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7 September 2016

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

Via email: hopstrategy@moh.govt.nz

Dear Mr Chuah

Health of Older People Strategy Consultation

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on the Ministry of Health (MOH) Health of Older People Strategy (HOPS) Consultation document.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

The RACP agrees that a healthy ageing strategy needs to address the objectives of living well with health conditions; acute and restorative care; support for people with high and complex needs; and respectful end of life.

Healthy ageing
1a. The draft Strategy sets out a vision for the goal of healthy ageing. Do you have any comments or suggestions regarding this vision?

The importance of healthy lifestyles
Population-based interventions that emphasise healthy diets, physical activity and tobacco cessation are critical. The World Health Organization estimates that over half of the health conditions experienced by older people are potentially avoidable through lifestyle changes. The MOH's recent report on health loss in New Zealand 1990-2013[1] shows the leading modifiable risk factor for all ages is diet, accounting for 9.4 per cent of disability-adjusted life years (DALYs), followed by overweight and obesity (9.2 per cent), and tobacco use (8.7 per cent). The HOPS would be strengthened if risk factors were addressed within a life-course framework and aligned to existing strategies to reduce the burden of non-communicable disease in New Zealand.

[1] Ministry of Health. Health Loss in New Zealand 1990-2013. Wellington: Ministry of Health. Available from: http://www.health.govt.nz/publication/health-loss-new-zealand-1990-2013

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Sector strategies would benefit from co-design approaches that include community input. This would both assist with alignment of interventions, and ensure they are locally relevant, inclusive and responsive to the social, environmental and economic determinants that impact on people's health through their entire life course.

Equity
Resilience and equity are important indicators of healthy ageing. The Strategy would be strengthened by inclusion of specific measures around access for vulnerable groups such as Māori, Pasifika, culturally and linguistically diverse (CALD) peoples, those with mental, physical and intellectual impairment, lower socioeconomic groups, and older people in rural and provincial areas.

The outcome "achieving equity for Māori and vulnerable population groups" is not well defined and we recommend that an equity lens is incorporated across all domains to identify barriers to equity and inform actions to achieve equitable outcomes for Māori and vulnerable populations.

1b. The draft Strategy includes actions that are intended to achieve the goal of healthy ageing. Do you have any comments or suggestions regarding these actions?

Build social connectedness and wellbeing in age-friendly communities
As a first step to building resilient communities that support healthy ageing, we support the development of age-friendly communities where older adults are valued and able to contribute. The RACP Faculty of Public Health Medicine has expressed an interest in engaging with the MOH and other stakeholders to design solutions for age-friendly communities.

Social, cultural, built environment, and technological determinants have direct impacts on ageing, and we note that although the Ministry of Social Development (MSD) Positive Ageing Strategy is a key supporting document, it has not been updated since 2001; although the strategy was reported on to the Minister in 2014[2]. To align with healthy ageing and the broader New Zealand Health Strategy, we recommend that the MOH works with the Office for Senior Citizens and MSD to update and align the Positive Ageing Strategy with the HOPS.

Increase resilience through local initiatives
To increase opportunities for social connectedness and interaction, we support implementation of accessible, community-based resilience training programmes for older people, rather than home-based programmes. They provide important opportunities for community health or aged care workers and organisations to deliver health information and increase health literacy. We support information being available through multiple sources, including posters, brochures, smart phone applications and face-to-face interactions, to allow for individual skills, preferences and accessibility.

Increased use of the Green Prescriptions programme to encourage health professionals will raise awareness of healthy nutrition and physical activity with older people. In order to ensure success, the role of health professionals in implementing Green Prescribing will need to be clarified and promoted as not all health professionals are funded or trained for this intervention.

[2] Office for Senior Citizens. Positive Ageing Strategy. http://superseniors.msd.govt.nz/about-superseniors/osc/positive-ageing-strategy.html accessed 30 August 2016.

Acute and restorative care

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

The vision would be strengthened by including references to allied health and multidisciplinary care in the community. For example, timely access to services could be improved through increased community and allied health referrals to facilitate and support needs of older people.

The role of rehabilitation

The RACP Faculty of Rehabilitation Medicine (AFRM) and the New Zealand Rehabilitation Association (NZRA) launched the *Call for a New Zealand Rehabilitation Strategy* in October 2015. Rehabilitation facilitates people's ability to function even when there is persistent impairment or disease. For older people, restorative care and rehabilitation enables greater function, independence and self-determination[3]. We recommend the HOPS includes reference to the continuity of specialist rehabilitation care, from acute to the community spectrum, as part of the vision for high-quality acute and restorative care, and identifies it as a priority for action.

Workforce

Multidisciplinary approaches for acute and restorative care require responsive and adaptive services, and training in different skills and expertise to meet health needs of older people. Additional capacity is required in allied health professions, such as occupational health, speech and language therapists and dietitians. These are essential workforce needs in the area of older people's health. Increasing diversity and co-morbidity of New Zealand's aging population is already having an impact on capacity. Our members report that people staying in their own home for longer has resulted in changing needs and expectations, for example, that people will be supported to stay in their own home. To meet these demands, additional workforce capacity is required, such as specialists in geriatric medicine, rehabilitation medicine, palliative medicine, specialist nurses, and psychiatrists with psychogeriatric expertise.

2b. The draft Strategy includes actions that are intended to achieve the goal of high-quality acute and restorative care. Do you have any comments or suggestions regarding these actions?

Improve outcomes from injury prevention and treatment

Our members with expertise in Geriatric Medicine particularly welcome the implementation of a national hip fracture registry. We note that the registry is currently partially funded, and advocate for comprehensive and sustainable funding to ensure the registry is maintained to an acceptable standard.

The RACP supports the move to increased collaboration between DHBs and ACC, particularly between in-patient rehabilitation providers and ACC.

[3] The Royal Australasian College of Physicians, Australasian Faculty of Rehabilitation Medicine and the New Zealand Rehabilitation Association. Call for a New Zealand Rehabilitation Strategy. Wellington: Royal Australasian College of Physicians, 2015. https://www.racp.edu.au/docs/default-source/pdfs/call_-for-a_new-zealand_rehabilitation_strategy.pdf?sfvrsn=2

Living well with long-term conditions

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

Diversity of the population

There is increasing diversity in the demographic of older people, with variations in physical and cognitive functioning, health status, and resilience across the population. People now live up to 30 years after the age of retirement, and require longer term support to maintain health, wellbeing and quality of life. This section of the Strategy could be strengthened to note the heterogeneity of an older demographic and the inclusion of flexible approaches to long-term conditions, and increase efforts to prevent and detect illness.

The section on support for people with high and complex needs notes that increasing frailty and decline in cognitive function will amplify existing conditions, for both long-term and acute. The impact of frailty and dementia on the health of older people who develop dementia is expected to increase dramatically, and a cross-sector approach with the involvement of society is needed, as signalled in the proposed "dementia-friendly communities". We recommend that further consideration is given to identifying what could be done to develop dementia friendly responses within communities.

3b. The draft Strategy includes actions that are intended to achieve the goal of living well with long-term conditions. Do you have any comments or suggestions regarding these actions?

Effective organisation of cross-sector collaboration is critical. There is a risk that the multitude of programmes that require closer collaboration and integration will become confused if the connections and information sharing of health and other sector and community programmes continue to duplicate activity. We recommend that the MOH prioritises actions in item 10.

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. Do you have any comments or suggestions regarding this vision?

To reduce the risk of isolation and potential for neglect, families and whānau caring for people with high and complex require additional support, including training in health literacy, advice and in-person support. We support actions to review the New Zealand Carer's Strategy Action Plan 2014-2018 to assist family and whānau carers.

We recommend better integration between the section on support for people with high and complex needs, and respectful end of life care.

4b. The draft Strategy includes actions that are intended to achieve the goal of living well with long-term conditions. Do you have any comments or suggestions regarding these actions?

We support action to strengthen and improve information sharing and dissemination of information between healthcare providers. We note that data collection tools such as the International Resident Assessment Instrument (interRAI), contains information that could be shared between agencies to reduce duplication. Databases such as interRAI are valuable for providing clinicians and researchers with information about the populations they serve and are useful for quality improvement activities.

Respectful end of life

5a. The draft Strategy sets out a vision for the goal of a respectful end of life. Do you have any comments or suggestions regarding this vision?

The RACP believes it is the responsibility of every physician to deliver good patient-centred end-of-life care. We welcome steps by the Ministry to develop guidelines and improve the quality of end-of-life care in New Zealand, for example through *Te Ara Whakapiri: Principles and Guidance for the Last Days of Life*. We support moves to improve conversations between families, whānau and health professionals about end-of-life issues, death and dying and advance care planning.

Good end-of-life care

End-of-life care should be patient-centred, coordinated and focussed on rational investigation, symptom management and de-prescribing. This involves early identification, assessment and treatment of pain and other suffering (physical, psychosocial, cultural and spiritual). We support patients nearing the end of life to live as well as possible. In all cases, end-of-life care should be personalised to the individual patient and circumstance.[4]

5b. The draft Strategy includes actions that are intended to achieve the goal of respectful end of life. Do you have any comments or suggestions regarding these actions?

Advance care planning

We support the plan to increase accessibility for enduring power of attorney, and advance care planning. This is internationally recognised best practice and reduces stress and anxiety for families and whānau, as well as ineffective or unwanted treatments[5]. Although prioritising widespread and early participation in advance care planning is an important step, we note that costs associated with enduring power of attorney may be a barrier for some.

Workforce

The ageing population will exert pressure on a small specialist palliative medicine workforce, as well as the wider health workforce. The RACP welcomes the opportunity to participate in review of specialist palliative medicine workforce needs, as part of the outcomes of the Review into Adult Palliative Care Services.

Implementation, measurement and review

6. The draft Strategy includes proposals for implementing, measuring and reviewing proposed actions. Do you have any comments or suggestions regarding these proposals?

The draft document refers to a number of existing strategies, frameworks, action plans and work programmes across the health and social sectors. We encourage better alignment and evaluation of these plans and programmes.

We welcome the reference to the Health Research Strategy and believe ongoing research and evaluation of the HOPS implementation is essential to better understand the impact of ageing, and where to target clinical practice resources, technologies, or therapies. We recommend the Ministry consider incorporating research as a priority area in the Action Plan.

[4] The Royal Australasian College of Physicians. Position Statement: Improving Care at the End of Life: Our Roles and Responsibilities. Sydney, The Royal Australasian College of Physicians; 2016. https://www.racp.edu.au/docs/default-source/advocacy-library/pa-pos-end-of-life-position-statement.pdf?sfvrsn=6

The RACP thanks the Ministry of Health for the opportunity to provide feedback on this consultation, and looks forward to commenting on the final draft of the Health of Older People Strategy. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at policy@racp.org.nz.

Yours sincerely

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New Zealand President
The Royal Australasian College of Physicians