

Grey Power

NEW ZEALAND FEDERATION INCORPORATED



The April 2013 Advocacy Report

Summary:

The purpose of the April advocacy trip to Wellington was to access information for Grey Power members and to lobby on issues which have been received by the Federation Board since the last advocacy trip. Politicians and others were also requested to follow up on promised action from the previous advocacy visit.

The purpose of this report is to inform all Grey Power members of the issues, recommendations and actions if any, which were discussed with politicians and others.

The Composition of the Advocacy Team was altered for this and future visits - Roy Reid (Grey Power Federation President) led the team, and Jan Pentecost, (Grey Power Advocacy Standing Committee chair) acted as scribe and organiser.

Lew Rohloff (Superannuation and Taxation National Advisory Group (NAG) chair), Jo Millar (Health NAG chair), Gordon Currie (Local Bodies and Housing NAG chair) and Mac Welch (Acting Zone 3 Director) attended the meetings relevant to their NAG or in Mac's case, his particular interest.

Visits were made to:

- J. Key (Prime Minister), re
 - The home insulation subsidy = no decision at this time
 - The Senior Citizens' Minister as a cabinet Minister = no action- he sees no need for a change.
- S. Bridges (**Energy** Min (Minister), re
 - Unaffordable power prices for vulnerable people
 - A member's issue re the way his written complaint was handled by the Minister's office = no positive action on either issue
 - The Minister did agree to look at standardisation and transparency of power accounts
- D. Shearer (Labour Leader), re power prices - action = Labour policy is to reduce prices to the consumer
- T. Ryall (**Health** Min), re
 - Medical insurance- no support for Grey Power's recommendation for a cross party working group to look at this issue
 - increased prescription charges = no changes will be made
 - Removal of District Health Boards (DHB) subsidy re blister packs for medication = no action
 - Appointees versus elected members to DHBs = no action
 - glucose meters and generic medicines – action = arrangements made for R. Reid (Grey Power President) and J. Millar (Chair Grey Power Health NAG) to speak with Pharmac and the Pharmacists Guild-this has occurred
 - Older people and suicide – no priority re this issue
 - Oral health care – action = older people can access a WINZ grant –Super Gold card may include some dentistry discount
 - The cost of medical fees associated with renewal of drivers' licences = no action
 - The placement of dementia units above ground level in new rest homes – action = the DHBs are to work with Ministry of Health (MOH) to develop a national guidance document
 - Fluoridation of water supplies – action = continuing government support to fluoridate water supplies

-The InteRai assessment tool – response was that all DHBs now utilise this and MOH aims to have all aged care facilities using it by July 2015

- A. King (Labour Health Spokesperson) re
 - Medical insurance = would support Grey Power's recommendation to be part of a cross-party working group
 - increased prescription charges = no action proposed
 - Removal of DHB subsidy re blister packs for medication = no action proposed
 - Glucose meters – action = request to see all Grey Power correspondence re this
 - Oral health care – action = supports the use of the mobile clinics for older people and is working on an oral health policy
 - The cost of medical fees associated with renewal of drivers' licences = suggested the use of nurse practitioners
 - The placement of dementia units above ground level in new rest homes = will look at this issue
 - agrees that water should be fluoridated

- B. Stewart and A. Williams (NZ First) re
 - Medical insurance – action = would support Grey Power's recommendation to be part of a cross-party working group – they also have a bill re government subsidy in the member's ballot

- P. Bennett (MSD Min), re
 - Grandparents raising grandchildren – action = extra funding to be allocated by grants
 - Travel allowance for carers – action = provision of information re this to Grey Power

- J. Ardern (Labour MSD spokesperson), re
 - grandparents raising grandchildren = Labour policy is that grandparents should be classified as foster parents
 - older redundant workers and WINZ (Work & Income) - action = will look at this issue

- J. Goodhew (Senior Citizens Min), re
 - Social Isolation – action = provision of research re this
 - Photos on SuperGold – action = not feasible
 - Unaffordability of home insurance – action = ask insurance companies if they are willing to provide SuperGold card discounts
 - National wills data base- action = fiscal constraints preclude this
 - Reduced passport costs – action = the government have already cut passport costs

- R. Dyson (Labour Senior Citizens spokesperson), re
 - photos on SuperGold cards – action = publicising that the AA will do this.
 - unaffordability of home insurance – action = consideration of extending EQC cover
 - national wills data base – action = this is now Labour policy
 - reduced passport costs – super annuitants who can afford overseas travel do not require a taxpayers subsidy

- C. Tremain (Local Govt Min), re
 - The unaffordability of rates – action = Grey Power to send him a copy of the paper re a fairer rates system
 - No rates rebate for those who live in licence to occupy situations – action = Grey Power to provide him with specific policy/research on the number of people who are in the LTO position

- E. Sage (Greens) re
 - The unaffordability of rates – action = a request to send her the paper re a fairer rates system
- B. English (Finance Min), re
 - Six monthly adjustments to superannuation payments – action = none because the CPI rises are too small to warrant a change
 - L. Rohloff's papers re the inequity inherent in Kiwisaver – action = Minister will read the paper
- S. Moroney (Labour ACC, spokesperson), re ACC coverage for overseas visitors – action = will look at this issue
- M. Woods (Labour Tert. Ed spokesperson), re government action re cutting assistance for further education for older people – action = will ask a written question in the House re the number of 55+ people enrolled at tertiary institutions-will provide answer to Grey Power
- K. Hague (Greens), re
 - L. Rohloff's papers re the inequity inherent in Kiwisaver – action = a request to send paper to Jan Logie (Greens spokesperson)
 - Unaffordability of home insurance – action = consideration of extending EQC cover
- M. Playle (ACC) provided information re hearing loss and ACC's policy
- The Senior Services team (MSD) provided information on enduring power of attorney, elder abuse and neglect prevention programme, neighbourhood policing teams, the business of ageing report, carers' strategy, Napier connects, the social assistance bill, 'Going Digital', assets in trust & government subsidies and allowances, complaints procedure, policy change, mobile phone alarm systems and fair travel allowance for carers

Miscellaneous:

- Compulsory third party vehicle insurance - none of the politicians were sympathetic to this suggestion although K. Hague was prepared to talk to D. Clendon (Green M.P.)

Recommendations to Grey Power Associations/members are that they will:

1. Comment on this report's contents either negatively or positively,
2. Provide extra information and personal stories to enable the advocacy team to garner enough evidence to influence decision-makers to take action to help vulnerable people live more fulfilling and comfortable lives,
3. Provide comments and ideas on how the advocacy visits could be organised to achieve increased action from decision makers.

The contact is jan.pentecost@gmail.com or Jan Pentecost, 113 Stringers Road, RD 7, Rangiora 7477.
(Summary ends)

The Advocacy Visit Issues/Recommendations/Responses and Actions:

1. Energy: (Part of the information was provided by A. Davies)

Grey Power policy is affordable power prices



1.1 **The two problems** are the failure of power prices to fall in an over-supply situation and the handling of a written complaint from a Grey Power member.

Background:

(a) In the March quarter power prices rose by 5.6% but the wholesale prices had fallen by over a quarter during that same period (Molly Melhuish citing the Dominion Post, 'Power bills 'gouging' as prices fall', February 25, 2013)

(b) Concern was raised over the way a written complaint to the Minister by one of our members was dealt with and the reply that he received.

The complaint = the member's increased electricity charges; he is on a day/night tariff and he was shocked to receive a letter from his electricity retailer, Genesis Energy, advising him of a pending increase in his charges. The increases were approximately 18% for his day rate and 15% for his night rate. Increases of this magnitude are frightening.

However the minister's reply to our member did not take any account of the size of the increase or his concerns. It dealt solely with the validity of the increase from the retailer's point of view.

The minister was advised that this was not the issue, but the size of the increase and the rather off hand letter from Genesis advising it was to happen was. Consumers should not be receiving sizable increases in one foul swoop; they should be incremental over a reasonable period of time.

The increase was valid, but had occurred because Genesis had failed to make the necessary adjustments to the tariff over an earlier period of time, which of course was not the consumer's fault. The minister was told clearly that such increases should not be permitted to happen, they are frightening and people on fixed incomes need time to adjust to the changes.

Grey Power's recommendation re:

1. unaffordable prices = that the government regulate electricity as an essential service so that prices reflect reasonable costs, not excessive profits and that power accounts be standardised and transparent.
2. Unsatisfactory treatment of a consumer's complaint – that the minister's office provide an acceptable solution

Response from S. Bridges (Minister of Energy) that:

- power as an essential service is not possible in a competitive situation ,
- he is not necessarily an ideologue and the market is not always the remedy but competition in power will eventually work-New Zealand is on the way to a good system
- evidence seems to indicate that private providers are cheaper than public = the Dominion Post editorial- Tuesday April 16th 2013
- he is not entirely adverse to government intervention at the right time

Action:

- S. Bridges will look at transparency and standardisation of power accounts.
- D. Shearer (Leader of the Opposition) presented the advocacy team with the Labour energy policy which was released amidst notable publicity- it's aim is to reduce power prices, stimulate the economy and create 5000 jobs-a new agency called NZ Power will act as a single

buyer of wholesale electricity which will set prices - the policy was announced jointly with the Greens – it seems that the main point of difference between the parties is that of progressive pricing or stepped tariffs where the price rises the more electricity you consume or reverse step tariffs based on the more power consumed the cheaper the price ; this is the present system and is current Grey Power policy.

1.2 The problem = possible changes to the current home insulation subsidy

Grey Power's recommendation is that the government continues the existing subsidy

Response from J. Key (Prime Minister) – that the government are still looking at this.



2. Health:

Grey Power policy is to support a well-funded public health system

2.1 The problem = the affordability of private health insurance premiums for people 60 years+.

The background = medical insurance as an AGM 2010 remit (13) stated 'that the Grey Power Federation actively pursues the Government to legislate for the following:

- * That medical insurance premiums can only be assessed on an age related basis at the time of joining.
- * That the annual premium reviews be on a percentage basis spread equally across all age groups.
- * That so-called no claims bonus's or discounts be made illegal.
- * That some form of tax relief be introduced on medical insurance premiums preferably by way of subsidy.

This issue has been discussed during 2011/2012 advocacy visits with Ministers of Health & Finance + Opposition Spokespeople -received negatively so far.

Grey Power's recommendation = that a cross-party working group be set up to investigate the matter further

Response from:

- T. Ryall (Min of Health) = that if Grey Power's proposals in the remit were adopted significant changes would be necessary including:

- o a possible impact on the health insurance up-take if age related premiums were replaced,
- o closer regulation of an industry that is lightly regulated at present, representing a considerable shift in the relationship between Government and the industry
- o new and major fiscal costs arising from the proposed Government support for health insurance premiums, i.e. "the costs would likely out-weigh the benefits."
- o the creation of a new bureaucratic structure to administer, monitor and ensure compliance with the new regime

There has been discussion between private sector providers and government officials on the possibility of a rebate on health insurance premiums for over 65s. However government officials found the costs would likely outweigh the benefits (Letter from T. Ryall, dated May 20, 2013)

The Minister also provided extensive information on government health initiatives.

- A. King (Labour Health spokesperson) = support for a cross party working group to investigate medical insurance.

- A. Williams (NZ First spokesperson) = currently has a member's bill in the ballot which would offer a government subsidy of \$500 p.a. for those 65 years + who have private health insurance.

Action = support from Labour and NZ First for a cross-party working group +NZ First's potential bill (Part of the information was provided by M. Welch)

2.2 **The problem** = increased prescription charges

Grey Power's recommendation = that prescriptions are affordable for super annuitants, especially single super annuitants on low, fixed incomes.

Response from:

- T. Ryall = this policy will not be changed – no-one pays more than \$40.00 p.a. and a of all medications prescribed are free

- A. King = this is a major hurdle for single super annuitants- it takes too long to reach the stage where they have received sufficient prescriptions to qualify for them free of charge- this is because the criteria is the number of prescriptions per family therefore two or more family members reach the requisite number of prescriptions sooner.

Action = none forthcoming at this point in time

2.3 **The problem** = the removal of the DHB subsidy on blister packs for medication

Grey Power's recommendation = that blister packs are affordable for super annuitants, especially those on low, fixed incomes.

Response from:

- T. Ryall = the cost of these are prohibitive and most people have always been charged for them – changes mean that pharmacists will no longer provide blister packs free although the costs may be reimbursed through the WINZ disability allowance.

- A. King = pharmacists seem to charge differing fees

Action =

- T. Ryall has provided Grey Power with information re community pharmacists working with people with long term conditions to help them better manage their medicines where there is evidence that these patients are unable to self-manage their medications

- M. Tapara to provide an explanation of pharmacy charges

- A. King will contact the Pharmacy Guild – suggested that the Grey Power advocacy team make an appointment to talk to them as well. This has now occurred.

2.4 **The problem** = Appointees to District Health Boards and community input into decision-making.

Grey Power's recommendation = that the number of elected DHB members be increased at the expense of appointed members.

Response from T. Ryall = that communities do have a powerful voice in DHB business because 7 of the 11 members are elected every three years and most DHB and statutory advisory committee meetings are held in public.

Action = none forthcoming at this point in time

2.5 **The problem** = new glucose meters difficulties

Background: Some of our members are telling us that:

- The meter change-over is causing confusion
- The CareSens N Pop meters have not been field tested-only evaluated by controlled testing, that they are inaccurate to the degree that they read considerably higher - a Grey Power member has been doing parallel testing between her original meter and the CareSens and has found a considerable discrepancy between the readings. They fail to pick up low blood sugar readings, it produces error messages and does not respond in cooler temperatures, has a smaller memory than current meters and the download capability of the blood glucose data management software for these meters is not network compatible and doesn't support clinical workflow currently being used at most doctors' surgeries and diabetes centres.

Grey Power's recommendation = that accurate information is provided:

- (i) on people's experiences with the new meters
- (ii) to users of the new meters.

Response from T. Ryall =

- current information on peoples' experience was unavailable,
- over three quarters of diabetics have swapped to the new meters,
- the scales do not compare with the old meters,
- pharmacists have had the opportunity to talk to most affected people,
- there is plenty of information available and most diabetics should have been contacted,
- the new meters can be calibrated to check for accuracy at the pharmacy

Action =

- T. Ryall arranged for the Health NAG chair to meet with Pharmac and other experts to discuss glucose meters – Pharmac are adamant that they will be staying with the Care Sens meters for diabetics; however they did advise that there are three types available; the most commonly prescribed one is the Care Sens N – which seems to be the one people are having trouble with. Some people are having difficulty with the strips and in colder areas the meters need to be kept in the hot water cupboard or they do not work. The Care Sens II is similar in size to the N model but seems to have different strips and Grey Power has not been advised of any weather-related problems.

There is no charge for people changing from the N to the II but they require a prescription for the meter as well as the strips.

The third meter is called a Care Sens NPOP which is a very small meter that fits into a pocket. Grey Power does not consider this meter to be suitable for older people. (Information provided by J. Millar)

- A. King requested that letters received by Grey Power re this issue be sent to her.

2.6 **The problem** = Older people and suicide

Background: According to the NZ Institute report card, suicide is an indicator of individuals unable to over-come a crisis or challenge, of unaddressed mental disorders and of lack of social cohesion - the project manager for older people for the Mental Health Foundation reports that the main factor for older suicide is undiagnosed and untreated depression and common contributing

factors to depression are grief, loss of mobility and/or independence, chronic loneliness, elder abuse and an ageist society.

The Suicide Prevention Information NZ August 2010 newsletter pointed out that the suicide rate for people in their 80s is high compared to the general population- the overall suicide rate for the population is 11 per 100,000 people; for 80-84 year olds it is 15.8 (Ministry of Health).

Grey Power's recommendation = that the government prioritise strategies to prevent elder suicide

Response from:

- The Minister of Senior Citizens, J. Goodhew – is looking at social isolation in conjunction with suicide

- A. King – is not aware of any national strategy for older people.

Action =

- J. Goodhew has provided Grey Power with a paper re social isolation in New Zealand

- A. King to ask series of written questions re this to include which prevention strategies are available at the present time.



2.7 Oral health care = unaffordable dental care for older people.

Background: Many of our members at AGMs and at local association level have spoken about their inability to afford adequate oral health care.

Research discloses that although mobility problems, cognitive decline and the lack of training in geriatric dentistry may be negative factors in older people's access to effective oral health care, unaffordable dental care is a wide-spread problem for many older people. 75% of over 65 year olds list NZ superannuation as their only source of income; consequently the cost of dental care is prohibitive for many¹.

This is costly economically and socially because much existing evidence indicates a strong correlation between poor oral health and other conditions such as respiratory conditions and cardiovascular disease. Hence "Older people's quality of life can ... be substantially affected by poor oral health."²

Although a 2011 estimate discloses that it would cost approximately \$1 billion for a universal free dental care system³ it should be considerably less expensive to provide subsidised oral health care for older people with community service cards. In fact it is likely that it costs more for Vote: Health to treat medical conditions associated with poor oral health than to subsidise dental care costs.

Grey Power's recommendation is that as part of a commitment to improving oral health, progressive implementation beginning with subsidised dental care for older people who hold community service cards be initiated by the government as was discussed in the 2006 Strategic Vision for Oral Health in New Zealand which comments that its overall objective was to eliminate oral health inequalities⁴; also that primary health care and oral health care should be integrated to reduce the barriers in accessing

¹ A Progressive Dental Health Policy 2011

² Lynne Giddings, Barbara McKenzie-Green, Linda Buttle & and Keita Tahana; *Oral healthcare for older people 'I can't afford not to go to the dentist, but can I afford it?'* NZMJ
URL: http://www.nzma.org.nz/journal/122-1301:ISSN1175_8716

³ Scoop; June 22 2011

URL http://www.scoop.co.nz/stories/PA1106/S00376/a_progressive-dental-care-health-policy-for-all-new-zealanders.

⁴ Good Oral Health for All, for Life *The Strategic Vision for Oral Health in New Zealand*, Ministry of Health, August 2006.

oral health care faced by older adults from the lower socioeconomic cohort.⁵ And finally that the government adopt a national oral health strategy which includes policy aimed at assisting older people maintain good oral health.

Response from:

- T. Ryall = oral health care is not covered in the aged care contract – the Ministry of Health is working with the Dental Association to up-skill carers in rest homes re this – eligible older people can access a special income and means-tested WINZ grant of \$300 – the SuperGold card has signed up some dentists for discounts.

- A. King = supports regular dental checks for older people utilising the mobile clinic- it could visit rest homes – work could be done by dental therapists instead of dentists.

- B. Stewart (NZ First Health spokesperson) will look at this issue

Action = A. King is working on oral health policy and looking at the workforce to deal with the dental health of older people.

2.8 The problem = The cost of medical fees associated with renewing drivers' licences.

Background = these fees are not subsidised by the Ministry of Health

Grey Power's recommendation is that because it is a national requirement to verify that an older person is safe to drive the fees should be subsidised by the MOH.

Response from:

- T. Ryall = general practitioners are private business people who set their own fees.

- A. King = the medical examination could be done by nurse practitioners

Action- A. King = is to obtain more information re this issue from the Ministry of Transport

2.9 The problem = the placement of dementia units above ground level in new rest homes.

Background = expressions of concern from several Grey Power Associations

Grey Power's recommendation = that cognizance be taken of research which indicates that safe outdoor areas are helpful for some people with dementia.

Response from:

- T. Ryall = that there is a general consensus from clinicians that people with dementia have better outcomes if they are cared for in smaller facilities with access to safe outside areas.

Action:

- T. Ryall = the MOH has agreed to work with DHBs to develop a national guidance document on the design of dementia units which will assist providers to interpret Aged Related Residential Care Services Agreement dementia care requirements and will inform HealthCert certification and audit practice.

⁵ Santosh Jatrana, Peter Crampton and Sara Filoche, *The case for integrating oral health into primary health care*, *NZMJ* http://www.nzma.org.nz/journal/122-1301:ISSN1175_8716

- A. King will look at policy re this

2.10 **The problem** = the fluoridation of drinking water

Background: This is of concern to some Grey Power members who have provided a paper which cites overseas studies pointing out that fluoridated water may cause a lower IQ in children, Alzheimer's disease, reduction in folic activity, anaemia in pregnancy, and affect male fertility.

Grey Power's recommendation = that the government and others respond to the above concerns

Response from:

- T. Ryll = the government's policy is to continue to support the practice of fluoridating drinking water supplies - this is because data from the 1930s/1940s (before fluoridation) disclosed that children drinking naturally fluoridated water had lower rates of dental decay than those who consumed water without fluoride – MOH continues to monitor research and reviews on this subject as well as recommendations from the World Health Organisation (WHO) – the final decisions rest with local city and district councils in consultation with their populations

- A. King = suggested that Grey Power look at what the WHO say.

- K. Hague (Greens Health and Older Person spokesperson) = informed that he was involved in an extensive, reliable, scientific literature review on this subject and found no significant evidence of harm from fluoridation – there is benefit right through ones' life span especially for those in the low socio-economic cohort – it is difficult to have a rational conversation on this subject and the Greens have not been able to reach a consensus.

2.11 **The problem** = that the InterRai assessment appears to stress people because of the length of time it takes and the way the initial assessment is being conducted.

Grey Power's recommendation is that older people like Grey Power members be used as patients for the purposes of training assessors. There is no value in using people in their twenties when actual patients will more likely be in their eighties.

Response from:

- T. Ryll = an up-date on InterRai – all 20 DHBs are now using InterRai for older people referred for home-based support services-the MOH aims to have all aged residential care facilities using this by June 2014 and all facilities will be required to use the services by July 2015

Action = none to answer Grey Power's problem

2.12 **The problem** = faulty hip replacements

Background: The previous opposition spokesperson, Mary Ann Street, spoke to the last advocacy team about a petition she was organising re this.

2.13 **The problem** = total mobility cards

Background -Auckland Age Concern's request for applicants for mobility cards to join Age Concern - The Grey Power social services NAG chair asked that this be brought to the attention of previous spokesperson, Mary Ann Street and she had undertaken to make inquiries re this.

Action – A. King to follow both issues up

2.14 **The problem** = the lack of patient information, about side effects, when people are changed to generic medications.

Grey Power's recommendation = that the side effects of generic medication be explained clearly to patients

Response from T. Ryall – that thorough checks, by medical experts, are carried out before generic medication is used.

Action = T. Ryall arranged a meeting with Pharmac and other experts to show Grey Power how the process of generic medicine works- J. Millar and R. Reid met with representatives of Pharmac and the Pharmaceutical Guild on 8 July 2013.

They were informed that generic medicines are very well tested before they are distributed as the recognised subsidised medication to be given on prescription.

Under no circumstances will Pharmac subsidise any other medicine even though patients may have problems with the new substitute; the Pharmaceutical Guild suggests that patients go back to their doctor and get the dosage altered. However Grey Power considers this completely impractical because the high cost of visiting the doctor is exacerbated if return visits are necessary simply because subsidised medicine does not agree with the patient.

The Guild representatives also advised that pharmacists are paid to explain new medication to patients or those collecting prescriptions on their behalf and will be sending out a reminder memo with a copy to Grey Power. To date this has not been received but once to hand will be circulated to all members (Information provided by Jo Millar, Chair, Grey Power Health NAG)

2.15 **The problem** = hearing loss and the ACC criteria of 6%

Response from:

- M. Playle – (ACC Policy Manager) =

- o hearing loss at low levels of 1%-5% have limited benefit from hearing aids
- o many people do not wear hearing aids when they have been provided
- o most wear them less than 8 hours per day
- o ACC want to ensure that those who need hearing aids get them
- o In the new model ACC and MOH pay jointly unless the hearing loss is completely injury related, then ACC pay the full cost
- o As a person gets older hearing loss worsens because of age-ACC covers injury related proportion of hearing loss and MOH covers age-related hearing loss
- o ENT specialists can make appropriate diagnosis of injury/age related percentage of hearing loss
- o There is a review function within the ACC Act
- o Many brands of hearing aid- many different prices-people should shop around and/or use the Internet
- o Co-payments vary between audiologists and ACC regularly survey clients re co-payments – ACC are reviewing legislation re this

- S. Moroney – (Labour ACC spokesperson) =

Labour opposed the hearing loss threshold of 6%

Other ACC Issues from S. Moroney –

- Treasury report that ACC collected \$2B more than they required

- ACC's overseas investments as at the 24th September 2012 were approximately \$6.5B- for further information visit <http://www.acc.co.nz/>
- ACC are using degeneration and pre-existing injury as reasons to reduce ACC costs

Action = S. Moroney to:

- ask A. Little for his information on destruction of ACC files and hearing loss.
- look at ACC coverage of overseas visitors



3. Social Services:

3.1 **The problem** = the lack of photos on the SuperGold card

Background = some members have requested Grey Power to petition for the Ministry of Social Development (MSD) to provide photos on the SuperGold card because when older people are unable to drive they lose their photo ID provided by their drivers licence

Grey Power's recommendation = that the MSD investigate this issue

Response from:

- J. Goodhew = photos on the SuperGold card will not have the same legal status as drivers licences – the A.A will put photos on the cards at the owner's request.

- MSD officials = When the SuperGold card was instigated in 2007, the Government decided that including a photograph of the cardholder on the card would be optional. This recognised that not all cardholders would want to have a photograph on their card and also the costs associated with making the photograph mandatory are high.

Instead, cardholders have the option of having a photo added to their card if they wish. This enables them to use their card as a form of photo identification, if they do not have any other photo identification, such as a passport or driver licence.

The card has come to be viewed more as a membership card that certifies the cardholders' eligibility to access concessions and discounts offered through the programme. Many places will accept the SuperGold card as a secondary form of identification (C. Renwick, May 2013, MSD meeting minutes).

- R. Dyson (Labour Senior Citizens spokesperson = there is a need to publicise that the AA will put photos on SuperGold cards

- B. Stewart (NZ First) agrees that there is a need for photo ID on the SuperGold card and that the card should be smarter

3.2 **The problem** = the difficulty for some grandparents raising their grandchildren

Background = during the previous advocacy visit P. Bennett (Minister of MSD) announced that she would be providing more funding for grandparents.

Grey Power's recommendation = that the government provide grandparents raising grandchildren with the same funding that foster parents receive.

Response from:

- P. Bennett – that funding will be provided through a reference group on a grant basis rather than through WINZ – the group's criteria has not been set yet – Katherine Rich will lead the group who

will administer the grant – the group will have representatives from foster parents, Iwi and grandparents.

- J. Ardern (Labour spokesperson for Social Development and Children) – Labour policy is that grandparents raising grandchildren should be classified as foster parents and therefore receive the same financial support

3.3 The problem = the relationship between WINZ and those who are made redundant late in their working life specifically that although this cohort have difficulty finding work often due to ageism they are still subject to WINZ sanctions.

Background = There is much formal evidence of unfair, subjective treatment of older unemployed people by some WINZ case managers.

Grey Power's recommendation = that:

- the 2007 changes to the Social Security Act (before 2007 persons 60-65yrs old were required to look for work but were not subject to work test and sanctions) be rescinded
- people in this group receive a special benefit discrete from the unemployment benefit which would be administered similarly to the superannuation centres at Work & Income, would include a realistic abatement rate, would provide appropriate employment training and opportunities for older people who have usually had a life time of work experience and would not include the punitive work test obligations and sanctions. This system would involve administrators with training which recognises that this age group are extremely vulnerable because ageism often means they cannot find suitable employment no matter how hard they try and also recognises that many older redundant workers are suffering from extreme anxiety and loss of self-respect etc. following the loss of, in many cases, life-time employment. Many of these people have also paid taxes for many years and should not be punished when they are in need of societies' help often for the first time in their lives.

Response from:

- J. Ardern = that it is Labour's policy to increase the age of eligibility for superannuation but she will look at the above.

- P. Bennett = Personal and written approaches to the MSD Minister have been made in the past but to little avail although she did say that sanctions would not be applied to older people 60-65 years on sickness or invalids benefits if they could not find work but those on unemployment benefits would face the same work test obligations and sanctions as every-one else even though their chances of finding suitable employment are almost nil.

3.4 Meeting with the Ministry of Social Development (MSD) – Senior Services:

MSD Agenda Items:

The advocacy team met with the following members of MSD: Sacha O'Dea (Chair), Natalie Lavery, Lynne Cousins, Arthur Grooby, Carlene Sneesby, Dierdre Fell, Tim Bryers, Charlotte Renwick

(a) Review of the 2007 Amendments to the Protection of Personal and Property Rights Act

The Minister for Senior Citizens and her officials are reviewing the changes to the enduring powers of attorney to see if they are working and if any more improvements are needed.

Public consultation forms part of the review and The Office for Senior Citizens invited Grey Power member involvement either through an online questionnaire or call 0800 273 674. Regional meetings were held around the country.

Grey Power's problems = the cost to set up an enduring power of attorney and abuse of older people especially by relatives through the EPOA.

Grey Power's recommendation = that the government consider the cost issue and make it mandatory for one EPOA to be outside the family

MSD's response = that Grey Power can raise these issues at the public meetings or through the questionnaire.

Action:

- The Office for Senior Citizens contacted Violet McCowatt and provided her with information on enduring powers of attorney and a list of consultation meetings, to enable Grey Power to advertise the review and public meeting venues, dates and times.

- Grey Power to provide submission – J. Pentecost to liaise with N. Lavery

(b) Elder Abuse and Neglect Prevention Programme

OPIP is currently looking at ways to increase awareness using different approaches.

(c) Neighbourhood policing teams

The Police have set up Neighbourhood Policing Teams around New Zealand to work in vulnerable communities where there are higher than average crime statistics, particularly for family violence. The Office for Senior Citizens have worked closely with the Neighbourhood Policing Team and connected reclusive older people with Volunteer Community Coordinators. Currently, there are 13 Volunteer Community Coordinators working collaboratively with Neighbourhood Policing Teams.

(d) Business of Ageing

Officials are currently updating the projections of the economic contribution of older New Zealanders in the Business of Ageing report. This report should be completed by the end of June.

(e) Carers Strategy

The Strategy is supported by a five-year action plan. The Government is working on a new action plan for 2013 to 2018. Information on the consultation process for the new action plan will be available on the Ministry of Social Development website as well as on the Carers New Zealand website later this year.

(f) Napier Connects

Napier Connects is an initiative to trial ways of addressing social isolation for older people. It is an umbrella of activities and projects led by community leaders which promote the benefits of staying active in a wide range of activities to older people, their families and wider community.

Napier Connects has proven to be very successful, with many older people getting out and about in the community.

Officials are now in the process of evaluating the initiative and developing a tool kit that can be adapted by other communities to improve the social connectedness and participation of older people.

Action: - The chair of Grey Power Health NAG, Jo Miller, to contact OPIP with details about the pilot in Dunedin that is helping to address social isolation.

(g) On 5 April the Social Assistance (Living Alone Payment) Amendment Bill passed its third reading and will be enacted later this year. The Living Alone Payment will no longer require a separate application, and will be incorporated into NZS as a rate of payment. This will reduce some of the administrative complexity around processing NZ Super applications. Official will, closer to the time, provide information on the changes so everybody is aware.

Grey Power agenda items:

(a) **The problem** = incorrect information re 'Going Digital' provided by Senior Services

Background = a complaint from an association re receipt of incorrect information

Grey Power's recommendation = that correct information be provided

Response from the officials = that 'Going Digital' is overseen by the Ministry for Culture and Heritage and case managers have been given accurate information on the process.

Action = the officials apologised for any miscommunication and they will remind case managers of the information to ensure they are conveying the right messages. They advised that if people would like to know more about 'Going Digital' they should phone free 0800 838 800.

(b) **The problem** = the inability of people who have their assets in trusts to access government subsidies and allowances.

Response from the officials = that they are aware that people have concerns and questions over trusts and the residential care subsidy.

Action =

- The MSD is able to provide information/advice on trusts and residential care. However, all trusts are different, causing difficulty when providing information. It is best to contact the Residential Care Subsidy Unit as they can provide detailed information.

- Jo Miller to discuss with Deidre Fell, a situation where a person is having difficulties with their trust and residential care subsidy.

(c) **The problem** = the proper process to follow to lodge a complaint against Senior Services

Background = a request from a member association re how to complain about a case manager

Response = Deidre Fell provided information on the different ways people can make a complaint. These include MSD website, phone Senior Services, go in to the service centre and talk to a case manager or service centre manager or write a letter to Senior Services.

Senior Services encourage people to use these channels and not to be afraid to make a complaint. If somebody is feeling uncomfortable talking to a case manager or service centre manager, they are encouraged to take a support person.

Senior Services will ensure people are aware they can bring a support person with them if they wish to make a complaint.

(e) **The problem** = an apparent policy change in face-to-face contact with Senior Services

Background = Members have reported that it is more difficult to access face-to-face communication with Senior Service personnel.

Response from the officials is that there has been no change in face-to-face contact with clients and there has been no reduction in case managers. However, volumes have changed and case managers are dealing with more clients than before. The best option is for somebody to make an appointment and if it is an emergency they will be seen.

(d) **The problem** = the unaffordability of mobile phones as alarm devices for older people in the case of emergencies

Background = the chair of the Social Services NAG has requested that the MSD provide some type of assistance for mobile phones

Response from the officials was that medical alarms are currently being reviewed and new technology that may be used in the future is being investigated. Mobile phones are one area of technology that is being considered.

However, the issue with mobile phones as medical alarms is that they will need to be fitted with a GPS unit. If somebody is out and they use their medical alarm, GPS coordinates are needed so the person can be located. If a phone does not have GPS, it would be difficult to locate and help the person in need (information obtained from C. Renwick, May 2013, MSD meeting minutes).



4. Superannuation and Taxation:

4.1 **The problem** = the annual review of superannuation means that super annuitants always receive their adjustments months after prices increase

Background = this issue has been raised consistently with the Minister of Finance

Grey Power's recommendation = that the review be six monthly.

Response from B. English (the Minister of Finance) = that he would not institute a six monthly review because the CPI changes are too small

4.2 **The problem** = the inadequacy of basic NZ superannuation especially for single super annuitants who live alone and the negative effects of those who cannot be part of the KiwiSaver scheme.

Background = this arose from two papers provided by Lew Rohlhoff (chair of the Superannuation and Taxation Grey Power NAG).

Grey Power's recommendation = that the government increase superannuation payments to those people who cannot be part of the KiwiSaver scheme and have missed or are missing out on the government contribution through the scheme

Response from:

- R. Dyson = asked "do we increase super universally or do we target specific areas? What are the pros and cons of targeting versus universality?"

Action =

- B. English = will read L. Rohlhoff's paper

- K. Hague requested that a copy of the paper be sent to J. Logie (Greens spokesperson for Social Services and Income Support)



5. Aged Care:

5.1 **The problem** = fair travel allowance for carers = the possibility that WINZ adds this on to abatement rates.

Background: Grey Power has been informed that some case managers are including carers' travel allowance in income which is assessed for abatement-i.e. if a carer is receiving a WINZ unemployment benefit as well as working she/he can only earn \$100 per week before the benefit is reduced by 70 cents in the dollar.

Grey Power's recommendation = that the Ministry of Social Development stop such a practice because Grey Power believes that travel allowances are not income and request that only actual monies earned be considered as income

Response =

- A. King –travel allowance should not be part of income – this practice is not standard across the country

Action – P. Bennett to provide Grey Power with information re travel allowance.

6. Adult Education:

The problem = the government's action in cutting assistance for further education for older people

Background = Some of our members are still expressing grave concern about the 2011 action by the government in cutting out living allowances and student loans, except for course costs, for those over 55 years old and also chopping funding for adult and community education.

As well, this year, they have abolished student allowances for post-graduate study even though the same government's tertiary strategy 2010-2015 promotes a vision of a world-leading education system that equips all (my emphasis) New Zealanders with the knowledge, skills and values to be successful citizens in the 21st century and to produce high quality research to respond to the needs of the economy and to address social and environmental changes⁶.

These cuts contradict the MSD's research paper on the 'Business of Ageing' which points out that many older New Zealanders will continue to work until well after the current superannuation entitlement age; for this to occur many people will need to up-skill especially if they have been made redundant. Where will these workers go to up-skill to enable them to find new jobs, notwithstanding the tertiary strategy's vision to equip all New Zealanders with the skills to be successful citizens, which surely includes the right to work in satisfying employment?

Attendance at night class, polytechnics or university can also provide lonely older people with a sense of well-being and hope which can diminish social isolation.

Thus the benefits of life-long learning not only provide an economic return for the country its benefits for physical and mental health is priceless.

The question of age discrimination also arises

Grey Power's recommendation = (given that the Minister of Tertiary Education, S. Joyce has refused to consider any change) is that a Labour government re-instate all allowances and loans.

Response from:

- M. Woods (Labour Tertiary Education spokesperson) = Labour is leaning towards a review of tertiary education allowances etc. At the present time tertiary providers are penalised if people do not

⁶ Tertiary Strategy 2010-15 – www.minedu.govt.nz/TertiaryEducationStrategy

complete their course = part of the funding formula; therefore providers may limit entry to older people if they are perceived as not completing their degree or course

Action – a written question in the house on the number of people over 55 years old who are enrolled at tertiary institutions and she will pass the information onto Grey Power.

7. Local Government:

Grey Power policy = to protect the present and future needs of older people as they pertain to local body responsibilities.

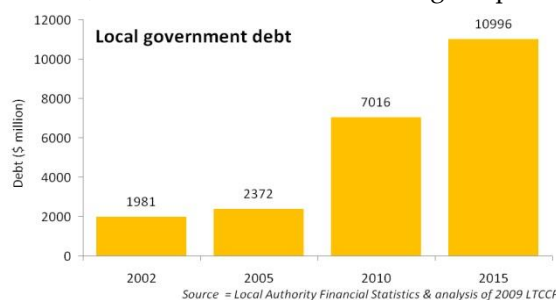
The problem = the unaffordability of local body rates

Background = Grey Power members are very concerned about this issue, in particular contracting out of services, the cost of long term plan reviews, the inequity inherent in the current method of collecting local authority rates and the fact that GST is charged on local authority rates.

Grey Power's recommendation = that the government look at all avenues to reduce rates without loss of essential services

Response from:

- C. Tremain (Minister of Local Government) re
 - o local authorities sharing services such as payroll, information technology and human resources rather than contracting out services – he is not fixated on contracting out
 - o simpler long term plans without losing community involvement and accountability – he is looking at reducing compliance costs – Cabinet has not decided yet – they could be simpler
 - o Collection of rates through the IRD system – this is not a policy they are following and it is unlikely they would use it.
 - o The government has been pushing the rates rebate scheme at council level
- E. Sage (Greens Local Government spokesperson) re
 - o Government should provide more funding for local government – perhaps a mixed system – some funding from rating, some from the government
 - o collecting rates through IRD problematic - local government could be vulnerable if the funding was not ring-fenced, there could be an allocation problem
 - o Council debt a concern, the Auditor-General is doing a report re this



- o Council amalgamation – concern about loss of local democracy and accountability- the Greens are not promoting amalgamation
- o Housing issues/social isolation and older people downsizing is of interest

Action =

- C. Tremain requested that before the next advocacy meeting Grey Power provide him with specific policy/research on the number of our members who are in 'the licence to occupy' no rates rebate situation and what the fiscal cost of Grey Power's request for a rates rebate for this group

would be. He also requested that subsequent to the Grey Power AGM he be sent a copy of our policy re a fairer system to collect rates – his general request was that Grey Power provide him with numbers of our members who think in a particular way because this would permit him to look at issues fiscally.

- E. Sage requested that Grey Power provide her with research on IRD rates collection
- Grey Power to ask members what they think about older people downsizing but moving to a smaller property in the area where they already live
- Grey Power to ask local bodies what proportion of their rate rebates are taken up by super annuitants

8. Miscellaneous:

1. **The problem** = the unaffordability of home insurance

Grey Power's recommendation = that government/others suggest some action to ensure that sum adequate insured policies are affordable for vulnerable older people

Response from:

- J. Goodhew- insurance companies could be asked to join the SuperGold card scheme and provide a discount on premiums – older people should shop around.
- R. Dyson – could consider extending EQC cover
- K. Hague – same as R. Dyson

Action = nothing positive at this time

2. **The problem** = that some vehicle drivers do not have third party insurance

Background = Delegates at recent Grey Power annual general meetings have requested that government/others be lobbied re mandatory third party insurance.

Grey Power's recommendation = that every registered mobilised vehicle be covered by mandatory third party insurance which should be collected as part of the registration fee

Response/action =

- K. Hague = would like to talk to D. Clendon (Green M.P) re this = what may be achieved with this government and what may be achieved with any other party that may be government- he commented that if a person provided evidence of third party insurance they could be exempt from that part of the registration fee.

- the current government have regularly been petitioned re this issue but the standard reply is that because only approximately 6% of drivers are not insured for at least third party, mandatory cover is not worthwhile.

3. **The problem** = the difficulty for family/others of locating the legal firm that holds a will following death

Grey Power's recommendation = that there be a national wills data base to alleviate this difficulty

Response from J. Goodhew = the government are not in a position to establish a national wills data base because of fiscal constraints but the idea may be considered in the future

Action =

– Labour have now made the provision of a national wills data base their policy following Grey Power’s recommendation.

4. **The problem** = the cost of passports for super annuitants

Background = a request from the 2012 Grey Power AGM that super annuitants pay less for passports or their renewal.

Grey Power’s recommendation – that the government consider reduced passport costs for super-annuitants.

Response from:

- J. Goodhew = in 2012 government cut the costs of passports and introduced the passport online renewal service option which saves passport holders \$28.80.

- R. Dyson = “if people can afford to travel overseas they don’t need taxpayers’ help.”

5. **The problem** = that the Minister of Senior Citizens sits outside Cabinet in this government.

Background: Some of our members are saying that because older people now make up a significant portion of the population the Minister should sit inside cabinet which would reflect recognition of this cohort which is predicted to grow in the future.

Grey Power’s recommendation = That the Minister of Senior Citizens be inside Cabinet

Response from the J. Key (Prime Minister) = that it does not make any difference- if the Minister has a paper to present she/he comes to the Cabinet table.

Paper prepared and written (with exceptions as noted) by Jan Pentecost, (Chair Grey Power Advocacy Standing Committee).

Disclaimer: *the author of this report does not accept any liability for its contents which has been prepared in good faith and are believed to be correct.*