

Health of Older People Strategy: Consultation draft

Submission form

To finalise the updated Health of Older People Strategy, the Ministry of Health needs your feedback.

How to provide feedback

You can provide feedback by:

- making a written submission using the form available from the Ministry (this form also appears below)
- making a written submission in your preferred format
- attending discussions of the Health of the Older People Strategy.

You can download the Ministry submission form at www.health.govt.nz/consultations, or complete the form online.

You can email written submissions to HOPStrategy@moh.govt.nz or mail a hard copy to:

Health of Older People Strategy Consultation
Ministry of Health
PO Box 5013, Wellington

If you are emailing your submission in PDF format, please also send us the Word document.

You can also join in online discussions about the draft Strategy at discuss.health.govt.nz. The Ministry will consider discussion posts when analysing feedback.

Publishing submissions

Please note that we have updated how we will publish submissions since the initial release of our consultation documents.

We will publish all submissions on the Ministry's website, unless you have asked us not to. If you are submitting as an individual, we will automatically remove your personal details and any identifiable information. You can also choose to have your personal details withheld if your submission is requested under the Official Information Act.

Closing date for submissions

The closing date for submissions is **7 September 2016**.

Information about the person/organisation providing feedback

We encourage you to fill in this section. The information you provide will be helpful for our analysis. However, your submission will also be accepted if you don't fill in this section.

This submission was completed by: (name) Julian Jensen

Address: (street/box number) 21 Colwyn Street

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Organisation (if applicable): Dietitians New Zealand

Position (if applicable): Honorary Life Member; Committee Member on the Special Interest Group for Nutrition in Gerontology

This submission (*tick one box only in this section*):

- comes from an individual or individuals (not on behalf of an organisation nor in their professional capacity)
- is made on behalf of a group or organisation(s)

We will publish all submissions on the Ministry's website. If you are submitting as an individual, we will automatically remove your personal details and any identifiable information.

If you do not want your submission published on the Ministry's website, please tick this box:

Do not publish this submission

Your submission will be subject to requests made under the Official Information Act. If you want your personal details removed from your submission, please tick this box:

Remove my personal details from responses to Official Information Act requests

Please indicate which sector(s) your submission represents (*you may tick more than one box in this section*):

- | | |
|--|--|
| <input type="checkbox"/> Māori | <input type="checkbox"/> Regulatory authority |
| <input type="checkbox"/> Pacific | <input type="checkbox"/> Consumer |
| <input type="checkbox"/> Asian | <input type="checkbox"/> District health board |
| <input type="checkbox"/> Education/training provider | <input type="checkbox"/> Local government |
| <input type="checkbox"/> Service provider | <input type="checkbox"/> Government |
| <input type="checkbox"/> Non-governmental organisation | <input type="checkbox"/> Union |
| <input type="checkbox"/> Primary health organisation | <input checked="" type="checkbox"/> Professional association |
| <input type="checkbox"/> Academic/researcher | <input type="checkbox"/> Other (<i>please specify</i>): |

Consultation questions

The following questions focus on what the Strategy is trying to achieve, expressed as vision statements, and on the actions we propose could bring about the desired changes. (Note: a vision statement is a short description of the state of the world that we want to bring about).

You don't have to answer all the questions below. We also welcome feedback on any other matters relating to the Strategy or more generally to the health of older people.

You are welcome to include or cite supporting evidence in your submission.

Healthy ageing

- 1a. The draft Strategy sets out a vision for the goal of healthy ageing: see page 14 in the draft document. Do you have any comments or suggestions regarding this vision?

This is comprehensive. The importance of age-friendly housing, (both in the community and in retirement villages) cannot be over-emphasised, given the focus on older people living independently for as long as possible. Ensuring that the design of these homes allows for safe living is important, for example – we often see microwave ovens over stove tops or on top of fridges – space saving, but unsafe for frailer and ageing older people living independently. There will be other features that must be considered here too, and it is important that designers consult with user groups to ensure these needs are met.

“The ideal is that we respect everyone's right to live in the community. Sometimes we might have to go a little bit further to ensure that, and sometimes we might have to bite the bullet, and the

The Press page A3, Monday Aug 8, 2016

Government might have to stump up a little bit more money.”

Geoff Penrose, general manager of Lifemark, which rates homes on their design and accessibility, said just 2 per cent of the city's new housing stock was likely to cater

for people with mobility or disability issues.

Canterbury would need to build at least 1900 aged-friendly homes each year for the next 10 years to meet the needs of a growing elderly population.

- 1b. The draft Strategy includes actions that are intended to achieve the goal of healthy ageing: see page 31 in the draft document. Do you have any comments or suggestions regarding these actions? Do you agree that the actions with an * are the right actions to begin with?

Yes, the asterisked actions are appropriate

Dietitians NZ considers that nutrition of older people is an important aspect of healthy living. It is significant that a number of nutrients are required in amounts greater than in a younger person, at a time in life when it can be more difficult to achieve and the risk of malnutrition is high. There should be an additional action point: **Improve healthy eating and food and nutrition knowledge of older people living independently.**

Strategies for this could be :

- a. Work with provider organisations, especially medical practitioners to ensure that body weight in older people is monitored and unplanned weight loss is addressed. This may require referral to a dietitian
- b. Increase access to reliable food and nutrition information, referral to cooking classes (e.g Senior Chef (CDHB) or healthy eating classes (Age Concern or NZ Nutrition Foundation)

Acute and restorative care

- 2a. The draft Strategy sets out a vision for the goal of high-quality acute and restorative care: see page 17 in the draft document. Do you have any comments or suggestions regarding this vision?

We endorse the use of multidisciplinary teams to coordinate the care of older people returning to their homes in the community, and support the introduction of appropriate training for people able to deliver first line care, for example, user friendly and appropriate nutrition advice. Care is needed however, to ensure that those with specific or higher level needs are appropriately referred.

- 2b. The draft Strategy includes actions that are intended to achieve the goal of high-quality acute and restorative care – see page 33 in the draft document. Do you have any comments or suggestions regarding these actions? Do you agree that the actions with an ✨ are the right actions to begin with?

While reducing acute admissions is a great goal, access to timely hospital admissions for hip replacements and other excessively painful conditions that compromise the older person's ability to maintain independence and appropriate quality of life is critical.

Add 6 b to actions: Rehabilitation services should include restorative Meals-on-Wheels, to ensure that a person being discharged in a timely manner has a specifically planned and limited restorative meals on wheels plan. (A pilot study was conducted by Dietitian Kaye Dennison and others some years ago – the time is right to relook at this work.)

Living well with long-term conditions

- 3a. The draft Strategy sets out a vision for the goal of living well with long-term conditions: see page 20 in the draft document. Do you have any comments or suggestions regarding this vision?

Early management and rehabilitation of long term conditions is critical, and when this management is not enough, secondary or tertiary level care should be available – see above – to avoid further unnecessary costs to the healthcare system.

- 3b. The draft Strategy includes actions that are intended to achieve the goal of living well with long-term conditions: see page 34 in the draft document. Do you have any comments or suggestions regarding these actions? Do you agree that the actions with an ✨ are the right actions to begin with?

Yes, especially those relating to the training and support of carers, and improved pay rates for these people who generally do a wonderful job often under very difficult conditions. Improving their lot is a top priority in our opinion.

We also strongly endorse 9 e, re better utilisation of the allied health workforce to enhance the care of older people in primary care, home care and residential care

Dietitians NZ considers that special attention should also be afforded to malnutrition risk, which may be considered either in this section (action 10) or the next (actions 14 & 15) – or both. However, although New Zealand data on this issue are low, and more research is currently being conducted, international figures for western societies like NZ show high levels (up to 70%) for malnutrition risk in the older age group, both in those living independently and in residential aged care.

Support for people with high and complex needs

- 4a. The draft Strategy sets out a vision for the goal of better support for people with high and complex needs: see page 24 in the draft document. Do you have any comments or suggestions regarding this vision?

No. We support greater flexibility of residential care services – and believe that a more client-centred approach rather than a task-centred approach is beneficial to residents. Greater integration between residential care and home based care is a positive concept. The Eden Alternative is a model worth considering.

- 4b. The draft Strategy includes actions that are intended to achieve the goal of better support for people with high and complex needs: see page 37 in the draft document. Do you have any comments or suggestions regarding these actions? Do you agree that the actions with an * are the right actions to begin with?

Yes, asterisked actions are appropriate for early attention. See also our comments above on malnutrition risk – a measure of frailty.
Dietitians NZ strongly endorses any action in the aged residential care sector that promotes independence and choice for residents. There is much research promoting client centred care in relation to meals, timing, choice (some self service), assistance, meal patterns, dining environment etc. that suit residents, rather than staff scheduling. This relates back to enabling greater support and training (and pay rates) for residential aged care workers – an urgent action in this area of support for people with high and complex needs.

Respectful end of life

- 5a. The draft Strategy sets out a vision for the goal of a respectful end of life: see page 27 in the draft document. Do you have any comments or suggestions regarding this vision?

Good

- 5b. The draft Strategy includes actions that are intended to achieve the goal of a respectful end of life: see page 40 in the draft document. Do you have any comments or suggestions regarding these actions? Do you agree that the actions with an * are the right actions to begin with?

The asterisked action is appropriate for more urgent attention

Implementation, measurement and review

- 6 The draft Strategy includes proposals for implementing, measuring and reviewing the proposed actions: see page 41 in the draft document. Do you have any comments or suggestions regarding these proposals?

These look fine – there is a lot of work to do and we trust that there is the resource to drive the strategy through to 2026

Other comments

Dietitians New Zealand has a special interest group for Nutrition in Gerontology, comprising registered dietitians with expertise in the nutritional and dietetic care of older people. Many of this group work in private practice. We are available to provide expert advice on nutrition to the Working Group on this HOPS, and/or on any issue relating to the nutritional care of older people living independently, in aged care facilities with more complex needs, or undergoing rehabilitation before returning to their normal living situation.

Currently in New Zealand, dietetic services in residential care are not publicly funded, and are not always provided by DHBs, especially when resources are limited. This can create a gap in a comprehensive service model, and we are aware of a Canadian model that mandates a certain level of intervention, based on resident numbers.

Nutrition is one of the core components of healthy ageing, but is often overlooked, or it is assumed that 'everyone is an expert in nutrition.' Too often lip service is paid to nutrition, with little follow through. Dietitians, as the experts in nutrition, should be engaged as key members of all healthy ageing initiatives. What constitutes 'healthy eating' for the general population may no longer be appropriate for older adults, especially in the later years. Malnutrition is common in older adults and contributes to increased risk of falls, fractures, frailty and functional decline. A comprehensive and proactive approach is needed to address nutrition issues of older people, across the continuum of care. This should include training and upskilling of health professionals, care providers as well as community organisations. We need more quality initiatives as well as frequent audits to achieve improved nutritional well-being of our older people.

While we are aware that the Health of Older People's Strategy is not looking to isolate or silo specific health professionals, we wish to take this opportunity to raise this as a matter for consideration as we see the client base in our aged care facilities becoming more complex and needy, when specialist advice should be easy to obtain when it's required.

Thank you for taking the time to provide feedback.