



Advocacy Report:

Issue 2 October 2013

The focus of this last advocacy visit for 2013 to Wellington was on superannuation and health although several other incidental meetings, as requested by Grey Power members and others such as the Retirement Commissioner and the Director of the National Health Board occurred.

The Objective of the Meetings with politicians and other decision-makers was to:

1. To lobby on behalf of Grey Power members and others on appropriate issues which have been received by the Federation Board since the last advocacy trip or which are on-going;
2. To access information on behalf of Grey Power members and others
3. To request follow up on promised action from the previous advocacy visit.

The Advocacy Core Team consisted of Roy Reid, (Grey Power Federation President) and Jan Pentecost, (Grey Power Advocacy Standing Committee chair); attendees at meetings relevant to their National Advisory Group (NAG) or specific interest were Lew Rohloff (Superannuation and Taxation NAG chair), Jo Millar (Health NAG chair), and Pete Matcham (Grey Power Research Standing Committee chair with particular interest in environmental issues and the Telecommunication Review).

The main issues discussed and the person/groups the advocacy team met with were:

1. **Superannuation and Taxation** – W. Peters (NZ First Leader), J. Logie (Greens superannuation spokesperson), C. Diack (Chief of Staff - Office of J. Banks, Act Party), Dr. B. Wilkinson Ministerial Advisor - Office of J. Banks), D. Parker (Labour Finance spokesperson), D. Maxwell (Retirement Commissioner), and P. Conway (Secretary, Council of Trade Unions).
2. **Health/Aged Care/Social Services** – T. Ryall (Health Minister), J. Goodhew (Senior Citizens Minister), A. King (Labour Health Spokesperson), R. Dyson (Labour Senior Citizens spokesperson), C. Chauh (National Health Board Director), J. Ulrich (Manager Corporate and External Relations, Pharmac), The Ministry of Health (Older Persons), The Ministry of Social Development (Older Peoples and International Policy), Dr. S. Donnelly (Chair- National Association Palliative Medicine Doctors in NZ)
3. **Environment/Telecommunications** – A. Adams (Communications and I.T Minister), D. Cunliffe (Labour Leader & Spokesperson – Communication & I.T)

Requests for Appointments were also sent to B. English (Finance Minister), P. Dunn (Leader of United Future) and the Pharmacy Guild but they did not respond to appointment requests, K. Hague (Greens Health spokesperson) and T. Turia (Maori Party) had no available time to meet with Grey Power and Local Govt. NZ responded after all the appointment times had been allocated.

Where appropriate the desired outcome and the results for Grey Power are provided but it must be noted that advocacy on particular issues is usually a long term project so the results may denote a progression of action rather than an outright agreement to Grey Power's desired outcome.

pokespeople and others had to say:

try of Social Development (Older People): the desired power members. The result

Meeting with Older People and International Policy (OPIP) team –

The Grey Power team was informed of the:

1. “*Older New Zealanders: Healthy, independent, connected and respected*” document. It is not a strategy or a plan, but reaffirmation of Government’s commitment to the Positive Ageing Strategy (PAS).

Of note the PAS arose from the 1999 International Year of Older Persons and was co-ordinated by the Office of Senior Citizens. Its goals include working towards a secure and adequate income, equitable, timely, affordable and accessible health services, affordable and appropriate housing and affordable and accessible transport for older people. It is also intended that this group can age safely and securely in the community; that services are accessible to older rural people, that ageism in the workplace will be eliminated and flexible working options will be provided, as will increased opportunities for personal growth and community participation. Finally people of all ages will have positive attitudes to ageing and older people. These goals form the basis for central and local govt. to develop their own action plans to improve the well-being of older people.

The intention of the *Older New Zealanders* document is to provide an update on changes and new initiatives across Government and so far the feedback has been good; the next stage is for Government agencies to look at how to deliver better services.

2. “*Update 2011 Business Ageing.*” This document looks at the economic contribution of older people (65+) as workers, volunteers and consumers and has disclosed that the projected economic contribution of older people has increased substantially; older workers will play a key role in addressing future predicted labour and skill shortages. It is expected this updated version of the report should stimulate some debate, as did the original report in 2011.
3. Review of the changes made in 2007 regarding Enduring Power of Attorney; MSD has finished consulting on the effectiveness of these changes and the results are available on the website. There is still analysis pending on whether further changes need to be made.
Result = the link to this information to be sent to Grey Power.
4. The Carers Strategy 5 year action plan is being reviewed and the proposed draft will go to Cabinet in the middle of November.
5. The Retirement Commissioner’s report on retirement income policies and Treasury’s discussion paper on Flexi-super are being watched by OPIP.

Senior Services informed Grey Power that:

1. A review of the NZ superannuation application form is underway and input is sought from client groups, including Grey Power. Questions have arisen regarding the way messages are conveyed to clients; what understanding does the consumer take away from these messages? Are we communicating clearly enough?
2. The 0800 number is an area of concern and work is being done to improve call waiting times and customer service.
3. The application process for the living alone payment has been simplified; it is now part of NZ Superannuation and can be done over the phone.
4. The SuperGold card programme has grown and a current campaign to recruit businesses to offer discounts which will provide more value for people is underway.
5. Another SuperGold initiative is the Noel Leeming training programme. Classes (each consisting of 20 SuperGold card holders) on how to use electronic devices are being trialled in four regions. There is no obligation to purchase the devices; the aim is to encourage the use of technology, as well as helping older people to be more technologically savvy.

Grey Power agenda/discussion items: The **desired outcome** was to inform MSD of Grey Power concerns and request action on these.

form of ID – Grey Power wants a photo on the card for older people, passport or 18 plus card – **no action** re this = too expensive
action = the most recent version is to be sent to Health NAG

responsible for ensuring older people have adequate security in their homes – no specific answer to this.

4. Counselling for rest home residents – Grey Power asked who is responsible for funding residents who require counselling? Answer = DHB's make these decisions- **action** = Grey Power to raise this issue with the Ministry of Health, while OPIP and seniors will continue to think about possible solutions.
5. The supported living payment application form – a Grey Power member has said that the form is lengthy and intrusive – **action** = MSD will look at this if the person involved can provide details.
6. Assistance for older people in the event of environmental damage. Many people were left in their homes without power (some for 5-7 days), with no one to check on them after recent natural disasters – a procedure is required to monitor superannuates once a disaster has hit – **action** - this will be raised with the MSD emergency management team.
7. Z Fuel as part of the SuperGold card scheme- an approach has been made by MSD but Z Fuel have no plans at present to be part of the scheme.

General Issues

1. The Positive Ageing Strategy (PAS): the **desired outcome** from the meetings was that Grey Power would be provided with specific action statements from politicians and opposition spokes-people regarding attaining the PAS goals.

Related to this issue Grey Power Nelson Association asked that the team lobby for a long term ageing strategy with time-lines etc. They also said the 2001 PAS strategy requires reviewing.

The question put to politicians and opposition spokes people was - Do you have specifics of what a strategy to 'achieve ... a society where people can age positively, where older people are highly valued and where they are recognized as an integral part of families and communities' (PAS) would look like? (Grey Power believes that any strategy focusing on the increasing older demographic and its associated issues must be underpinned by the goals of the PAS.)

Result =no specific action was obtained from the Labour Party at this point – the govt. suggested that Grey Power put pressure on local councils to work towards the PAS within realistic time lines.

Of note the Labour Party's draft policy platform states that NZ 'needs a long term or sustainable strategy for dealing with' the issue of an ageing population - Hon Ruth Dyson (Labour senior citizen spokesperson) said "we need local and central government working together to plan for the future now – or it will be too late" (from her article in the Spring Issue 2013 of *Keeping On* (Vol. 79: p. 21). **Her action statement** was that if Labour becomes the next government they will re-instate the four well-beings re the Local Government Act.

Iain Lees-Galloway (Labour) when asked what a long term or sustainable strategy for dealing with an ageing population should include replied 'reasonable access to care and support to enable older people to stay at home.' He was also asked to comment on the PAS goals but he was unaware of this document.

The draft policy platform also informs that "Labour's commitment to all senior citizens is that they will have access to a minimum level of social provision." Grey Power's question was "what does this actually mean when the word minimum is often defined as the least possible? (See On-line dictionary). Could we interpret this as subsistence level?" Hon Ruth Dyson said that was not the intention and wording changes would be considered – her answer to our question on action statements for senior citizens if Labour become government was that the policy paper was still to be presented at the Labour party annual conference- details will follow after this.

Health

1. Generic Medicines – meeting with Pharmac: The **desired outcome** was that another brand of subsidised medicine be available to patients who suffer adverse reactions to Pharmac's preferred product.

ger, Corporate and External Relations) explained that patients
vides written proof of problems – this will be funded on a case

generic and authentic medicines is the same but the fillers
vided by Pharmac have the stamp of approval which means they
are manufactured to be safe, effective and to an approved standard. Also

Background: Grey Power's understanding was that if patients suffer side effects from changed
medication they are forced to pay large amounts to retain their previous medication. The cost of going back to
the doctor two or three times in a month because of side effects is also prohibitive.

2. Meeting with Dr C. Chauh the Director of the National Health Board: the main focus was the
relationship between the DHBs and consumers.

Alliance partnerships, mainly to share services, have been set up between DHBs across NZ – there are 4
alliances for the 20 DHBs. However consumer input is not usually part of this. Dr Chauh used palliative care as
an example –it should be consumer driven i.e. the consumer needs to tell the clinician what should occur- a
society-wide conversation is required.

The question was how could this type of consumer input occur? E.g. through an annual survey of
consumers' views of DHBs asking is their DHB very engaged with consumers, engaged or not engaged at all?
Grey Power to decide what part they can play in this type of interaction.

3. Prescription charges: the **desired outcome** was an answer from the Minister of Health on whether he
has current research available on how serious the impact of increased pharmacy prescription charges are on
vulnerable people.

Result: Hon T Ryall did not provide an answer but said that the government has no plans to reverse
the increased prescription charges and that the extra income can be used elsewhere in the health budget. He
informed that the fax fee avoids the cost of a G.P's visit.

The Chair of the Grey Power Health NAG is to provide details of a case where a posted prescription
incurred an unacceptable charge; she is also to be shown how the system works re pharmacists' advice for
patients with chronic health conditions.

Hon A. King's suggestion was that single people should only have to reach 10 prescriptions before the
exemption kicked in – she also said a pharmacy card to record the number of prescriptions was required. This
would mean that if people got their prescriptions filled by different pharmacies they would have a record of
how many prescriptions had been filled.

Pharmac informed that for a patient prescribed privately by a specialist the prices can be \$15.00 – Jude
Ulrich suggested and Grey Power agreed, that we should talk to the Consumer Advisory Committee – she will
pass this information on to them.

Background: The Positive Ageing Strategy goal number 2 is 'equitable, timely, affordable and accessible
health services for older people' and the recent government paper entitled 'Older New Zealanders etc. informs
that this govt. is committed to the vision and positive ageing principles set out in the strategy. Yet prescription
charges have risen and we hear of people not taking all their prescribed medicines because they cannot afford
to up-lift them from the pharmacist.

Grey Power also asked about phoned prescriptions - these incur a \$5 script charge and 90c per item and
a faxed prescription incurs an additional \$3.

4. Oral Health -This issue comes up on virtually every lobby visit and was also a 2013 AGM remit - the
desired outcome from the meetings was to obtain information about whether research exists on the cost
benefit of treating poor oral health compared to hospital admissions for treatment of conditions arising from
poor oral health.

Results: No answer re this from the Hon T Ryall. However he informed, as he has at other meetings,
that the government's priority was children's oral health and low income people can access a \$300.00 WINZ
grant - MSD were trying to add some dentists to the SuperGold card scheme. He also said that the results of a
major study re oral health are probably due out next year.

Hon A. King, Labour Health Spokesperson will look for research.

desired outcome from the meetings was that there be some mental Association oral health guidelines for care givers of older present they are voluntary.
T Ryall although he did say that carers receive foundation

Hon A. King will support oral health care compulsory guidelines in rest homes

5. Cataract Operations – the question = MOH policy is that if a patient has already had one cataract operation they should receive a second one if they are a priority case so why are some DHB staff suggesting that second operations should be done at the patients' expense?

Result = Hon T Ryall said if Grey Power provides evidence of this he will look at the situation – he also pointed out that there had been a 20% increase in these operations since 2008

6. Breast Screening: The **desired outcome** was that the govt. will re-consider their decision not to provide free screening for women over 69 years old.

Result = The government is keeping an eye on the research but they are more interested in closing the take-up gap between Maori and Pakeha; also the age has been lifted to 74 years in Australia but women do not receive an invitation for a screen Hon T Ryall said.

Hon A. King, provided Grey Power with a copy of the Breast Cancer Aotearoa Coalition briefing to the Ministers of Health and Senior Citizens – the Coalition recommends the adoption of older age screening by BreastScreen Aotearoa – A. King has also requested information on the cost of extending the screening programme to women 74 years of age.

Background: In the past Hon T. Ryall has informed Grey Power that there is no evidence of benefit to women over 70 years. However the team pointed out that this group is still diagnosed with cancer and the cost of a private screen to the individual is approximately \$130 – a number of women in this age cohort are widows or women living alone and are more likely to be living in poverty; the size of this group is also increasing - all factors which suggest they are not likely to access a private screen.

7. Discharge of older people from hospital late at night: The **desired outcome** was a directive from the Minister of Health to DHB's that this practice must cease.

Result = Hon T Ryall does not condone late discharge unless the hospital is full or the patient wishes to be discharged at a late hour – he will check up on each case and wants Grey Power to inform him of cases that come to their attention.

Hon A. King will contact all DHBs asking what their discharge policy is (what is the latest time older people can be discharged at night) who:

- (a) have been admitted to hospital,
- (b) are treated in the emergency dept.

Background: Grey Power has heard that some older people are being sent home from hospital at a very late hour. This is confirmed by NZ First Health spokesperson, Barbara Stewart's question in the house in August to the Minister of Health in which she asked, was he *"satisfied that a 90-year-old woman was kicked out of Tokoroa Hospital at 2.30 a.m. on 23 July and was forced to get a neighbour out of bed to come and return her to her home in Pūtāruru?"* The Minister replied that *"I would have to check that to make sure that the circumstances were correct, but I can tell you that that would be unacceptable."*

The problem with the time people waited for discharge papers to be signed, subsequent to their hospital stay or procedure was also discussed.

8. Mandatory health programmes across New Zealand: The **desired outcome** from this discussion was that beneficial health programmes be mandatory across New Zealand.

Result = information from Hon T Ryall is that it is not mandatory for DHBs to provide programmes such as those disclosed by the govt's document re the PAS and that some DHBs were ahead of others. However there are some programmes which are country-wide such as fracture and diabetes clinics.

Background: This issue arose from the 'Older New Zealanders' etc. document which provides some excellent case studies of programmes which have been set up by some DHBs but they are not uniform across DHB's; therefore some regions benefit from them, others do not.

Joint lobby visit to Hon Annette King:

Your health spokesperson was looking at this issue – Hon A. King
complaints re this to the disability commissioner.

People who have had metal on metal replacements require an annual
blood test – orthopedic surgeons need to inform relevant patients.

(b) The possibility of a cross-party working group being set up to investigate the problem of unaffordability of
health insurance premiums for people 60+ years.

Result: Hon A. King informed that this should be handled by a select committee inquiry = the Finance and
Expenditure Committee.

(c) The cost of medical fees associated with renewing drivers' licenses

Result: Hon A. King still to obtain more information re this issue from the Ministry of Transport

(d) Older people and suicide:

Result = Hon A. King asked series of written questions, in the House; they were:

(a) What strategies if any, are in place to address older person's suicide in NZ? The answer by the Hon P.
Dunne, Associate Minister of Health, was that specialist mental health services are provided by all
DHBs. Groups like Age Concern run programmes to help reduce social isolation amongst older people

(b) What information, if any, is available for those working with older people and their families on
preventing older person's suicide in NZ? The Hon P. Dunne responded that there are pamphlet
resources available from the Mental Health Foundation plus information from Suicide Prevention
Information NZ. In addition the MOH has various publications to help with mental health issues
including suicide.

(c) What record, if any, is kept on the numbers and method of suicide of older New Zealanders? The Hon P.
Dunne said the MOH publishes numbers of death by cause and age group online.

10. Meeting with Dr. S. Donnelly (Chair of the National Assn. of Palliative Medicine Doctors in NZ) - she
requested a meeting with the team to discuss euthanasia – Grey Power pointed out that it has no position on
this issue.

Aged Care

(a) **Dementia beds:** The **desired outcome** is that there are sufficient dementia beds provided
throughout New Zealand.

Result = the Hon T Ryall is aware of only one area where there is a shortage of beds.

Hon A. King responded that she has seen predictions re bed shortages but does not know the truth of the
matter – she informed Grey Power that the Aged Care Association has information re this.

(b) **Home Help** – these issues were provided by the Health NAG chair:

- i. doctors' requests for home help refused after a triage panel had considered them;
- ii. a home help recipient told her domestic and personal help was being discontinued because a male
relative was coming to stay with her;
- iii. a 92 year old walked to the letterbox, as rehabilitation, by her home help and being told family should
do the housework;
- vi. Insufficient time to arrange for a support person to be present at an assessment visit because some
DHB's do not provide early notification of such;
- v. Monitoring MOH aged care monetary allocation against accomplishing MOH policy.

Result = an offer from Hon. T. Ryall for the NAG chair to be briefed by her local DHB on how the assessment
process works (he will send a note to the DHB re this)– he informed that the focus now was on rehabilitative
rather than housework and people are encouraged to set their own objectives; it depends on individual
circumstances.

(c) **The InteRai Assessment** – the question asked of Hon A. King was “would Labour change the InteRai
assessment method; her response was that they would use the assessment tool to combat social isolation – to
assist older people to keep socially involved with their community.

There was a national guideline for nutritious, suitable rest home

national standard – all rest homes have to provide nutritious
rest homes these should be fed back to their management team –

Hon A. King responded that this issue should be taken up with the providers.

Background: The Health NAG chair has been told that dieticians and nutritionists have visited rest homes and requested that residents only be served potatoes three times per week the other relevant meals should substitute pasta. Spaghetti should not be served on toast because this is a carbohydrate on a carbohydrate. Grey Power thinks that meals are often special for residents and many have been used to eating potatoes at most main meals and spaghetti on toast.

(e) **The centralization of hospital food** – Grey Power was informed by Hon T. Ryall that all hospital kitchens will remain open; however some food will be prepared and chilled centrally.

(f) **Carer's conditions:** The **desired outcome** was that the govt. will acquiesce to the requests put forward by the 'Caring Counts' coalition.

Result = no satisfactory response was received from either Minister.

Background: The questions asked were:

- i. will the govt. work towards developing and implementing pay parity between health care assistants and carers' working in home support and residential facilities,
- ii. will the govt. support a travel policy annually reviewed and adjusted which covers actual travelling costs including vehicle cost and time spent travelling,
- iii. will the govt. give preference to providers in the aged care sector who ensure all new staff achieve a Level 2 Foundation Skills qualification within 6 months of starting as well as existing staff achieving this qualification in the next 2 years with the aim of all holding Level 3 after 18 months or more?

Grey Power reported cases where carers were instructed to start their case loads at the furthest away client, that was then classed as getting to work and they were only paid travel allowance between the remainder of their clients. It appears that the rules re this are inconsistent across DHBs with some carers receiving a fair deal and others not. (see question ii)

(g) **Defibrillators in rest homes:** The **desired outcome** was that defibrillators become required equipment in rest homes.

Time constraints meant this issue was not raised but a letter has been sent to the Health Minister because Hon Peter Dunne has reported that rest homes do not have defibrillators 'as a matter of course'. Grey Power supports his call for a review of current policy to make defibrillator equipment compulsory in rest homes.

(h) **Older dispossessed home owners as a result of the Christchurch earthquakes:** The **desired outcome** for this issue is that the Minister of Senior Citizens requests that the Minister of Housing and other relevant people take cognizance of the plight of older people who have lost their homes and give consideration to the solution, as provided by a Grey Power member.

Result = Hon J. Goodhew requested that this case be sent to her as correspondence – this has occurred.

The specific case presented to the Minister refers to an 81yr old lady living on her own - her unit was destroyed by the earthquake and she received a \$219,000 pay-out - not enough to buy a replacement unit, too much money to qualify for a council flat/state house - not enough money to pay rent, should she be lucky enough to find a rental property. Her plight is replicated many times over in Canterbury.

The proposed solution is that the ex-home owner would put the money she received into an approved property, the Government pays the balance (perforce it would be a modest property, and Government contribution \$100,000, say) and the loan would be repayable on the death of the owner/sale of the property. A caveat would be placed on the title preventing any sale without reference to the appropriate Government agency, and the Government loan repaid immediately.

The ex-home owner referred to here has gone from hope to despair to utter despair and anger - and the worry has affected her badly. The question was raised - what about the earthquake fund? What worthier cause for the allocation of the money, with the money being repaid probably within 10 years.

and the Aged Care Association are requesting that a
of elder financial abuse.

and Hon A. King suggested that the position could be part of
ity Commissioners' offices.

(j) **Super Gold cards** - NZ First's policy includes photos on these – some regions require both the SuperGold card and a local card to access the travel concession – a letter from Grey Power re this was requested – has been done.

8. Meeting with the Ministry of Health (MOH) – the Grey Power team met with R. Judge, J. Nicholson and A. Foley

(a) **Elective surgery – Result** = information on the steps which need to occur re this issue are on the MOH web-site.

Background: A request for an appointment for an operation made by a consultant and a registrar was denied by the Elective Services Manager. Therefore the question asked was who has the authority to make the final decision as to which patient can have an operation or not?

(b) **Primary Health Organisations** – the question was asked- what services do PHOs provide and do they vary between DHB areas? **Result** = they can vary between DHB regions and variability is necessary to address local issues.

(c) **Prostate Checks: The desired outcome** = information on the MOH's progress on their prostate cancer programme (for current status see below and note that the programme does not include a national screening programme). Grey Power commented that information exists in broad terms, but asked how will the actions occur and why is there no national screening programme?

Result = The MOH will provide the information.

Background: In a letter to Grey Power in July 2012 Hon T. Ryall informed that the govt. supported the recommendations of the Health Committee's 2011 report *Inquiry into early detection and treatment of prostate cancer* – following this, in May this year, the MOH released The Prostate Cancer Awareness and Quality Improvement Programme (AQIP) which outlines the issues that currently exist for the early detection and treatment of prostate cancer in New Zealand. The AQIP provides solutions to these issues and identifies the next steps for the Ministry of Health and the wider health sector.

Currently, men in New Zealand can receive confusing information on the early detection and treatment of prostate cancer. In addition, there are differences in the quality of care available to them throughout the health service, from primary to tertiary level care. Men who may benefit from early diagnosis and treatment can have limited opportunity for access to appropriate health services while men who would otherwise not have any complications from prostate cancer may suffer harm from over-diagnosis and over-treatment.

The AQIP aims to address current deficiencies by ensuring men have better access to consistent information about prostate cancer; supporting general practitioners (GPs) to effectively manage men presenting for assessment of prostate cancer or prostate cancer risk; removing barriers that restrict the effective use of diagnostic and treatment services and ensuring that all men have consistent care and equitable outcomes across the whole prostate cancer care pathway.

A national prostate cancer working group will be established to guide the successful implementation of the AQIP

(d).**Business from the previous meeting** –

i. Progress in the production of the Home & Community Support standard in plain English to enable lay people to understand the document – R. Judge to look into this.

ii. Simplification of the rest-home application forms had been discussed in the past. The problem is that people did not always have their affairs in order so it was difficult to obtain the necessary information within the form's 90 day life-span; if the forms were incomplete and the 90 day limit had been reached they should be sent to MSD with the proviso that further information was pending.

ogy specimens – MOH to look into this – Chair of Health and Director.

was demonstrated to the Grey Power team

Banking Ombudsman's Office: The **desired outcome** was to obtain general information for members and discuss contactless credit/debit cards.

The meeting involved E. Ward (Enquiries manager) & Emma Reilly Communications advisor.

The **action** is that information on various matters (see below) and complaints can be obtained from www.bankomb.or.nz or freephone 0800 805 950 or by writing to the Office of the Banking Ombudsman, PO Box 10 573 Wellington 6143.

The Banking Ombudsman Scheme investigates and resolves disputes between customers and their banking service providers. They are independent of scheme participants, customers, and government. Their service is free of charge and easy to use. The office also provides very useful quick guides e.g. 'Guaranteeing somebody else's debt', 'concerns about lending decisions' 'Contactless cards,' etc. The guide re the latter informs of the risks with these cards however it states that "... you may not be able to opt out ... Although you can talk to your banking provider the decision to issue a card with this technology is not something we [the banking ombudsman's office] can review"

Superannuation & Taxation:

"Reflecting on the discussions held during the latest round of lobby activity the exercise must be regarded as having provided a 'timely alert.' The challenge to Grey Power is to develop alignments with other organization equally committed to preserving the 'social contract' presently endangered by the sustainability measures promoted to government."

Lew Rohloff - Chair Superannuation & Taxation NAG.

The **desired outcome** of the meetings was for Grey Power to promote its Superannuation NAG position statement to politicians and other decision-makers and to hear their comments, although other issues were also broached.

Result: Dr. Wilkinson (Act) and J. Logie (Greens) specifically commented on the papers; W. Peters and D. Parker did not.

The prominent issues in the position statement, which was sent to the relevant people prior to the meeting, are those of insufficient superannuation for low income households, govt. action re those who miss out on KiwiSaver, the lag in increasing annual adjustments, abatement regimes for qualified recipients with unqualified partners and abatement provisions, section 70 1974 Social Security Act re receipt of overseas pensions.

Dr. Wilkinson – Act Ministerial Advisor informed that Act's superannuation policy is to concentrate on positive economic growth – on the question of those who will miss out on KiwiSaver – Act's position is that when re-distribution occurs some people will always miss out – some will gain. Act does not have a position on the Hon Peter Dunne's flexible superannuation scheme but their bottom line is choice.

The Rt. Hon. Winston Peters – NZ First Leader also believes that economic growth is important – he did not mention Grey Power's paper but said NZ First is concentrating on saving billions of dollars for the KiwiSaver fund by changing it to a government – backed and managed retirement fund to prevent private funds managers' from taking large amounts of the fund in management and investment fees. The KiwiFund would invest mainly in NZ.

Jan Logie – Greens Superannuation Spokesperson – responded to Grey Power's position paper by agreeing that a large and increasing number of single people who live alone receive insufficient superannuation. However she also spoke of inter-generational inequity based on the fact that the present cohort of retired New Zealanders have had the most benefit from the welfare state and that future retirees expect not only to fund their own retirement but they are also funding the present retirees' life-style. Grey

and relatively high levels of taxation as part of the welfare social

at universal superannuation scheme, is based on a social (History of Ideas, Methodology, Philosophy, Maori). This to the support of the welfare state by whatever means they can in the expectation that when they no longer work their superannuation will be paid. The scheme has always been based primarily on a 'pay as you go' approach which means that "those collecting superannuation now have, in the main, paid taxes in the past – they paid taxes in New Zealand in the expectation that the [social] contact covering their pension would be honoured. Similarly those who are at work now are paying taxes on the same basis (Rt. Hon Winston Peters, 7 August, 2012, Speech to Auckland Grey Power).

J. Logie accepted the validity of this but emphasized the continuing need to communicate older peoples' understanding of this social contract to younger people.

The Hon David Parker – Labour Finance spokesperson commented on specific issues as requested by associations:

- New Zealanders are taxed at a single rate therefore superannuation should also be taxed at a single rate (Kaipara Assn) – **result** - he will send Grey Power a comment re this
- The removal of tax from superannuation (Nelson Assn) or on the first \$10,000 income – **result** this is not Labour policy – it would be a huge cost
- Abuse of the system by single super annuitants who move in together and can claim \$110 more per week than a married couple (Far North Association) – **result** = Labour would not change the co-habitation policy.
- Superannuation increase to bring it back in line with the average wage and to stop the government stealing pensioners' overseas pensions (Upper Hutt Assn)- he reiterated that the pension is linked to the CPI and wage levels and he wanted fairness for the overseas pensions issue – **result** = Labour will look at how to do this.

Council of Trade Unions = meeting with Secretary Peter Conway: The **desired outcome** = that Grey Power and the CTU can collaborate on the issue of the relativity of wages to superannuation especially in relation to Employment Relations Amendment Bill.

Result- there was agreement between the CTU and Grey Power that any legislation to lower wages with its impact on the level of superannuation received was against policy and both parties would work together on this. Concern was expressed at the considerable involvement of the Financial Services Council in retirement income policy.

Commission for Financial Literacy and Retirement Income = the meeting with the Diane Maxwell, the Retirement Commissioner and M. Menzies, focused on the recently released Commission's paper 'Focusing on the Future: A discussion document'.

Result - Grey Power expressed its concern about several of the recommendations especially those referring to the age of eligibility, (Grey Power's policy is to retain the present age) and a new method of indexation which may mean vulnerable super annuitants may live in greater poverty.

Focus Group - Grey Power members L. Rohloff, R. Reid, J. Millar, P. Matcham, M. Brophy, Mr McLauchlan, J. Pentecost, B. Twidle and K. de Lacy participated in a focus group on retirement income policies. This was part of a research study; an undertaking by the University of Otago in collaboration with NZ Treasury and the Commission of Financial Literacy and Retirement Income.

Environment: The **desired outcome** from these meetings was to start a conversation on the possible relaxation of clean air standards in areas where there is proven hardship for people who are prevented from installing approved wood burners.

Background: The Nelson Grey Power Association believe there are over 1000 older people in their area, who during the winter, live in cold damp houses because they are not permitted to use an approved log burner and cannot afford the increasing power prices.

Result: Hon Amy Adams Environment Minister asked Grey Power if the ban improved health outcomes. She undertook to provide Grey Power with recorded levels of particulates in Canterbury and Nelson

statistics for both regions. Also the Health & Air Pollution study

at with Labour environment spokesperson Moana MacKey but

Communications & Information Technology: The **desired outcome** was to acquaint the Minister of Communications & Information Technology of Grey Power's opposition to the 'copper tax' and request that she re-think the proposal.

Background: The govt. is considering transferring the responsibility for setting the price of internet connections from the independent Commerce Commission to themselves. If this occurs it is likely that 25% of the population will have an on-going levy above market rates imposed on them even though they will not benefit from the roll-out of ultra-fast broadband (UFB); this will impact mainly on those who live in semi- rural and rural areas.

This is contrary to Positive Ageing goal #7 which states that 'older people living in rural communities are not disadvantaged when accessing services.' And the govt. document '*Older New Zealanders Healthy, independent, **connected** (my emphasis) and respected,*' states "the significant investment in broadband infrastructure will provide easier and more affordable access to online services and information in urban and rural areas throughout New Zealand."

Hon Amy Adams said that this is a monopoly asset which requires a fair price based on fairness. She is considering by-passing the Commerce Commission because NZ is rolling out UFB now and we know what it will cost whereas if the legislative process via the Commission is used the process will take 3-5 years and cost \$3m – she is weighing things up in an unusual situation.

The impact on rural dwellers was discussed and she asked how can the disparity be lessened? **Grey Power was asked to provide comments on this** – if you wish to respond please email board member Pete Matcham at pmatcham@actrix.co.nz

The Hon David Cunliffe commented that the cost of the proposed copper tax = \$150.00 per year per household; the government will be subsidising Chorus to the tune of \$600m and the money will go overseas - \$1B. The proposals will contravene the Commerce Act – people are not taking up the fibre alternative as rapidly or in the number expected so the roll out is too expensive. Therefore increasing the cost to those who use the old copper system to make up for the increased expense is an option.

Local Government – as noted earlier an attempt to set up a meeting with Local Government NZ failed.

It had been intended to discuss the following issues:

- (a) The Unaffordability of rates – the **desired outcome** = reasoned comment on rates collected through income tax and comments on other methods of rate collection - a 2013 AGM remit = that the Federation Executive and Board investigate all aspects of fixed costs including local body rates and that govt. be lobbied to restrict the power of general competence of local govt. to essential services in order to keep rates affordable for low income households.
- (b) Fluoridated water supplies – the **desired outcome** = comment on the remit that was passed at the 2013 AGM that Grey Power presses for the removal of fluoride from town water supplies
- (c) Rates Rebate – the **desired outcome** = that Grey Power will be provided with the statistics of the number of super annuitants who take up a rates rebate.
- (d) Rates rebate for LTO units in retirement villages – the **desired outcome** = that information is received re the possibility of introducing a country-wide scheme.

Letters to be written re these questions

Ministry of Internal Affairs: an attempt to set up a meeting was unsuccessful but a letter will be written to the Ministry and to the Minister, the Hon C. Tremain requesting that the names of children be included on death certificates.



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noted on page one of lobbying on behalf of Grey Power members
been received by the Federation Board since the last advocacy trip
on behalf of Grey Power members and following up on promised
accomplished.

number of the desired outcomes/questions, was an attempt to get
decision-makers to tie broad vision policies to the nitty-gritty of what the concepts mean in concrete reality
(action) which would enable Grey Power to obtain a clear picture of what the various party policies mean for
older people.

However this outcome did not really eventuate. Some decision-makers did not want to commit, not
surprisingly, to specific actions and the Labour spokespeople were awaiting their up-coming annual conference
to agree to their draft policy platform following which they would flesh out their general concepts.

The general principle of providing concrete action ideas, as well as overall broad statements also applies
to Grey Power. Occasionally members comment that face-to-face lobbying reaps very little reward for members
and in some instances that is true. However rather than stopping at the broad statement, nitty-gritty action is
also required; after all Grey Power is a large organisation; there must be many members with ideas of possible
specific actions to achieve positive lobby outcomes. Let's hear them please!

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