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6 September 2016

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

Tēnā koe i nga ahuatanga o te wa

Health of Older People Strategy Consultation
Submission to the Ministry of Health

Introduction: Te Pūtahitanga o Te Waipounamu

Te Pūtahitanga o Te Waipounamu writes in response to the *Health of Older People Strategy Consultation*, following the request for submissions on how what targeted solutions can be put in place to ensure that people are appropriately supported as they age.

Te Pūtahitanga o Te Waipounamu is a limited partnership, supported by the nine iwi of Te Waipounamu through a Shareholders Council known as Te Taumata. Te Pūtahitanga o Te Waipounamu was launched in July 2014 as the South Island Commissioning Agency for Whānau Ora. Te Taumata has appointed an independent governance board which is responsible for the investment strategy. The name, Te Pūtahitanga o Te Waipounamu, represents the convergence of the rivers of Te Waipounamu, bringing sustenance to the people, and reflecting the partnership's founding principle of whānaungatanga.

Commissioning in the context of Whānau Ora is the process of identifying the aspirations of whānau and investing in them whether they are new or existing initiatives. These whānau-centred initiatives are expected to best reflect progress towards Whānau Ora outcomes.

Whānau Ora is an inclusive approach to support whānau to work together as whānau, rather than separately with individual family members. We consider that Whānau Ora outcomes will be met when whānau are:

- Self-managing;
- Living healthy lifestyles;
- Participating fully in society;
- Confidently participating in Te Ao Māori;
- Economically secure and successfully involved in wealth creation;
- Cohesive, resilient and nurturing;

- And able to act as responsible stewards of their living and natural environments.

Te Putahitanga o Te Waipounamu writes in support of the Health of Older People Strategy Consultation draft. As the consultation draft recognises, the increased longevity of the New Zealand population presents both great benefits and great challenges. The consultation draft comprehensively and articulately describes how these challenges can be met, and how older persons can be supported to continue to live their lives with freedom and empowerment.

However, Te Putahitanga o Te Waipounamu submits that there are several aspects of the consultation draft which could be strengthened. In particular, Te Putahitanga o Te Waipounamu submits that there should be greater recognition of the need for culturally competent and responsive health services for older people, especially for Māori, that greater attention should be given to how expanded and / or new services for older people will be resourced, and that the role of whānau should be more strongly recognised.

Responsiveness of consultation draft

Overall, the consultation draft is extremely positive in its approach to older people and the challenges that they may face as they age. It was heartening to see recognition of fact that there is no generic “older person”, and that the different experiences of aging will be unique.

The statement that health services should be focussed on the needs of the individual is a powerful one, and it is encouraging to see such that focus across the consultation draft. The inclusion of the needs of paid and unpaid carers, family and whānau of older persons was also valuable, as the contribution of those people to the wellbeing of older persons can often be overlooked, while having significant influence on the quality of life of older people. For kaumātua being cared for at home, day care provides a change, the company of different people and stimulation through other activities, while giving their carer a rest. For people living alone, it offers a day out and the opportunity to socialise with other people (Ministry of Health, 2013).

The consultation draft was strengthened by having both objectives and vision supported by clearly defined action items. This structure allowed the reader to see and understand what the goals of older people are, and how these goals will be implemented and achieved, and by whom, and in what timeframes. The consultation draft was also clearly supported by a strong consultation methodology, and responded well to the challenges which face New Zealanders as they age and the challenges faced by health services to appropriately support older people.

Culturally competent services

Māori are a youthful population, compared to the overall New Zealand population, with 76.6% of Māori in the South Island under the age of 44 (source: Census 2013). In 2013, only 5.1% of Māori in the South Island were older than 65 years. With increasing numbers of Māori aging, more kaumātua will require support. With large projected population increases predicted for Maori in the 65+ age group in Canterbury, this group is expected to more than double between 2006-2026, from 3.3% to 8.6% (Environment Canterbury, 2014)

Kaumātua hold a very special and significant place in Māori culture, and are hugely valued by their whānau and the wider community. It is vital that the needs of older Māori people should not be overlooked.

Furthermore, as the consultation draft recognised, the increasing Māori population will create significant changes in the demographics of the aging population over time, and the long term strategy needs to be responsive to these impending changes. As an example, despite there being 152 aged residential care facilities within the Canterbury region, there is a notable absence of facilities incorporating kaupapa Māori and offering a cultural perspective of health and wellbeing that would ensure protection, partnership and participation for kaumātua.

The distinct challenges faced by Māori in achieving positive health outcomes are well known, and are recognised in the consultation draft. Māori face shorter life expectancy than non-Māori, where non-Māori men will outlive Māori men by seven years, and non-Māori women will outlive Māori women by six years (figure 5: Ministry of Health. 2015. *Tatau Kahukura: Māori Health Chart Book 2015* (3rd edition). Wellington: Ministry of Health). Furthermore, Māori face higher rates of disability (regardless of age), cardiovascular disease, cancer and respiratory disease than non-Māori, all of which will have significant impacts as they age. It is extremely positive to see in the consultation draft the commitment to guarantee that equity is ensured across the health system.

However, while the health and wellbeing challenges faced by Māori are recognised in the consultation draft, Te Pūtahitanga o Te Waipounamu submits that there needs to be stronger prominence placed on the need for culturally competent and responsive approaches to the health of older people. Māori are currently under-represented as users of aged residential care (Statistics New Zealand; 1996, 2000). However, as the demand for such care continues to grow, changing population trends, burgeoning numbers of older Māori, and decreasing family size suggest that aged residential care will increasingly be considered by Māori in the future. Therefore, it is vitally important to develop a kaupapa Māori model of care and culturally responsive services in order to meet the needs of kaumātua and the wider community.

Some of the action items in the consultation draft respond to this well. For example, action item 2(b) (“expand the provision of targeted health promotion initiatives, and services to increase resilience among Māori and other vulnerable older populations who have poorer health status”), and action item 9(f) (“enhance workforce capability and training pathways to encourage more entry and retention of the workforce among Māori and Pacific peoples”).

While these and other action items which directly respond to the challenges faced by Māori, there is no overarching commitment to culturally appropriate engagement with older people across the whole consultation draft. Culturally responsive practices have been identified as crucial to create positive engagement, and in turn, positive health outcomes for Māori. Many older Māori do not engage with mainstream health services because they are unable to respond to their cultural needs, and the kaumātua feel unsafe and unsupported in these environments.

Te Putahitanga o Te Waipounamu submits that the consultation draft should include a stronger commitment to increased cultural competency across all aspects of health and wellbeing for

older people, particularly for Māori. There should also be a requirement that all health and wellbeing services should be required to undertake cultural responsiveness training, so that they are able to respond to the needs of an increasingly diverse older population. Professor Mason Durie (2001) noted that a failure to appreciate the impact of culture on clinical realities has often led to misdiagnosis and mismanagement among ethnic minorities. Māori cultural responsiveness is central to improving Māori health, and requires a commitment by primary health care providers to ensure culturally responsive health care practices.

Resourcing

Many of the action items recommended extremely positive changes or strengthening to health and wellbeing services that will have outcomes for older people. However, there was a lack of clarity about how these changes will be resourced.

For example, there was a focus in the Acute and Restorative Care outcome area on reducing the delayed discharge from hospital. Te Putahitanga o Te Waipounamu supports such a focus, as increased time in hospital creates higher risk of complications due to contact with other unwell patients and many people feel more comfortable and safe in their own home. However, discharge from hospital, when appropriate for the patient, often means that the patient is then reliant on the assistance of non-hospital health and wellbeing services and community support services, as well as on support from family and whānau. It is inappropriate for these services and family and whānau members to be supporting an older person without proper resource and assistance. The impact of not accessing specialist health services may have detrimental consequences for kaumātua and for whānau, resulting in additional whānau carer stress and burnout.

Te Putahitanga o Te Waipounamu submits that the consultation draft should better articulate how any new services or changes to existing services will be resourced and supported to ensure that older people are receiving the best care possible.

Role of Whānau

The role of whānau in the lives of older people was mentioned throughout the consultation draft. For many Māori, whānau are the central mechanism of support when facing times of challenge, and many older Māori rely on whānau members as carers and sources of general support. Even in aged care facilities, kaumātua stated that a facility that connected whānau, hapū, and iwi could aid in minimising their feelings of isolation, loneliness and detachment, especially in times of need or illness.

Currently, the consultation draft does not sufficiently recognise the mutual relationship between an older person and their whānau, where the whānau provides support for a kaumātua, and in turn, kaumātua provide guidance and care to their whānau. For example, although the goals of the respectful end of life outcome includes consideration of the needs of whānau, there is guidance as to when the whānau become engaged in the process or structure as to how such guidelines could be developed.

Te Putahitanga o Te Waipounamu submits that the consultation draft more strongly recognise the role that older people have within their whānau, and the impact that this can have on the health and wellbeing of both the older person and their whānau. Innovative thinking with a Māori perspective could create opportunities that could link whānau with the older persons and use the 'self-sufficiencies' of the wider 'whānau net', enabling whānau, volunteers and the community to support the older persons.

Te Putahitanga o Te Waipounamu is open to any future engagement on the Health of Older People Strategy Consultation, and appreciates the opportunity provided by Ministry of Health to engage in the consultation process.

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Heoi ano



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