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Submission on Draft Health of Older People Strategy

Submission To: Health of Older People Strategy Consultation
Ministry of Health
PO Box 5013
WELLINGTON

HOPStrategy@moh.govt.nz

The College of Nurses supports the submission supplied by Nurse Executives New Zealand (as attached)

The College of Nurses is a professional body of New Zealand registered nurses and Nurse Practitioners from all regions within New Zealand and specialties both within and outside of the District Health Board ('DHB') setting. It provides a voice for the nursing profession and professional commentary on issues that affect nurses, and also the health of the whole community, aiming for excellence in nursing practice and health care delivery which addresses disparities in health.

Information about the person/organisation providing feedback

We encourage you to fill in this section. The information you provide will be helpful for our analysis. However, your submission will also be accepted if you don't fill in this section.

This submission was completed by:	(name)	D. Kivell
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Position (if applicable):		Chairperson

This submission (*tick one box only in this section*):

- comes from an individual or individuals (not on behalf of an organisation nor in their professional capacity)
- is made on behalf of a group or organisation(s) Nurse Executives NZ
<http://www.nurseexecutivesnz.org.nz/>

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If you do not want your submission published on the Ministry's website, please tick this box:

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Please indicate which sector(s) your submission represents (*you may tick more than one box in this section*):

- | | |
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| <input type="checkbox"/> Primary health organisation | <input checked="" type="checkbox"/> Professional association |

Academic/researcher

Other (please specify):

Consultation questions

The following questions focus on what the Strategy is trying to achieve, expressed as vision statements, and on the actions we propose could bring about the desired changes. (*Note: a vision statement is a short description of the state of the world that we want to bring about*).

You don't have to answer all the questions below. We also welcome feedback on any other matters relating to the Strategy or more generally to the health of older people.

You are welcome to include or cite supporting evidence in your submission.

Healthy ageing

- 1a. The draft Strategy sets out a vision for the goal of healthy ageing: see page 14 in the draft document. Do you have any comments or suggestions regarding this vision?

We support this vision and its focus on wellness, moving away from 'medicalising' ageing. "Where does ageing begin?" we are all ageing and the focus needs to start much earlier on to achieve healthy ageing.

Potential to rebrand to a healthy ageing strategy – more positive and solution focussed.

- 1b. The draft Strategy includes actions that are intended to achieve the goal of healthy ageing: see page 31 in the draft document. Do you have any comments or suggestions regarding these actions? Do you agree that the actions with an * are the right actions to begin with?

Agree with the actions, will need to be highly focussed to ensure older people's needs are heard in the health care sector. Heard and met by all health professionals.

Acute and restorative care

- 2a. The draft Strategy sets out a vision for the goal of high-quality acute and restorative care: see page 17 in the draft document. Do you have any comments or suggestions regarding this vision?

Older people as stated are high users of out at times complex health care systems. Issues to be considered include ensuring older people are able to:

- successfully navigate the system,
- Know when something is not going to plan
- understanding what to do when the system doesn't respond as it should,
- when and where to ask for help.

- 2b. The draft Strategy includes actions that are intended to achieve the goal of high-quality acute and restorative care – see page 33 in the draft document. Do you have any

comments or suggestions regarding these actions? Do you agree that the actions with an ✨ are the right actions to begin with?

Support generally. More focus is needed across the hospital to home or rehab interface. Coordination and support of sometimes rapidly changing needs from the acute care episode to a more stable health condition and setting.

Inter-agency integrated teams- reduce referrals. More rounded approach.

Transport and travel regarding appointments is also an area to consider- TeleHealth not always the solution.

Also consider: funded vaccinations in older persons or similar preventatives.

Living well with long-term conditions

3a. The draft Strategy sets out a vision for the goal of living well with long-term conditions: see page 20 in the draft document. Do you have any comments or suggestions regarding this vision?

3b. The draft Strategy includes actions that are intended to achieve the goal of living well with long-term conditions: see page 34 in the draft document. Do you have any comments or suggestions regarding these actions? Do you agree that the actions with an ✨ are the right actions to begin with?

Support and increase in Māori and Pacific workforce within aged care. Increased focus is needed to support RNs into the aged care sector.

Important to invest in NZ (nursing) research to support programmes of work

Support for people with high and complex needs

4a. The draft Strategy sets out a vision for the goal of better support for people with high and complex needs: see page 24 in the draft document. Do you have any comments or suggestions regarding this vision?

Supportive of this vision.

4b. The draft Strategy includes actions that are intended to achieve the goal of better support for people with high and complex needs: see page 37 in the draft document. Do you have any comments or suggestions regarding these actions? Do you agree that the actions with an ✨ are the right actions to begin with?

Support improved and standardised discharge processes between hospital/ ambulance and aged care facilities.

18d. This is a workforce demand issue- increased focus is needed to secure appropriately skilled RNs, EN and NPs into the aged care sector.

Quality of care is important especially when working with a vulnerable population. Therefore Workforce flexibility, education and training are key

Respectful end of life

- 5a. The draft Strategy sets out a vision for the goal of a respectful end of life: see page 27 in the draft document. Do you have any comments or suggestions regarding this vision?

Support Advanced Care Planning and enabling registered health practitioners involved in care to begin conversations early.

- 5b. The draft Strategy includes actions that are intended to achieve the goal of a respectful end of life: see page 40 in the draft document. Do you have any comments or suggestions regarding these actions? Do you agree that the actions with an * are the right actions to begin with?

Agree the sector need some courageous conversation around end of life- this may not sit with the MOH however resourcing needs to be acknowledged

Implementation, measurement and review

- 6 The draft Strategy includes proposals for implementing, measuring and reviewing the proposed actions: see page 41 in the draft document. Do you have any comments or suggestions regarding these proposals?

See comments below regarding workforce supply and demand.

Other comments

pg. 10- workforce development. There are issues of workforce supply and demand.

- Increase the Nurse Practitioner (NP) workforce; this is a largely untapped resource in the health of older people. A highly skilled and cost effective workforce able to navigate across the healthcare system. There is an opportunity to develop NPs, using models already in place, to support this expanding area of health need.
- From the workforce angle: We need to attract NZ registered and enrolled nurses and NPs into this speciality area.
- NZ has a high reliance on the internationally qualified nursing workforce. There is opportunity to re-focus on NZ trained new graduate nurses, where there is currently a poor uptake into nurse entry to practice programmes (NETP) across aged care, often due to underlying requirements of NETP's, which most aged care facilities cannot meet due to small teams. An increase of supported student placements into aged care facilities in the 3rd year of nursing undergraduate programmes, with more flexible options to enter NETP post registration, could increase NZ trained nurses, including Māori and Pacific RN, in this sector.
- Appreciate the linkages to other strategies, e.g. dementia.
- Recognition that there is diversity in the way cultures value their elderly population.
- What is the timeline by which quality of life for older people would have measurably improved? Measuring the outcomes will be a challenge-how do we know we have achieved the intended results? Need to be clear on deliverables and how the steps fit together.
- Culture shift takes 10 years plus -greater than most parliamentary terms, so how do we build and change the behaviours in a way that makes adherence to this none negotiable?

Thank you for taking the time to provide feedback.