed during childhood.

As a national organisation we hear the same challenges and frustrations reported by families going through the SHHNF application process echoed across the country.

- *Inequity outcomes across the country with some children receiving no teacher aid hours when others receive full support.*
- *The requirement to have quarterly reviews. This is a lifelong condition with no cure hence the children's needs are unlikely to change.*
- *No teacher aid funding for pre-schoolers in an early learning environment.*

Recommendations

As a result of this review, we would like to see the following outcomes:

- *A nationwide framework – equity no matter what part of the country the children are in.*
- *Quarterly meetings reduced to annual meetings for children over the age of 11 and bi-annual for children under 11.*

- *Teacher aid funding for all Type 1 children under 6 attending early childhood education centres.*
- *Funding to continue until the child can self-manage their diabetes, at least to the end of year 8.*
- *Support to be fast tracked when a child is first diagnosed with Type 1 diabetes. Especially primary school-aged children.*

Ideas to resolve some of the barriers for learners with Type 1 diabetes

1. *Develop a core framework across conditions. If the child meets the base level requirement for eligibility, a minimum number of hours would be applied. Individual child reviews would determine the additional hours required.*
2. *Enable best practice procedures and frameworks to be shared nationwide across all parties involved - Ministry of Education, schools (SENCOs) and parents so that everyone is aware of the part they have to play in the application process and how to get the best outcome, to reduce the pressure and stress off the parents.*

Consultation on policy changes promoting healthy drinks in primary school

18. The Ministry is publicly consulting on proposed changes to the promotion and provision of healthy drinks in schools. Public consultation closes on 2 June 2022 and the discussion document and online survey are available [here](#). We are preparing a webinar presentation to discuss the proposed Regulations and to provide the public with an opportunity to discuss the proposals and ask us questions or make suggestions.
19. The relevant National Administration Guideline, which requires school boards to promote healthy food and nutrition, expires on 1 January 2023. We are proposing to replace this with a requirement that schools can only provide healthy drinks for students in years 1 – 8. This would align schools with current healthy drinks standards outlined in the Ka Ora Ka Ako Healthy School Lunches programme, as well as existing guidance from the Ministry of Health's Healthy Active Learning Programme.
20. Sugar Sweetened Beverages (SSBs) contribute to various diseases and poor health outcomes including obesity, poor oral health, cardiovascular disease, and diabetes. SSB consumption now contributes to 26% of the total sugar intake of children, and dental decay is now the most commonly reported preventable disease among children.
21. We have identified three options for implementation. Our preferred option (Option 1) is to replace the existing guideline with a duty in Regulations for all schools and kura to promote healthy food and nutrition, and for students in years 1-8 to only supply healthy drinks to students. It is proposed that this comes into effect from the end of this year before the National Administration Guidelines expire.
22. The proposed duty would not apply to secondary schools. Fewer secondary schools have existing healthy drinking policies, and their food and drink settings are different compared to primary schools. More work needs to be done to understand the challenges that secondary schools would face in implementing this policy and we are using a public consultation process to better understand these nuances.

Annexes

Annex 1: Context of Diabetes NZ Strategy, 2021

Annex 2: Data about ākonga with Type 1 diabetes supported by SHHNF

Proactively Released

Annex 1: Context excerpt from *Diabetes NZ Strategic Plan 2021*

Context

Diabetes New Zealand represents and acts for all New Zealanders affected by or at risk of diabetes.

Our 2021 Strategic Plan, which should be read in conjunction with the recently released report on *The Economic and Social Cost of Type 2 Diabetes*, reflects the Board's re-focus and commitment to step forward and Turn the Tide on a health condition that is placing an increasing burden on individuals, whānau, and the health system.

Our Plan sets some ambitious outcomes that we will be working towards over the next five years, with annual reviews of our progress. We are mindful that the Health and Disability System Review 2020 proposes significant changes to the health system in New Zealand. Our strategies align with the recommendations in the Review and we recognise and support the proposal that population health functions need to be strengthened, with a shift to a health and wellness focus, involving NGOs more at a Tier 1 level.

The prevalence of diabetes in New Zealand and the chronic downstream health complications marks diabetes as this country's most serious long-term health challenge. It is of pandemic proportions.

Some 265,000 New Zealanders have diabetes. A further 100,000 people are predicted to have pre-diabetes or are at risk. The incidence of diabetes is unabated with 40 people a day developing diabetes. The personal and social costs are enormous, as is the vast cost to our health system. Together with whānau and family, we estimate that over 1 million people in New Zealand are affected by diabetes – 20% of the nation.

The Economic and Social Cost of Type 2 Diabetes report forecasts that the number of people with type 2 diabetes in New Zealand is projected to increase by 70-90% within the next 20 years at an annual cost of \$3.5 billion. There is a need to change New Zealand's diabetes model of care – identifying diabetes as a Government health priority; identifying a national set of health and social outcome targets and development of a national strategy to enable achievement of those outcomes.

There is no silver bullet. Diabetes is a complex condition that affects a wide cross-section of people across all age groups. There are differing types of diabetes resulting in differing needs. Diabetes is more prevalent among Māori, Pasifika and Asian peoples, and also in lower socio-economic groups, where inequities in health outcomes exist.

For such a serious and life-threatening condition, diabetes is shockingly misunderstood. Increasing public awareness and understanding of diabetes is a 'must do'.

As a charity, our resources are constrained. While we know we could do much more, we need to be nimble and smart with the funds we have. Stepping up our 'impact' appraisal and reporting is an essential ingredient to managing our operations effectively.

We have set ourselves some ambitious strategies and some outcomes

to strive for. Our Plan is ambitious, but our resolve is strong.

Achieving our goals will deliver our mission and most importantly, will *Turn the Tide*.

Diabetes New Zealand Board of Trustees May 2021

SHHNF - T1 Diabetes 2017 - 2021

Number of students with Type 1 diabetes supported by SHHNF between 2017 -2021 is 896

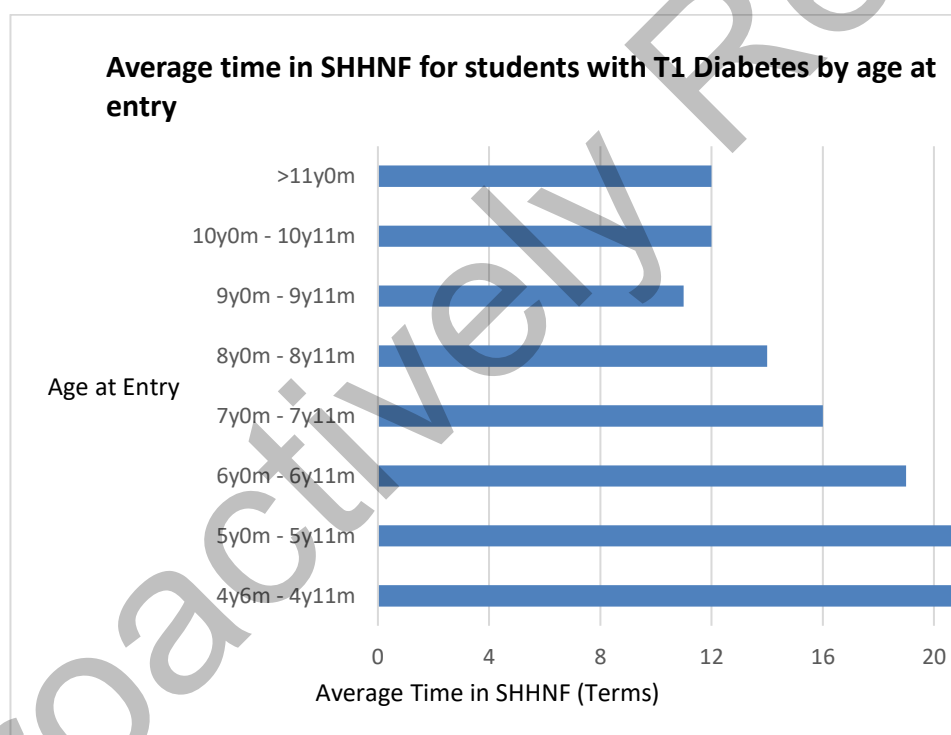
Average time in SHHNF for students with T1 Diabetes, 2017 - 2021

Age at Application

4y6m - 4y11m (9.9%)
 5y0m - 5y11m (18.3%)
 6y0m - 6y11m (8.1%)
 7y0m - 7y11m (13.7%)
 8y0m - 8y11m (15.4%)
 9y0m - 9y11m (12.5%)
 10y0m - 10y11m (11.3%)
 >11y0m (10.8%)

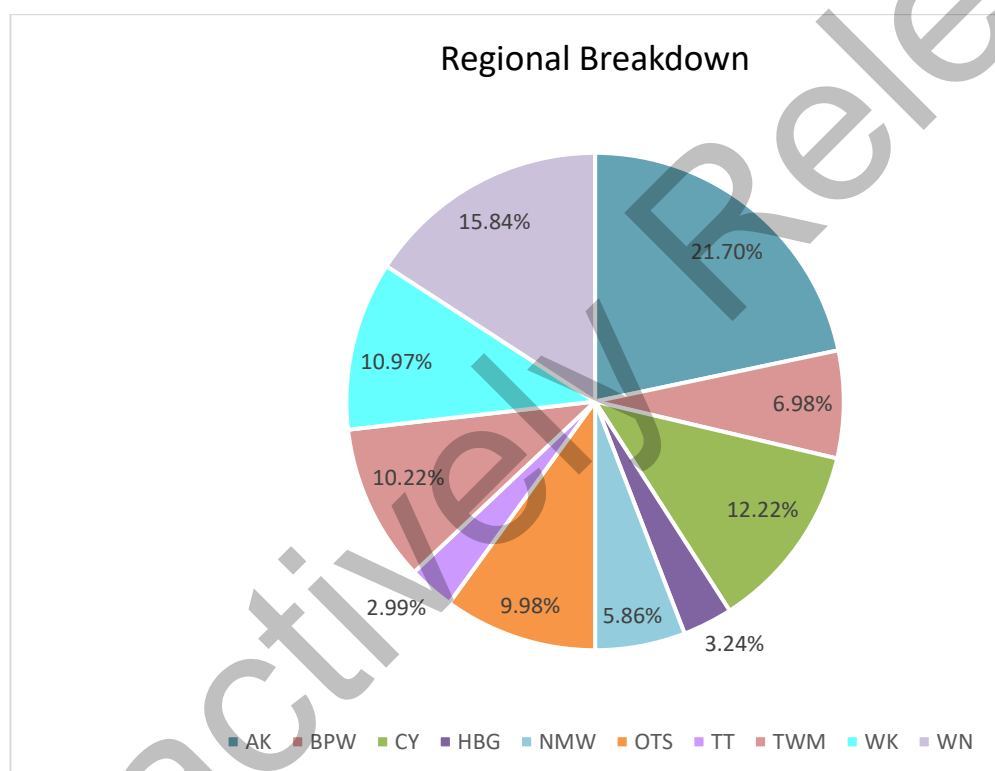
Average time in fund (terms)

21
 23
 19
 16
 14
 11
 12
 12



Regional distribution of students with T1 Diabetes supported by SHHNF, 2017 - 2021

Regions	Percent
Auckland	21.7
Wellington	15.84
Canterbury/Chatham Islands	12.22
Waikato	10.97
Taranaki/Whanganui/Manawatu	10.22
Otago/Southland	9.98
Bay of Plenty/Waiariki	6.98
Nelson/Marlborough/West Coast	5.86
Hawkes Bay/Tairarwhiti	3.24
Tai Tokerau	2.99



Ethnicity profile of students with T1 Diabetes supported by SHHNF, 2017 - 2021

Ethnicity	Percent
NZ Euro	67.08
Māori	15.51
Pasifika	6.47
Indian	2.34
UK&Euro	2.79
Asian	1.79
Other	3.79

