



Submission to the Office for Seniors on the ageing population strategy

24 August 2018

Introduction

1. This submission is from the New Zealand Aged Care Association (NZACA), the peak body for the aged residential care (ARC) industry in New Zealand. We represent 93% or approximately 36,000 beds of the country's ARC industry. Our members range from the very small stand-alone care homes to the large co-located sites that include care services and retirement villages. Our members' services include rest home, hospital, dementia and psychogeriatric level care, as well as short-term care, such as respite.
2. Advocating and lobbying to government to shape policies and create an environment that helps our members provide outstanding quality care for older New Zealanders is at the heart of what we do. We provide leadership on issues that impact on the success of our members, for example, the pay equity settlement, and workforce recruitment and retention, particularly related to immigration.
3. We produce valuable research, professional development opportunities, information and publications to help our members make informed business decisions, improve capability and keep them up-to-date with industry developments.
4. Any enquiries relating to this paper should in the first instance be referred to Alyson Kana, NZACA Senior Policy Analyst, at alyson@nzaca.org.nz or by phone on 04 473 3159.

Overall comments

5. The NZACA welcomes the review of the Positive Ageing Strategy and as part of this review would like to see ARC recognised as a mainstream function of the health sector. Also, we are concerned to see that ARC receives very little mention in the Discussion Document for developing this new strategy, particularly when 35% of New Zealanders live out their final years and die in ARC facilities. The services provided by the ARC industry need to be recognised as important in the later years of life.

General comments

6. The Positive Ageing Strategy is long overdue for a review, having been introduced in 2001. The NZACA welcomes this review and sees it as a positive step towards recognising the impact an ageing population is going to have on New Zealand's society in the not too distant future.
7. The 2001 Strategy is outdated as the over 65 cohort, along with their wants and needs, has changed considerably since 2001. Our industry has experienced this first hand, particularly over the last decade. Residents in ARC are increasingly wanting services and options that are above the 'standard' level of care provided and funded by the Government. Providers in the ARC industry now offer services and accommodation options such as ensuites, larger rooms, and internet access. Our *ARC Industry Profile 2017-18*¹ shows the number of providers who

¹ To be published in September 2018. This will be available on our website (www.nzaca.org.nz) once released.

offer residents the option of additional service and/or accommodation options increased from 21% in 2006 to 85% in 2017.

ARC recognised as a mainstream function of the health sector

8. ARC needs to be recognised as a mainstream function of the New Zealand health sector, and not just a place of last resort.
9. There are 11,000 beds in 84 public hospitals run by 20 DHBs, compared to 39,000 beds in 669 ARC facilities around the country, many in small communities where a public hospital is not easily accessed. Therefore, the ARC industry operates three times the acute hospital level beds of a DHB hospital and in settings where DHB hospitals are not. This demonstrates the highly critical role played by ARC in caring for the most vulnerable older New Zealand and allowing them to stay in their own communities – we often look after the many sick and frail older Kiwis that public hospitals cannot. Without these services the older people would end up in public hospitals that would be unable to cope.
10. ARC also provides improved health benefits for those who have previously been living in a community setting. Our research *Caring for our older Kiwis*², released in April 2018, illustrates the significant health benefits experienced by those who entered ARC in the six-month period following their admission. Improvements include, 82% of older people reporting that they no longer feel lonely when they move into care, 74.5% had improved health stability and 62.6% had improved levels of pain.
11. One of the most significant benefits of ARC, and why it should be recognised as a core function of the health system and the wider New Zealand society, is the reduction in feelings of loneliness and isolation. Over the last 12 months, there has been increasing discussion of the role of isolation and loneliness in society, particularly for older people. Many older people, especially the older-older, living in the community have limited face-to-face contact with others. They may not travel far from their home and rely heavily on carers coming in daily or every few days as their main contact with the outside world, other than the television. Our *Caring for our older Kiwis* research shows feelings of loneliness reduced significantly upon entering an ARC facility. In an ARC facility there are other residents around to talk to as well as care staff that older people have contact with. This shows the significance of the role ARC plays for the older population.

Ageing is positive

12. Growing old shouldn't be a negative experience. It needs to be recognised by all New Zealanders that it is a positive part of life. Part of growing old may be the need for care to ensure the safety, health and welfare needs are appropriate for one's stage of life. Whether this may be remaining in one's own home or in an ARC facility, the choice needs to be there for older New Zealanders. ARC needs to be an accessible choice for all, at the right time, not just a last option if all other options have been tried and failed.

² <https://www.nzaca.org.nz/policy/caring-for-our-older-kiwis/>

13. New Zealanders need to be given the choice to not only age in place in their own home, but for those who would prefer and feel safer, they need to be given the option to age in a care environment such as a rest home or a retirement village unit certified to provide ARC. Increasingly ARC is being provided to older people in their own home in a unit occupied under an Occupational Right Agreement (ORA), such as a care suite or retirement village unit. These homes need to be recognised as an option of ageing in place and ageing well in a supported environment that has further support available if and when it is needed.
14. The access to ARC needs to be the same across New Zealand. *Caring for our older Kiwis* shows the access and time taken to enter ARC varies depending on where you live in the country. Nationally, for those people admitted into ARC during 2016/17, the median length of time it takes to be admitted into care after hitting a high MAPLe score³ is four months. The waiting times vary across the regions – residents in some regions are able to access care in a median time of less than three months (Waitemata, Northland and MidCentral DHB regions), while in others the median waiting time is closer to ten months (Hawke’s Bay, Bay of Plenty and Tairāwhiti DHB regions).
15. Older New Zealanders need to be given the option to live long and live well in an environment that they feel comfortable in for their stage of life. Should this environment be a rest home then there should be no barriers put in place that restrict the individual from living in their place of choice, and this should be the same throughout New Zealand, not vary dependent on the DHB region that they live in.

Links to local communities

16. Older people play an extremely important role in New Zealand society and it is important that they remain connected to the community, particularly their local community. ARC facilities provide an important link between our most vulnerable older New Zealanders and their surrounding communities.
17. As outlined above, for many older New Zealanders as they age and become less mobile, they reduce the distance within which they travel from home. As their level of frailty becomes high they won’t venture too far from their home and rely on people visiting them. For some this will be limited to those coming into their homes to provide care. This is increasing more as families become dispersed across the country and world in our increasingly mobile society. While older people have remained in their home town, their children and grandchildren live further away and are not able to visit on a regular basis. All this can reduce an older person’s links to their local community.
18. This is where ARC facilities play an important role in creating links between older people living in ARC and their communities. ARC facilities have contact with many local groups including volunteer groups, early child education centres, playgroups and schools.

³ A high MAPLe score (of four or more out of five) is an indication that the person being assessed is at risk of needing residential care.

19. In linking with playgroups, early childhood education centres and schools, ARC facilities are creating intergenerational communities. These types of links between the young and old have significant benefits to all involved. We see examples of this weekly, including The Selwyn Foundation Baby Buddies programme⁴ and preschools visiting rest homes regularly⁵.

Older workforce

20. The NZACA is in full agreement that we as a society need to support an older workforce. As our population ages New Zealand businesses need to be able to support those over 65 who choose to remain in employment, particularly as these numbers are likely to increase as people age better and are able to remain in employment longer or need to remain employed for financial reasons.
21. The ARC workforce already has an older workforce and employers do what they can to support their older employees to remain working. This includes offering part-time hours, hours at times of the day to suit employees, offer role changes to suit physical capabilities and using technology to support an employee's workload.

Other comments

22. There should be equal access to services and subsidies for all older New Zealanders no matter where they reside. For many services and subsidies there is a difference in eligibility for older people depending on where they live with those who reside in an ARC facility not having the same access as those who live in the community. For example, GP subsidies or the Winter Energy Payment. Why is it that once people begin to reside in a rest home they become ineligible for services and subsidies their peers living in the community receive, particularly for those who personally pay for their own rest home care (i.e. private payers).
23. As a country we are living longer and living better but we still need to consider and put plans in place for what would happen if we were to get sick. New Zealanders of all ages, but especially older New Zealanders, need to be educated and encouraged about Enduring Powers of Attorney (EPOA) and Advanced Care Plans and how they can assist individuals and their families to ensure their wishes are followed in later and end stages of life.
24. ARC providers as part of speaking to potential residents and their families ask about EPOAs and whether there is one set up. If there isn't an EPOA in place they suggest it be considered. However, in some cases this can be too late, particularly for those who have developed dementia, as the individual is unable to make the decision on who their EPOA would be. We would like to see early education on EPOAs and Advanced Care Plans.
25. The NZACA also recommends the introduction of a register of Advanced Care Plans and EPOAs, to ensure that the relevant people are involved in discussions around care for the older person when that person is unable to participate in the discussions themselves.

⁴ <https://www.selwynfoundation.org.nz/villages/residential-care/baby-buddies-at-selwyn-village/>

⁵ <https://bit.ly/2JBvfAo>

Conclusion

26. The NZACA welcomes this review of an outdated strategy that does not reflect society and the needs and wants of the population it covers.
27. Considering 35% of New Zealanders live out their final years in ARC, the role our industry plays in supporting our ageing population is significant and this needs to be recognised. ARC needs to be viewed as a mainstream function of the New Zealand health sector, and not just a place of last resort for older people when they are no longer able to reside safely in their own home.
28. ARC provides significant benefits for those that reside there. Not only health benefits, but links to local communities and reduced isolation. These are all positive benefits for older New Zealanders and we need to start recognising these and the significant contribution that the ARC industry provides in supporting New Zealand's older population.
29. We look forward to seeing the proposed strategy and reviewing it once it has been developed.