

THE REPORT OF THE GREY POWER NZ FEDERATION LOBBY AND ASSOCIATED ACTIVITIES FROM OCTOBER 2017 – JANUARY 2018

The purpose of the meetings attended during this period was to advocate and to access information on behalf of Grey Power members and others regarding appropriate issues which have been received by the Federation Board since the last lobby trip or which are on-going.

Attendees were Tom O'Connor, (Federation President & Advocacy Standing Committee co-chair) and Jan Pentecost, (Federation National Secretary & Advocacy Standing Committee co-chair). Jo Millar (Federation Health Advisor), R. Reid (Federation Aged Care/Retirement Villages Advisor & Treasurer) and P. Matcham (Federation Local Bodies and Housing Advisor & Vice-President) attended the meetings relevant to their National Advisory Group.

1. SOCIAL SERVICES ETC.

Meeting with Office for Seniors (OS) was attended by T. O'Connor, J. Pentecost, R. Reid, P. Matcham, Diane Turner (Director, OS) and other relevant Ministry of Social Development (MSD) personnel.

The meeting's purpose was to receive information and possible updates/solutions, for our members, on the issues of:

The Residential Care Subsidy (RCS) when an affected property is to be sold?

We asked 'if a partner living at home should die how is a spouse in care affected re the RCS?

Response = The Work and Income website provides relevant information as to what happens to the reassessment of RCS in the situation where one partner is in residential care and the other partner in the community either dies or moves into residential care. See

<https://www.workandincome.govt.nz/map/income-support/extra-help/residential-care-subsidy/changes-and-reviews-residential-care-subsidy/review-of-financial-means-assessment-01.html> or

<https://www.workandincome.govt.nz/map/income-support/extra-help/residential-care-subsidy/changes-and-reviews-residential-care-subsidy/financial-means-assessment-quick-reference-table-01.html>

The Director said that this information doesn't explain what the implications might be and MSD will look to amending it.

Grey Power's gain was the possibility of improved information for members re the process involved in reassessment of RCS.

Appointments regarding NZ Superannuation (NZS) –the difficulty for Takaka NZS applicants to travel to Motueka or Nelson to lodge their application (a significant travel time for a very short interview) was discussed.

Response = The Director informed that people can apply for superannuation at the Takaka Heartlands site, and can book their appointments in Takaka. Also if they have any problems they are encouraged to contact MSD directly.

Waiting times for WINZ to answer their phones and long waits for appointments

Members' correspondence to the Federation re waiting time for WINZ to answer incoming phone calls and also sometimes weeks to obtain an appointment with their local Work & Income Office was discussed – we said that although many MSD services are provided on-line, probably less than 50% of people aged 80 years and over have access to computers.

Response – The Director informed that the OS will have some input into possible solutions

Grey Power's gain was the opportunity to bring these concerns to the OS; if you have had problems re waiting times please contact the OS and Grey Power so we can determine how wide-spread these problems are for lobbying purposes and the possibility of solutions.

The SuperGold card as a smart card –Grey Power has lobbied frequently for a smart SuperGold card with photo ID

Response - The MSD said that work was continuing on converting the SuperGold card to a smart card.

Use of expired driver licences as ID – some members report that they have had their expired drivers' licences accepted as ID, but others have said that once a licence is revoked it must be sent back to the NZ Land Transport Authority.

Response - MSD have clarified the situation:

"NZTA has confirmed that people are required to surrender their expired licence to NZTA, but at a practical level if people retain their expired licence NZTA have confirmed that they don't chase it up. In some instances people may be required to surrender their licences (this will generally be to a medical professional). If people still have an expired drivers licence some institutions (including banks) have indicated that they are an acceptable form of identification. We note that the matter of alternative forms of acceptable identification is an issue that officials are actively progressing."

Off-peak travel: A fragmented system is developing throughout NZ because there is no single ticketing system

Response - nothing specific to report at present

Age-friendly communities - discussion points

- Age-friendly means friendly to every citizen
- MSD is looking globally at tool-kits to see how other cities work
- Discussion re housing for seniors with disabilities is on-going
- MSD is working with local councils – providing them with information
- Some councils have a draft strategy re age-friendly communities
- Some councils are pilot sites
- One problem is the cost to be age-friendly
- Affiliation to the World Health Organisation for New Zealand is in a holding pattern – MSD will wait and see
- Low up-take of seniors' forums at local level

Response - age-friendly communities progress and the age-friendly survey results can be followed on Facebook.

OS information provided for Grey Power:

The Positive Ageing Strategy may be re-written – if Cabinet agree with this, the Director wants OS to travel around the country to find out what older people want in such a strategy

Workforce Ageism - the Director believes there is a need for a conversation between business and seniors.

Grey Power's gain was to obtain information for members including a possible re-write of the Positive Ageing Strategy and that MSD is interested in workforce ageism which is also part of Grey Power's brief. (Information for this section of the report was obtained from the meeting itself and from Diane Turner's 16/11/17 email to the Federation)

Meeting with Joanne Lawrence (MSD) - Manager Business Design and Implementation – Simplification was attended by T. O'Connor, J. Pentecost and R. Reid

The meeting's purpose was to brief us and seek our comments on changes that MSD are making to ensure that it is easier for clients to deal with them.

MyMSD (on-line site) has had an up-take of 64% for all clients and 6% for Superannuation clients. It can be accessed via Spark, Vodafone, 2degrees or Skinny mobile internet services. Clients can declare their weekly wages, up-date contact details, make, check, change and cancel appointments, see upcoming payments, SWIFTT letters, their community services card number, apply for food, emergency dental, school stationery and uniform costs. (Some of these can also be done via the phone). Doctors can lodge clients' medical certificates, also some information for superannuation applications can be sent via MyMSD. The service access costs either nothing or very little.

By using MyMSD, we were told, clients will be able to do more for themselves, they will have more channel choice, e.g. phone and online- we did however, repeat our concerns re waiting times for phone calls to be answered and lack of computer/smart phone access for some older people.

Post Script: K. de Lacy, Federation Social Services advisor, has been concerned that MSD had ceased publishing its contact phone numbers in White Pages phone directories throughout New Zealand because their research shows that only 0.5% of people who called them got their phone number from this source. However, concerned people, including Grey Power, have told MSD that these numbers should be reinstated in the government listings of the phone directories and this will now occur to ensure easy access to anyone who needs their help.

Grey Power's gain was the receipt of knowledge for members, the opportunity to explain difficulties some older people may face and involvement in re-instatement of MSD phone numbers in the directory

2. HEALTH

2.1 **Medicines NZ Meeting** was attended by J. Millar and J. Pentecost plus Graeme Jarvis, General Manager and other Medicines NZ personnel – Medicines NZ goals are to:

- Give NZ patients wider access to new medicine through the public health system
- Request the NZ govt. to invest \$40 per person, per year to immediately clear and fund the medicines waiting list
- Ensure that new medicines are recognised as a cost-effective solution for the NZ public health system
- Request the govt. to provide a budget boost for publicly funded medicines (see Medicines NZ website).

The meeting's purpose was to obtain, for our members, information and updates/ solutions to the possible over-prescription of opiates to older people.

Response - We were provided with an article '*Medication-related patient harm in NZ Hospitals,*' researched by Gillian Robb, Elizabeth Loe, Ashika Maharaj, Richard Hamblin & Mary E Seddon which was published in NZMJ, 11 August 2017, Vol 130, N0 1460. It concluded that medication-related harm is common, more likely to affect older people, especially women and that opioids accounted for the most harm, i.e. for 40% of all harm; also, that they were implicated in the most severe harm.

A collaborative national approach involving all DHBs is required and work is now under-way both locally and nationally to decrease harm from opioids and other high-risk medicines and reduce economic impact on the health system

Grey Power's gain was to become more informed on the problem of opioid over-use and to receive the assurance that considerable work is underway to reduce medication-related harm from opioids and other medicine.

2.2 **General Practices NZ (GPNZ) Meeting** was attended by J. Millar and J. Pentecost with Fiona Thompson GPNZ CEO.

This organisation provides support and advocacy services for general practice networks.

The meeting's purpose was to become informed re:

The subsidy for GPs and its impact on community service card holders – we believe that currently the assistance from this card for GP visits is completely inconsequential.

Fiona stated that the very low-cost access scheme (VLCS) general formula does not work out for high or low incomes and that funding formulas depend on Govt. formulation.

She also provided us with Amy Down's 2017 paper entitled '*From Theory to Practice: The Promise of Primary Care in New Zealand*'. It recommends, amongst other issues that:

- The Ministry of Health (MoH) should develop a primary care monitoring programme which would be used to understand patients' views of the care they receive, and to make health care more responsive to their needs. The programme should cover communication, partnership, coordination and physical and emotional needs
- Treasury and the MoH should undertake a rigorous and data-driven primary care financing review. Payments should follow the individual as opposed to the VLCA payments that follow the practice based on the composition of enrolees. Currently, the base capitation rate is calculated on very blunt factors that are applied to outdated utilisation rates.
- The MoH should explore consolidating current DHBs and PHOs regions into four to six. Each region could be serviced by one DHB and one PHO. The current structure leads to inherent conflicts of interest for DHBs as they try to balance their responsibilities to both provide and fund services. Separating DHBs' dual functions as a provider and a funder also needs an extensive and objective review.

Cost of visits to G. Ps – we support action to reinstate personal access at a lower rate for those who have to make regular visits to the doctor. The government has changed this from personal to medical centre registration – more discussion re this is required

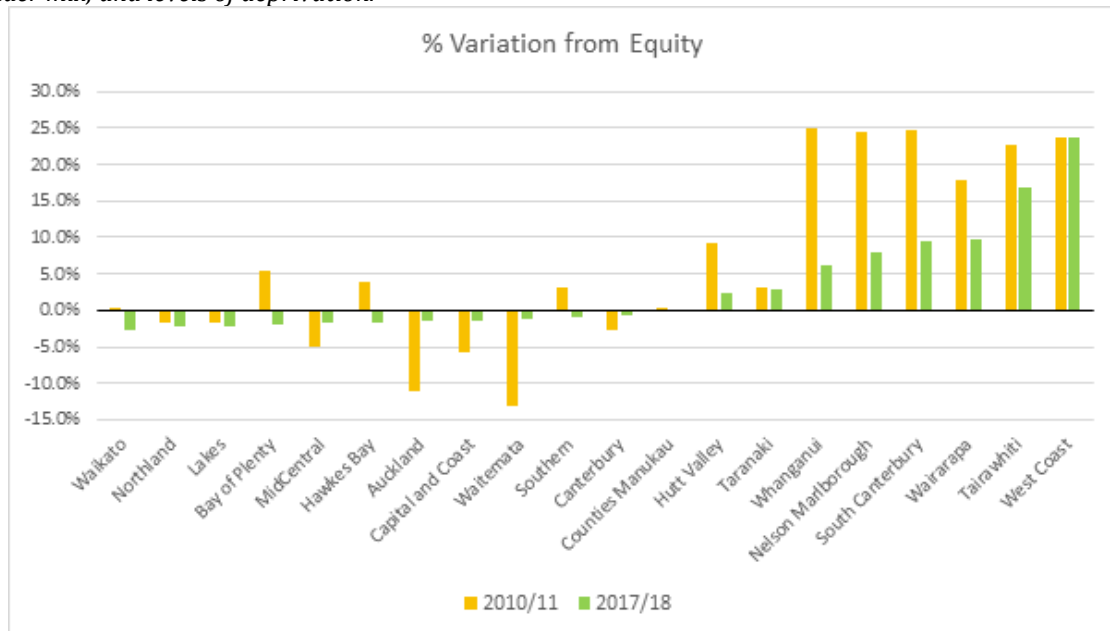
Grey Power’s gain was to add the recommendations provided above to its lobbying knowledge as a base for further action

2.3 Ministry of Health (MoH) Meeting was attended by J. Millar, J. Pentecost and MoH personnel. The meeting’s purpose was to receive answers to our questions.

Elective surgery – Q. will the MoH support a national criterion for access to elective surgery procedures?
Response = there are new national criteria across most specialities but DHBs can apply different thresholds.

Simon Duff Team (Leader - Service Improvement Team Electives) provided the following information re geographic variation in access to elective surgery

“The graph below shows the variation between planned levels of delivery for the Electives health target compared to the equitable share for each DHB, for 2010/11 and 2017/18. Equitable share is the expected number of elective discharges that would be delivered based on the population size; age profile; ethnicity; gender mix; and levels of deprivation.



As can be seen, variation has reduced over time.

DHBs who are above the line have planned delivery above equity, those which planned delivery below the line are the DHBs which have been required to uplift over time towards equity. The DHBs who are below equity tend to be those DHB that are larger or who have growing populations.”

The patient Impact on Life Questionnaire – see appendix one

This questionnaire is used as part of the clinical prioritisation process orthopaedic, cataract, plastic and general surgery (currently being implemented). It is expected that all future prioritisation tools will also incorporate it.

NB: Grey Power has submitted re the general surgery questionnaire.

A copy of the MoH guidance information sent to DHBs regarding their communications and letters to patients was also provided. MoH would appreciate any feed-back on this – please request the document

from donjomillar@gmail.com or jan.pentecost@gmail.com. The MoH also asked that patients contact the Ministry if they have individual experience concerns re access to elective services. We would also like to hear of any concerns.

The Healthy Aging Strategy(HAS) – Q. ‘because DHBs put their own interpretation on MOH policy, what is being done to ensure that the HAS is being administered in the manner in which it was intended?’ - We believe that an advisory committee should over-see its implementation

Response was that it is early days, there is a need to change how home and community works, MoH have a total commitment to the strategy; they look at individual need as the whole bottom line – they look at the whole person

Better mental health care – Q. ‘how can we work towards this when we hear that a psychiatrist in charge of inpatients can dictate whether support people can be present, flout a patient’s rights not to have students present and refuse to provide medical information even when the patient has given written and verbal permission?’

Response was that patients can have a support person with them during consultations etc. and we were directed to the Health and Disability Commissioners’ website <http://www.hdc.org.nz/> for full information on rights and procedures etc.

Grey Power’s gain was to obtain background knowledge to enable further informed lobbying

2.4 Pharmac Meeting was attended by J. Millar and J. Pentecost along with Janet McKay from Pharmac

The meeting’s purpose was to hear answers to the following questions:

Shingles – Q. will pharmacies be able to administer the free shingles vaccine alongside the flu injection?

Response was that people over 60 years must be vaccinated by their general practitioner (G.P)/nurse – we will advocate for community pharmacies to administer both vaccines simultaneously – we would also like members to let us know whether they get their flu vaccine from their G.P or their pharmacy.

Grey Power’s gain was to clarify where the shingles vaccine can be administered

NB: Grey Power, along with other stake-holders, on members’ requests, has lobbied for free shingles vaccine for older people – the achievement of this is very welcome.

Diabetes pumps – Q. does Pharmac fund diabetes pumps?

Response was that they do but a special authority is needed, people must have type one diabetes and meet certain criteria to receive a subsidy- funding is targeted to those most in need – people should attend a diabetes clinic to find out if a pump is suitable for them and whether they meet the criteria.

Blood glucose meters –most people will have no change – for full information please visit

<https://www.pharmac.govt.nz/news/notification-2017-11-16-diabetes-management-products/> or your pharmacy.

Grey Power’s gain was to obtain information for members re diabetes equipment

2.5 Pharmacy Guild of NZ Meeting was attended by J. Millar and J. Pentecost along with personnel from the Guild which is a membership organisation providing support and services to community pharmacy owners.

The meeting’s purpose was to become informed re the possible deregulation of pharmacies.

The concerns are that such action may:

- Reduce access to medicines and pharmacy services in rural and lower socio-economic areas
- Reduce patient choice if the market is dominated by big chains as over-seas experience has shown
- Not improve affordability of medicines and medical devices because Pharmac determines prescription prices etc.
- Increase patient risk because of competitive effects.

Grey Power’s gain was to acquire information to enable it to make a decision on whether to lobby on this issue

2.6 Meeting with ACC was attended by J. Millar and J. Pentecost along with S. Meyrick (Manager Business Process Management, ACC) and other ACC personnel.

The meeting's purpose was to provide our views on how ACC forms and letters could be improved to meet the needs of the older population. We pointed out:

- a) That the blue writing on pale blue background (particularly in reference to the claim form) is difficult to read and the font size is too small.

Response – ACC are looking at how they can make it easier to make changes to forms and to simplify the complexity of these communications. They can't promise changes immediately but will build our feedback into their thinking and will inform us of progress

- b) That apparently the online form does not provide an acknowledgement to the person who completes it and help them know the next steps?

Response – ACC are checking this and will confirm.

- c) That often older people are hesitant about accessing services they are entitled to – either because they don't know about them or because they feel they may lose independence by asking for help. Also, the cover letter is confusing and some of our members have difficulty understanding what they were covered for.

Response - ACC's cover letter will be reviewed in the new year and our feedback will be built into the response. Also, ACC will be testing any changes they make to the cover letter with customers and will ensure that the testing group is representative of our society, including older people. (Information sourced from Shona Meyrick's 29/11/2017 email)

Grey Power's gain was to inform ACC of our concerns and to obtain possible solutions to them.

3. AGED CARE

3.1 Aged Care Association Meeting was attended by R. Reid, T. O'Connor and J. Pentecost plus Simon Wallace – CEO.

The meeting's purpose was to discuss mutual interests. These included:

Carers and Wage Structure – we expressed concern that some rest homes were attempting to claw-back the recent carers' wage increase.

Simon explained that there are 100 rest homes in difficulty because they are not receiving enough funding to accommodate the wage rise – he asked, is this because of Govt funding or DHB allocation? He also explained that rest homes with more experienced, long serving staff who provide higher care hours have been hard hit by pay equity even though the Minister said no-one will be out of pocket.

Response – he will send us an opinion piece, for the Grey Power magazine, on the sustainability of rest homes

Immigrant workers – the policy re re-application for a work visa every 3 years is problematic

3.2 Retirement Villages Association meeting was attended by T. O'Connor, R. Reid and J. Collins CEO.

The meeting's purpose was to discuss:

Problems regarding the cost of village fees being charged to residents in un-registered "Lifestyle Villages"

Response - complaints can be made to the Ministry of Business, Innovation and Employment who have authority to investigate or to encourage the Registrar of Retirement Villages to have the village registered. The main problem is that disadvantageous fees can be imposed by village owners on residents without notification. In registered villages residents are protected by the Retirement Villages Act and the code of practice. In a Lifestyle village limited protection is available to residents under the Unit Trusts Act but is not as good a protection as the Retirement Villages Act.

NB: John Collins and Troy Churton provide information seminars together at various venues. John is willing to address Association meetings or the Federation AGM and in association with Troy, will write an 800-word article for the magazine. T. O'Connor to arrange space in the December issue. (From notes provided by R. Reid)

Post Script: Grey Power has long lobbied for and has now achieved, with assistance from others, recognition of retirement village residents as rate payers which means they are entitled to apply for a rates rebate regardless of the billing practice of the local authority. On January 31st 2018 Parliament

passed the Retirement Village Resident Rates Rebate Bill which will come into effect in the rating year which begins on or after 1 July 2018.

3.3 MoH Meeting re InteRai was attended by R. Reid, J. Pentecost and K. Kwai (MoH)

The meeting's purpose was to obtain information re concerns about:

- a) DHBs reducing home care hours without a proper InteRai assessment – we want a compulsory InteRai review before any reduction in home care hours occur.
- b) Lack of awareness that clients are entitled to have a support person attend an assessment – we believe that if the person being assessed wants this it should be compulsory
- c) Lack of national consistency in the care of older people
Response – the Healthy Ageing Strategy is the focus of work with older people and MoH is working towards consistency
- d) The ability or lack thereof of InteRai assessment to show when restorative care is useful or to detect where no improvement is possible and if the latter what will happen to clients?
Response – there may be a need to maintain health- cannot restore health in some people
- e) Reduction in home care hours because these are not considered as important as personal cares-this needs to be followed up

Grey Power's gain was:

i) to receive a MoH definition of restorative care =
“Restorative home care is an approach to the delivery of home care adopted by most if not all DHBs in New Zealand. The intent of restorative home support is that people are supported (as far as practicable) to maintain and where possible improve their independence with tasks of daily living - in a practical sense this means a 'do with' rather than a 'do for' approach, and working to support a person to achieve their individual goals. This approach has been shown to help people remain well in their homes for longer.”
This will assist us to lobby re our concerns with home care

ii) The realisation that we will need to do much more to obtain information and action re our concerns.

4. KIWIBANK Meeting was attended by R. Reid, J. Pentecost and Chris Grieg (KiwiBank)

The meeting's purpose was to discuss:

- The KiwiBank profile in Grey Power – it appears to be reasonable
- Branch closures and the problems of some older people and how the franchise system works – the latter to be further discussed.
- Grey Power magazine form re tagging of Grey Power members who bank with KiwiBank – this is being progressed

5. New Zealand Post Meeting was attended by T. O'Connor, J. Pentecost and P. Matcham plus NZ Post corporate general manager, Paul Hodgson.

The meeting's purpose was to discuss a recent break-down in communications as a result of New Zealand Post internal staff changes.

Grey Powers' gain - Vice-President Pete Matcham will now act as liaison with New Zealand Post.

6. Public Service Assn Meeting was attended by T. O'Connor, J. Pentecost and R. Reid and the PSA national secretaries Glenn Barclay and Erin Polaczuk.

The meeting's purpose was to discuss:

- a) Equal pay - the PSA want carers' work unionised and regularised- they say we still have some way to go to achieve fairness in the workplace.
- b) National superannuation at age 65 – PSA agreed with us that the eligibility age must remain unchanged
- c) Ageism in the work place – we all agreed that this is a problem that requires work to change attitudes
- d) Adequately funded elective surgery – we all agreed that health is under-funded
- e) Agreement to explore a more formal arrangement of mutual support between us -there will be ongoing discussions on this issue.

Grey Powers' gain is to strengthen ties with a kindred organisation to enable, where relevant, appropriate lobby relationships

7. Ministry for the Environment Meeting – attended by T. O’Connor, R. Reid and Land and Air Policy Manager Daniel Lawry.

The meeting’s purpose was to explore options for a review of the national environment standards for air and the negative impact of some regional air plans on the ability of older people to keep homes warm in winter. There will be ongoing discussions on this issue.

We agreed that:

- f) Air pollution is a serious issue which must be addressed by regional councils. Home heating by solid fuel burners is a significant contributor to winter air pollution.
- g) The age of solid fuel heaters is probably not the ideal deciding factor on required replacement and that, as an alternative, solid fuel heaters should be replaced when they can no longer be repaired to meet low emission standards and that all solid fuel heaters over 15 years should be replaced when the property is sold.
- h) Peak exceedances of predetermined air pollution levels are probably not a good measure of air quality and that underlying average pollution levels need to be reduced instead.
- i) A review of National Environment Standards for Air would be an opportunity for these matters to be addressed.

8. Meeting with Hon Tracey Martin

On December 14th 2017 the advocacy team had an opportunity to meet the new Minister for Seniors Tracey Martin (NZF). She has a long-standing family connection with Grey Power and has a sound knowledge of our philosophy and principles. Many of her ambitions for senior people, and the vulnerable in society, match our own policies. This coincides with Grey Power philosophy to work with any decision-maker/s whose beliefs are similar to ours.

She, like us, wants improved access to affordable housing and health care and is determined to tackle ageism in its many forms. Most importantly she has agreed to be our advocate with her cabinet colleagues and to assist with arranging meetings with other ministers.

We also specifically asked the Minister ‘*Will older people be financially disadvantaged by the cancellation of the previous government’s tax cuts?*’

Her response was that:

“... the new Government has decided not to proceed with the previous government’s proposal to increase some PAYE income thresholds. While superannuitants will no longer gain in terms of increased after- tax rates of New Zealand Superannuation, the Government has announced that its Winter Energy Payment, available to all recipients of New Zealand Superannuation or Veteran’s Pension will commence from 1 July 2018.

When fully implemented, this will provide additional non-taxable income of \$700 per year for a superannuitant couple and \$450 per year for a single superannuitant. Many superannuitants who have high housing costs, relative to their income and assets, will also gain from the increases to the Accommodation Supplement effective from April 2018.

We presented her with our briefing paper see appendix two which contains two more questions for which we are awaiting answers

If you want more information or can provide us with information on any of the issues discussed above please contact jan.pentecost@gmail.com

Disclaimer: Although every effort has been made to provide accurate information in this report the authors take no responsibility for unintended inaccuracies

Appendix One - The patient Impact on life questionnaire

How does your condition affect your life?

Please tell us about how much difficulty your condition causes in different areas of your life, which may limit the things you can do. If you are telling us about your child’s experience, please answer the questions from their point of view.

Each question below includes examples to illustrate some of the things this area of life covers. It is okay if some of these examples don’t apply to you. Please just think about whatever this area of life means for you (or for your child).

Please circle the number that most represents how much your (or your child’s) condition affects each area of life.

How much does your condition affect your social interactions?

(Examples: meeting friends, going out, joining in groups, going shopping, everyday activities outside the home)

No difficulty	Little difficulty	Some difficulty	Quite difficult	Very difficult	Extremely difficult
1	2	3	4	5	6

How much does your condition affect your personal relationships?

(Examples: personal relations with partner, family members, close personal friends)

No difficulty	Little difficulty	Some difficulty	Quite difficult	Very difficult	Extremely difficult
1	2	3	4	5	6

How much does your condition affect your ability to meet your responsibilities to others?

(Examples: doing meaningful things for yourself or others, including caring for children, grandchildren or partner; work (both paid and unpaid), including how ‘having to rely on others’ may have an impact on you)

No difficulty	Little difficulty	Some difficulty	Quite difficult	Very difficult	Extremely difficult
1	2	3	4	5	6

How much does your condition affect your **personal care**?

(Examples: looking after yourself, your health, personal hygiene, need for aids or special clothing)

No difficulty	Little difficulty	Some difficulty	Quite difficult	Very difficult	Extremely difficult
1	2	3	4	5	6

How much does your condition affect your **personal safety**?

(Examples: being safe from injury and harm; from yourself, or others, and in your surroundings)

No difficulty	Little difficulty	Some difficulty	Quite difficult	Very difficult	Extremely difficult
1	2	3	4	5	6

How much does your condition affect your **leisure activities**?

(Examples: getting exercise, hobbies, sporting activities, gardening, do-it-yourself activities, craft, travel)

No difficulty	Little difficulty	Some difficulty	Quite difficult	Very difficult	Extremely difficult
1	2	3	4	5	6

Patient name:

Grey Power
NEW ZEALAND FEDERATION INCORPORATED



Briefing paper for Hon Tracey Martin

December 14th 2017

Who are we?

The Grey Power NZ Federation (Inc.) is a non-political advocacy organisation that is made up of some 75 individual Associations with an overall membership of approximately 68,000

What do we do?

The Grey Power NZ Federation aims to advance, support and protect the welfare and well-being of older persons in New Zealand.

What is the purpose of this briefing note?

The Grey Power New Zealand Federation (Inc.) welcomes this opportunity to provide you, as the new Minister of Seniors, with information about the organisation including a summary of Grey Power's core issues and its recommendations to the Labour – led government

We also offer sincere thanks to you for your time today and we look forward to working with you in the future in the interests of older people.

OUR CORE ISSUES

ENERGY - Phillipa Howden-Chapman informs us that people on low incomes have no choice about skimping on heating costs. University of Otago research suggests that around a quarter of New Zealand households on average (the proportion varies from 18% in Auckland to 46% in Dunedin) suffer what is known as fuel poverty, which means they are spending more than 10% of their income on fuel (<http://www.noted.co.nz/currently/social-issues/1600-deaths-attributed-to-cold-houses-each-winter-in-new-zealand/>). And we have heard stories of older people spending all day in bed or foregoing food because they are unable to afford electricity to keep warm.

Grey Power recommends that the Government legislates to ensure that the supply of energy is a vital and essential service to all New Zealanders and to achieve a sustainable, secure energy industry that delivers affordable power to all households.

Grey Power commends the Government on its plans for a winter energy package which will include seniors

FIFTY PLUS (50+) – It is well known that age discrimination is rising and impacts negatively on older people in the workforce in New Zealand (see the University of Auckland research, http://www.nzherald.co.nz/bay-of-plenty-times/news/article.cfm?c_id=1503343&objectid=11428805 and <http://www.stuff.co.nz/the-press/news/9755581/Getting-work-harder-for-older-seekers>)

Our members tell us that current Ministry of Social Development (MSD) benefit policy ignores the difficulties faced by older redundant workers in obtaining another job due to ageism in the workplace and society, forcing them to undergo job searches, travelling to seek work, or respond to job leads that are inappropriate and that this cohort cannot obtain government funded educational courses to assist them to re-train.

Grey Power recommends that the Government recognises that a more human and constructive approach is needed and that this can be achieved by:

- Rescinding the relevant 2007 amendments to the Social Security Act 1964 so that work test sanctions etc. for those 60 years and over no longer applies
- Providing specific training (which refer to the difficulties that older people face who have been made redundant late in their working life) for Work and Income case managers [MSD]
- Re-instating state-provided educational grants, allowances or loans to enable older people 55+ years to obtain access to life-long learning or re-train due to redundancy.

The societal cost of ageist attitudes in the work force is too high.

HEALTH - In recent years much has been written about health under-funding - Grey Power's policy is to support preventative measures and timely intervention in an effort to reduce demand for complex and costly procedures. Therefore, we commend the Government's plan to introduce a free annual health and eye check although our policy is for the provision of two free health checks per year for those over 65 years of age.

We also ask for improvements in the process regarding early access to diagnosis/ elective surgery and in the latter case we suggest, because research both in general and from our members indicates that there is an inconsistency between DHBs on the availability of elective surgery, that the priority criteria be reviewed.

ACC – Grey Power has long advocated for a fair and equitable ACC system for New Zealanders. We believe that older people are unreasonably denied accident cover on the grounds of associated age-related impairment of function, that the ACC system permits doctors to charge patients a surcharge in addition to ACC cover in contravention of the principle of no cost cover and that there is a lack of ACC entitlement information regarding the ability to make subsequent claims resulting from a previously covered accident

We recommend that the Government ensures the provision of precise criteria for judgements on a genuine accident regardless of age, fair tests for hearing loss, regulation of ACC surcharges and clear, unambiguous entitlement information.

AGED CARE & RETIREMENT VILLAGES

AGED CARE - Grey Power has been involved in recent research with Labour and the Greens to up-date the 2010 Aged Care report. The latest findings suggest that although there have been improvements in aged care since 2010 some DHBs do not comply with the national assessment for care and delegate inadequate funding to the aged care sector.

Independent information from Grey Power members has disclosed cases of insufficient and inadequate personal and domestic care, lack of follow-on care for aged persons subsequent to discharge from hospital and inadequate responses to concerns and complaints from those receiving care and their families.

Grey Power therefore recommends that the Government requests that DHBs regard the national standards for the aged as a minimum level of care, DHBs and care providers fulfil the spirit, intent and practical applications of the legislation around aged care and that standards of training, both academic and practical for those engaged in providing care for aged persons are at professional levels. Also, that an efficient and effective advocacy service is provided.

Thus, we look forward, as promised by Labour and Greens before the general election, to the establishment of the office of an Aged Care Commissioner based on the recommendations of this year's up-dated Aged Care report.

RETIREMENT VILLAGES – Grey Power believes that all people living in retirement villages, registered and unregistered, must receive fair and just treatment and currently we have cases, based on our recommendations below, where we believe this is not occurring.

Therefore, we would ask the Government to compel retirement villages to provide a plain English summary of all agreements, add the value of fixtures and fittings supplied by an ORA (occupation right agreement) resident to the value of their unit at the time it is vacated, include in all new ORA contracts, where the contract contains a capital loss clause, that a capital gain clause be added and the non-inclusion in all ORA contracts of a clause requiring residents and their successors to continue to pay weekly fees when their unit is vacated.

We also recommend the appointment of independent statutory supervisors, the inclusion of all residents in the rates rebate scheme providing they qualify financially and the appointment of an independent villages ombudsman.

LAW AND ORDER AND EMERGENCY MANAGEMENT - Grey Power's stance is that every person and their assets need to be secure and safe during normal times and post disaster.

We would recommend to the Government that they consider action, based on the recommendations of the Law Commission Report on Alcohol Reform, to reduce the availability of alcohol, improve access to timely drug and alcohol treatment, recognise more effectively the relationship between mental health issues and crime, take note of evidence-based solutions to reduce crime and re-offending, support community projects that prevent older persons from succumbing to scams and for more Police and MSD programmes that address this issue.

SOCIAL SERVICES – Although Grey Power believes that older people in New Zealand must receive fair and equitable treatment from all social services personnel and be accurately informed of, and have access to, all entitlements, initiatives or changes which affect them, members contact us reasonably frequently with problems that occur during their dealings with the Ministry of Social Development (MSD).

We ask that the Government ensures that MSD policy promotes easily accessible entitlement information, produced in plain English and specialist training for staff who deal with older people.

LOCAL BODY AND HOUSING - Changes to legislation by recent Governments have impacted on the ability of local Government to provide the social services that are the core of any civilised society. Grey Power maintains that provision of social services is as much a primary objective for local Government as for central Government. Indeed, frequently, local Government is in a better position to tailor and optimise these to the needs of their community.

In particular the provision of social housing including sheltered accommodation and residential care as well as basic rental properties are key components of local social services, and a fundamental purpose of local authorities.

We ask that legislation to restore the provision of social and rental housing as a primary purpose of local authorities should be a priority.

A major concern is the parlous state of much infrastructure that has been allowed to deteriorate by continued underfunding and a failure to budget adequately for depreciation.

We suggest that as an immediate step to address this decline, the Government should consider refunding to all local Government bodies, the GST collected on their rates, and that this should be paid into a ring- fenced fund for infrastructure replacement and maintenance. In addition, local authorities should have the ability to impose a local fuel tax and/or demand management taxes such as congestion charges and tolls to finance roading.

Recent changes to the rating structure have been felt most severely by those least able to afford it. In particular the increasing use of Uniform Annual Charges for basic services is highly regressionary; this should be curtailed and replaced by a progressive rating structure.

Many of Grey Power's policies coincide with the WHO age-friendly check list. Cities and communities which address the needs of older people by adapting the built environment, transport, housing, social participation, respect and social inclusion, civic participation and employment, communication, and community support and health services to better meet the needs of older people benefit everyone.

We recommend that the Government actively promote that local bodies in New Zealand join the World Health Organisation's Age Friendly cities and communities global network.

(Input provided by P. Matcham)

RETIREMENT INCOME AND TAXATION – Grey Power’s policy is that New Zealand Superannuation (NZS) must be state-funded, universal, non-means tested, payable at age 65 years as the basic provision and supplemented by continuing government and employer subsidisation of individual contributory savings accounts under the KiwiSaver scheme. Additionally, that government needs to re-commence contributions to the New Zealand Superannuation Fund to add a state based ‘pay as you earn’ element to partially pre-fund NZS.

We understand that the above coincides, reasonably closely, with the Labour-led Government’s policies but we would recommend that consideration be given to research provided by Toni Ashton and Jessica O’Sullivan (2013) which discloses that superannuation payments may be insufficient to permit a healthy life style especially for older people who live alone and do not own their own property.

TRANS PACIFIC PARTNERSHIP – Grey Power has supported Andrew Little when, following a Grey Power visit in 2015 he responded that *“New Zealand must not sacrifice Pharmac or give up its sovereign right to regulate and legislate in areas such as health, economic policy, the environment etc.*

New Zealand negotiators should be arguing strongly for New Zealand’s interests including the right to control who buys its houses.” (Written response from A. Little, May 2015)

If this is the Government’s current stance we would support it.

Grey Power would also like to ask that it receives written answers to the following questions:

1. Will older people be financially disadvantaged by the cancellation of the previous government’s tax cuts?
2. Will older people still be requested to move from Housing NZ owned homes into private sector housing?
3. Is it common practice for publicly-provided surgical post-operative care, e.g. removal of stitches and dressing replacement to be provided by a general practitioner who can charge his /her full consultation fee?

ENDS

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