Submission to the Ministry of Health

on the

Health of Older People Strategy update

6 September 2016

Introduction

1. This submission is from the New Zealand Aged Care Association, the peak body for the aged residential care sector in New Zealand. With over 590 members, we represent 90% or approximately 34,500 beds of the country's aged residential care sector. 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 care, as well as short-term respite care.

2. Advocating and lobbying to government to shape policies and create an environment that helps our members provide outstanding quality care is at the heart of what we do. We also provide leadership on issues that impact on the success of our members, for example, the work we are currently doing on the Equal Pay case. We also 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 sector developments.

3. We have a small team of five staff based in Wellington and led by Chief Executive, Simon Wallace, a representative Board of ten members chaired by Simon O'Dowd and a network of sixteen branches around New Zealand.

4. Any enquiries relating to this paper should in the first instance be referred to Kathryn Maloney, NZACA Senior Policy and Research Analyst, at kathryn@NZACA.org.nz or by phone on 04 473 3159.

Background information

5. At present, 35% of New Zealanders live out their final years and die in aged residential care facilities.

6. In 2015 it is projected that 31.4% of all deaths will be of people aged 85 - 94 years. It is projected that by 2068 this figure will rise to 78.4%.

7. If current patterns of end-of-life care continue, and all the indications are that they will, most of the deaths over age 85 will occur in aged residential care facilities after an extended period of care.

8. These deaths are likely to be occurring to people with more co-morbidities (a number of conditions) and a high prevalence of dementia.

The need for a new strategy for the health of older people

9. While the New Zealand Aged Care Association (NZACA) welcomes the update of the Health of Older People Strategy (Strategy), and the extensive engagement with the sector, we believe there should be more recognition of the important role played by our members in the provision of aged residential care (ARC). Considering 35% of New Zealanders live out their final years in ARC we feel the final Strategy document needs to better acknowledge and include the ARC sector as part of the comprehensive HOP Strategy.

10. There is growing evidence to suggest that older people are not always happiest "ageing in place". Residents often feel much improved in ARC settings. Initial interRAI data suggests some very positive health and social outcomes for residents.

11. The NZACA challenges the view in the draft Strategy that aged residential care is amongst "some of the most expensive health services". On per-day bed rates, ARC is significantly cheaper than public hospital care. The average hospital-level ARC bed is $237.74[1] compared with an average of $1,000 per day for stay in a DHB hospital medical ward[2]. ARC provides a very cost-effective way of caring for people who need more care than they can receive at home.

12. The NZACA stresses that it is important for ARC residents to retain the right to pay for what they choose outside of constrained government-funded services, and that established mechanisms are preserved and supported to ensure sustainable returns. For example, room premiums and capital sums in care.

13. The current levels of care provided under the Age Related Residential Care and the Aged Residential Hospital Specialised Services Agreements ignore the complex nature of the varying levels of care provided (for example palliative care). The NZACA regards the separation of levels of care and accommodation to be very important for future funding. To that end, NZACA expects to be a major part of the funding model review that is being undertaken by the current Government where levels of care can be fully examined.

Challenges and opportunities

Workforce development

14. The NZACA believes that the health workforce is likely to reach a crisis point regarding future availability of enrolled and registered nurses and kaiāwhina and agrees that the Strategy needs to "prioritise attracting, retaining and making best use of the skills of all in the health workforce to meet the need of an older population". Whilst it will always be the Government's and sector's ambition to employ New Zealanders, as with many other lower paid workforces, immigration in one way or another will remain a critical pool of labour for the ARC industry.

Healthy Ageing

12. The Strategy update should be fully aligned with the New Zealand Positive Ageing Strategy. It is critical to promote healthy ageing from conception onwards and to enable all New Zealanders to connect with the services and communities that empower them to live healthy lives.

13. The Strategy should contain a commitment to actively promoting positive attitudes towards all older people and help to educate those practicing ageist attitudes in New Zealand.

14. The NZACA and the aged residential care sector embraces technology and sees the potential in many areas of care for technology to enhance the wellbeing of residents. However, residents themselves are not always able to make use of digital technology to access services and indeed

[1] ARRC TLA rates, CentralTAS.
[2] https://www.pharmac.govt.nz/assets/pfpa-v2-2-cost-resource-manual.pdf

the MOH's own Healthpac payment system is still manually based. For that reason, the NZACA has some concerns about the government's policy of "digital by default"[3].

15. Action point 5 focusses on oral health. While oral health is of great importance to the wellbeing of older people, so too is the health of both eyes and ears.

16. The current hearing aid subsidy covers the cost of a basic hearing aid. This basic hearing aid is unsuitable for use in a large room with more than one sound source. For ARC residents, this leaves them vulnerable to the risk of isolation and depression as they are unable to participate well in social activities. Furthermore, the subsidy is available no more than once every six years: this is impractical when technology is moving at a rate at which hearing aids are improving year-on-year. Therefore, the NZACA would like to see a commitment within the Strategy to increased funding for older people to enable access to more suitable hearing aids.

Acute and Restorative Care

17. The NZACA welcomes Action point 18.d *(see bullet point 32, 18.d below)*. The ARC sector is well-placed to provide rehabilitation and restorative care to older New Zealanders. We can do this by creating well-being and rehabilitation centres within the care homes that can be accessed by older people in the local community.

18. Current barriers to restorative care include the cost and effectiveness of hospital-based treatment. "Hospital is not always the best location to provide rehabilitation and care for older people. Between 25% and 50% of older people who are hospitalised lose some of their functional abilities during their hospital stay … and 66% have not regained their previous level of functioning"[4]. There is a greater need for a community development approach and ARC homes can take an active role in this. It also strongly supports one of the key strands of the Strategy by providing services closer to home.

19. Infrastructure in many ARC homes is being under-utilised: many care homes employ diversional therapists, occupational therapists and physiotherapists whose services could be extended to provide treatment not only to the residents but to those in the local community who are travelling, sometimes long distances, to hospital for restorative or rehabilitative attention.

Living well with long-term conditions

20. The draft Strategy is lacking much reference to dementia care. While the action points acknowledge the New Zealand Dementia Framework, this framework focusses on home-based services and does not acknowledge the need for many people with acute dementia to be cared for in the ARC setting.

21. There are currently over 5,000 beds specifically designated to dementia and psychogeriatric care and many more beds for those who have mild cognitive impairment and who are receiving rest home level care. We know these numbers are likely to grow as the population of older New

[3] https://www.ict.govt.nz/programmes-and-initiatives/government-service-innovation/result-10

[4] Inouye et al, 1993, Boyd et al 2009, Sager et al 1996, Sager and Rudberg 1998, in Parsons, J., Mathieson, S. & Parsons, M. (2015). *Home care: an opportunity for physiotherapy?* New Zealand Journal of Physiotherapy 43(1): 23-30.

Zealanders grows. The NZACA would like to see a commitment in the Strategy to greater support for residents in ARC living with dementia or psychogeriatric issues.

Support for people with high and complex needs

22. The NZACA recommends an action point on ensuring ongoing support and training for the ARC workforce around the interRAI tool and working with ARC providers and the government to ensure the inter-operability of available technology. There are also issues regarding remote access and lack of broadband access in more rural and remote areas which we would like to see addressed.

23. The NZACA supports the Strategy's commitment to interRAI and the data it will provide for ARC providers and DHBs. However, the only references to needs assessment tools or interRAI within the draft Strategy *Action plan* are around use of the data and ensuring needs assessment is culturally appropriate *(Action point 15.b Ensure needs assessment and care planning are culturally appropriate and meet the needs of Māori and other priority population groups.).*

24. The NZACA supports Action point 18.a *(see bullet point 32, 18.a below)* and would like to see more discussion around timeframes to ensure that the services provided to the older people are seamless and do not result in bed-blocking.

25. The NZACA recommends the introduction of a register of Advanced Care Plans and Enduring Powers of Attorney, 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. This would assist with the development of the systems referred to in Action point 19.a. (*Develop systems that collate relevant information and make it readily available at the point of care, as well as for planning at all levels.)*

Respectful end of life

26. The NZACA acknowledges the need to build a greater palliative care workforce closer to home *(Action point 23. Build a greater palliative care workforce closer to home)*. However, a new report prepared for the Ministry of Health[5] projects the number of Kiwis dying in aged residential care homes is set to soar by 84% over the next several decades, from 10,420 to 19,000. The key findings of this report should be front and centre of this section on the Strategy.

27. The Adult Palliative Care Review shows the need for national standards. However, such standards cannot be imposed on the sector without the commensurate funding increase which is why the NZACA is calling for the payment of a distinct palliative care supplement to its members. There is currently a major inequity of funding between hospice and ARC given the number of New Zealanders dying in our care homes, including the funding provided to pre and post bereavement assessment. Hospices provide excellent care, but a single national funding model and contract is required regardless of where the person is receiving care.

28. The NZACA has made clear its serious concerns about the current status of the Adult Palliative Care Review and we believe that much more work needs to be done with the sector before the

[5] Palliative Care Advisory Panel. (2016). "Need for Palliative Care in New Zealand". Ministry of Health.

actions listed in Action point 24 (*Improve the quality and effectiveness of palliative care)* can be implemented.

29. When the NZACA canvassed members on the introduction of legislation that would permit medically-assisted dying in the event of a terminal illness or irreversible condition, respondents were of the view that the more proper position for older citizens in care was to receive additional help/support as they progressed through the natural ageing process.

30. The members of NZACA identified a number of ways ARC could add to the quality of the end of life for older citizens living in aged care. Suggestions made included:

    - Further education of staff in caring for residents in the 'fourth age'[6]
    - More hospice involvement – at present 'end-of-life' may not meet the current hospice criteria
    - Additional subsidised GP and other specialist visits, so the resident has high level input into their needs. This could include an on-call Palliative Nurse to assist where the need arises
    - Increased staffing at 'end of life' so the resident has a staff member with them when no relative is available as well as the availability of skilled staff to support the families/whānau
    - The availability of accommodation that is suitable for the families/whānau such as a lounge/bedroom and facilities
    - Further education of the public in relation to Advanced Care Planning and the options available.

Implementation, measurement and review

31. The current focus of the *Action plan* is on government agencies taking the lead. There needs to be commitment across the whole sector, including industry associations like us, NGOs, Crown agencies, local government and the community and voluntary sector.

32. Currently, the *Action plan* lists several lead agencies against many actions. The NZACA recommends that just one agency should take the lead on each action point with other agencies listed as support. If two or more agencies are listed as lead, then the action is unlikely to happen.

Action point priorities

33. The NZACA must be involved as a support agency in the following Action points which need to be prioritised within the first two years of the implementation of the Strategy. NZACA's recommendations on these Action points are in italics.

    5. Improve oral health in all community and service settings

    b. Identify and promote innovative care arrangements for oral health care of people living in aged residential care.

[6] Gilleard C., Higgs P. (2010). "Aging without agency: theorizing the fourth age". Aging Mental Health, 14(2):121-8.

7. Improve outcomes from injury prevention and treatment

b. *interRAI can assist in identifying older people at risk of falls.*
Make use of big data to identify older people at risk of falls and fractures, to target and coordinate investments and interventions.

8. Reduce acute admissions

a. Support other initiatives to reduce acute admissions, for example by extending paramedic roles, improving after-hours triage for aged residential care facilities, developing acute geriatric care pathways and applying technological solutions.

9. Ensure that those working with older people with long-term conditions have the training and support they require to deliver high-quality, person-centred care

a. Regularise and improve training of the kaiāwhina workforce in home and community support services.

d. Develop a range of strategies to improve recruitment and retention of those working in aged care.

e. Better utilise the allied health workforce to enhance care for older people in primary care, home care and residential care.

11. Expand and sharpen the delivery of services to tackle long-term conditions

a. Strengthen the implementation of the New Zealand Dementia Framework, and the actions specified in Improving the Lives of People with Dementia (Ministry of Health 2014).

e. Use interRAI assessment data to identify quality indicators and service development opportunities including with health providers.

g. *ARC homes to provide rehabilitation (similar to 18.d).*
Better coordinate and integrate rehabilitation for people recovering from a stroke by identifying improvements to business models, workforce and models of care.

13. Use new technologies to assist older people to live well with long-term conditions

b. Promote use of tele-monitoring to monitor conditions and alleviate social isolation, especially among rural and remote locations.

15. With service users, their families and whānau, review the quality of home and community support services and residential care in supporting people with high and complex needs and involving family and other caregivers

c. Promote contracting models that enable people to move freely to different care settings most suited to their need.

16. Integrate funding and service delivery around the needs and aspirations of older people, to improve health outcomes of priority population groups

a. In specific locations, trial commissioning one organisation to coordinate health and support services for frail elderly people that:

- are strongly person centred and take account of family and whānau carer needs
- assist older people to meet their individual objectives
- provide timely, flexible and innovative contracting approaches to meeting the needs of specific groups, such as Māori, Pacific populations and ethnic communities

- minimise the need for the most expensive health and support services
- could include primary care, pharmacy, ambulance, home and community support, residential care and acute care services.

18. Better integrate services for people living in aged residential care

a. Develop standard referral and discharge protocols between aged residential care facilities, pharmacists, primary care (including providers of after-hours services and medicines advice), ambulance and hospital services.

b. Explore options for providing telephone advice and triage for aged residential care facilities, especially after hours.

c. Ensure systems, resources and training are in place allowing aged residential care facilities to communicate with and involve family and whānau at the point of discharge from hospital or where urgent care is needed.

d. *ARC homes to provide rehabilitation (similar to 11.g).*
Explore options for aged residential care facilities to become providers of a wider range of services to older people, including non-residents.

20. Improve medicines management

b. Implement pharmacist-led medicines reviews for older people with high needs receiving home and community support services and those in aged residential care.

c. Ensure models of care and contractual arrangements provide equitable access to medicines management services targeting people receiving high-risk medicines and/or polypharmacy, people in aged residential care and older people with complex health needs living in their own homes.

23. Build a greater palliative care workforce closer to home

a. Work with professional colleges, DHBs and training bodies to ensure that core elements of end-of-life care (such as aligning treatment with a patient's goals, basic symptom management and psychosocial support) are an integral part of standard practice for all relevant health professionals and health care workers.

24. *Much more work needs to be done with the sector before any actions under this point can be implemented.*
Improve the quality and effectiveness of palliative care

Conclusion

34. The *Health of Older People Strategy: Consultation draft* is a comprehensive document with many sound recommendations on how the health of older people will be managed in New Zealand over the next ten years. The NZACA supports many aspects of this document. However, The NZACA feels strongly that there is not enough focus on aged residential care within the strategy. While we understand this current government is focussing heavily on "Ageing in place", there is and will continue to be a need for the provision of higher level care to many older people in New Zealand. These people are assessed as being unable to remain at home and require more care than can be provided through the home and community support service.

End.