NEW ZEALAND COUNCIL OF TRADE UNIONS
Te Kauae Kaimahi

Submission of the
New Zealand Council of Trade Unions
Te Kauae Kaimahi

To the

Ministry of Health

on the

Draft Health of Older People Strategy

P O Box 6645
Wellington
September 2016

Summary of CTU Recommendations:

- The CTU and affiliated health sector unions welcome the opportunity to discuss the issues raised in this submission in greater detail with the Ministry of Health.
- In principle, the CTU supports the broad intent of the draft Health of Older People Strategy.
- A tripartite body be established to examine a sustainable funding model for the aged care sector with unions, providers and government represented on this body. A sustainable funding model in the sector needs to be linked to transparent processes and labour standards such as decent wages and training costs.
- The health sector is highly unionised therefore input from CTU affiliated health unions is essential in understanding workforce issues and developing a response to these.
- That there is further clarification and detail provided on the actions required to implement the draft Health of Older People Strategy before it is finalised and implemented; currently these are vague and unclear.
- That training for the health workforce is adequately funded and resourced to enable successful completion of training programmes in the care and support sectors. Training should be provided at no cost to the worker and skills and qualifications gained through training be reflected in workers' wages.
- That there must be a commitment to continued funding to implement equal pay for equal value for the aged care and support workforce.
- That greater emphasis is placed on reflecting all parts of the health workforce in the draft of Health of Older People Strategy to reflect a whole of workforce approach (regulated and non-regulated workforce).
- That there is implementation of health and safety employee participation systems in all aged care workplaces and a requirement specified in all provider contracts.

- That there is meaningful attention given to addressing health inequalities which are caused by low socio-economic status and lack of access to social determinants which affect good health.

- The draft Health of Older People strategy needs to specify training details for unpaid carers/volunteers, expectations and implications for the aged care sector.

- That a framework for ensuring transparency and monitoring of public funding to contracted providers for the delivery of services is implemented urgently to give effect to funding "pass through" for wage increases.

- That a Responsible Contracting Policy (RCP) be implemented which identifies specific steps when contracting out or outsourcing services with the private sector for the provision of aged care and health services. The RCP should specify the provision of services to be delivered through fair, ethical and quality practices.

- That the concept of affected person in the employment of their support worker is generally supported but the employment relationship is managed through an organisation that is accountable for managing the employment and the health and safety requirements to the level of the Home and Community Support Standards and other relevant legislation.

- The CTU supports the prevention focus of this draft strategy looking at both illness and injury prevention for older people.

- That as a national Health of Older People Strategy it should contain national measures of success. The evaluation and monitoring programme examining the implementation, outcomes, effectiveness of actions and experiences of users must be built into the actions and Strategy.

- That the investment approach is not included as a direction for funding services in the aged care sector as there is no evidence of this investment approach as working or improving health outcomes.

- That the Health of Older People Strategy shows more awareness of New Zealand's social and cultural context - in particular Tangata Whenua. Māori must be given greater recognition in policy and health development planning including design and implementation.

- That there is further analysis on the effectiveness of digital solutions for health services including uptake by people with low incomes, with English as a second language, or with disabilities who are limited in accessing technology, and the level of technology and health literacy required to fully utilise the tools.

- That the process and engagement through digital health solutions is managed carefully with participation from the health workforce.

- That technology solutions are carefully considered and all relevant information disclosed to unions, workers and DHBs before a well-informed decision can be made on whether to progress any IT related initiatives given infrastructural risks and the likelihood of high implementation costs.

- That there is a reliable system in place for workforce data collection in order to provide a true and reliable picture of the health workforce in the aged care sector.

- That there is ongoing engagement with health unions on the development of the Health Research Strategy.

- That there is greater clarification of what is meant by standardisation of information and approaches in the aged care sector.

- That there is ongoing, open discussion on issues related to end of life that best support the wishes of the affected person at the centre of care.

1. Introduction

1.1. This submission is made on behalf of the 31 unions affiliated to the New Zealand Council of Trade Unions Te Kauae Kaimahi (CTU). With 320,000 members, the CTU is one of the largest democratic organisations in New Zealand.

1.2. The CTU acknowledges Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand and formally acknowledges this through Te Rūnanga o Ngā Kaimahi Māori o Aotearoa (Te Rūnanga) the Māori arm of Te Kauae Kaimahi (CTU) which represents approximately 60,000 Māori workers.

1.3. The CTU is involved in various health sector forums including the Health Sector Relationship Agreement (HSRA) and the National Bi-Partite Action Group (NBAG).

1.4. The CTU welcomes the opportunity to make a response on the draft Health of Older People Strategy (draft strategy). We support the submissions of CTU affiliated health sector unions on this draft Strategy.

1.5. Accessible quality aged care services are essential for older New Zealanders. The quality of care is dependent on the workforce who deliver that care. The CTU supports the work of affiliated health sector unions in the aged care sector so that older people are accessing high quality services from a skilled, trained and motivated workforce.

2. Draft Health of Older People Strategy – General Comments

2.1. The CTU supports the broad intent of the draft Health of Older People Strategy. There are parts of the draft strategy that are welcomed by the CTU including the draft vision for the Strategy, however, there are overlaps between the draft strategy and the New Zealand Health Strategy that present similar issues. This submission draws upon these overlapping issues in the context of the health of older people.

2.2. A properly funded health workforce, decent wages and training are at the heart of good quality care. Addressing workforce sustainability is a challenge and not sufficiently recognised in the draft strategy. The generic response to workforce

development does not provide assurances that the draft strategy has identified the direction and priorities for the health workforce in the future. This is of concern. The draft strategy should clearly identify the challenges, opportunities and priorities for workforce development including workforce shortages and training pressures that need to be addressed to assist implementation of an effective Health of Older People Strategy. The health sector workforce is highly unionised therefore input from health sector unions is essential in understanding workforce issues and developing a response to these issues.

2.3. The aged care sector is significantly under-funded to the detriment of quality care and delivery of services for older people. The CTU recommends a Health Workforce Strategy to complement the Health of Older People strategy to ensure a sustainable workforce that has the training and skills required, addresses workplace health and safety challenges, and provides attractive careers that enable retention of experience in this growing sector. We recommend a tripartite body be established to examine the funding model and structures in the aged care sector with unions, providers and government represented on this body. Funding in the sector needs to be linked to labour standards such as decent wages and training costs.

2.4. The draft strategy refers to issues such as isolation, mental health and addiction problems, and elder abuse that are increasingly being experienced by elderly people. The draft strategy is largely silent on how services and support will be funded and resourced to best achieve better health outcomes by taking a broad approach to actions. The CTU recommends further clarification and detail be provided on the actions which are unclear and vague in the draft strategy before it is finalised and implemented. Without a commitment to appropriate funding and additional resources to improve issues that affect affordability, accessibility, and equity the draft strategy will struggle to achieve better health outcomes for older people in in New Zealand.

2.5. The draft strategy needs to be guided by the principles that underpin the Strategy. The draft strategy needs to include the perspective of the service user – this

requires active engagement with not only the sector but population groups on the challenges, opportunities and what people want from aged care services.

2.6. The draft Health of Older People's Strategy is a significant piece of work, therefore an evaluation and monitoring programme examining the implementation, effectiveness of actions and experiences of users must be built into the strategy. A national Strategy requires a national measure that is not only based on quantitative data but also the narrative and experiences of the affected person and their whanau. Without this information those implementing the Strategy will not know what it is aiming to achieve or how it should continue into the future.

3. Issues

Home Based Support Services

3.1. The draft strategy reflects heavily the New Zealand Health Strategy's theme of Closer to Home which is focused on the shifting of services and care closer to the home of the older person. By maintaining people in their communities, home support workers enable a greater quality of life for the people they care for and for their families.

3.2. Increasingly, the shift in services requires an emphasis on the skills, conditions and sustainability of the home support workforce as well as its ability to grow and meet demand. This approach to care and service provision has complex requirements for the workforce, both in the nature of work and the workplace, and in the requirements of health workers who are physically or professionally isolated in people's homes.

3.3. The draft strategy largely places emphasis on the clinical and allied health workforce but there is little reference in the draft strategy to the wider health workforce which encompasses both the regulated and non-regulated workforce and are intrinsically linked in the delivery of health services. There has been substantial growth in the non-regulated workforce providing services to people in their home but without the commensurate funding needed, the employment arrangements needed for decent working conditions and the training requirements.

Workforce Training

3.4. We welcome the initiatives of the Kaiawhina action plan that Careerforce (ITO) are leading in regards to training for the care and support workforce in the aged care sector. The implementation of a training programme and providing workers with a recognised, portable qualification should be achieved without cost to the worker. The training must be adequately funded and resourced to enable successful completion of the training programme. Once training is completed extra skills and qualifications should be recognised and reflected in workers' wages.

Pay Equity

3.5. The care and support sector is a predominantly female workforce. Historic gender undervaluation of this workforce is the cause of very low wage rates. While there are currently negotiations that could rectify this situation, there must be a commitment to continued funding to implement equal pay for equal value for this workforce. Without the implementation of equal pay for equal value, the aged care sector will not be able to deliver quality care, health services or meet supply and demand for the older population in the future.

Workforce Health and Safety

3.6. Improving the health and safety of workers in the aged care sector is a crucial issue. Recent changes to health and safety legislation put requirements on employers to involve workers in health and safety in the workplace. The workforce plays a significant role in promoting the culture of quality care and health and safety in the workplace. For example, having the right number and skill mix of staff in the aged care sector is critical to delivering quality care to older people. This provides certainty and assurances to whanau, friends and groups of the care and support being provided to the affected person. Initiatives such as safe staffing involving health sector unions has been important in enabling the delivery of quality care and safe services in the health sector. Disappointingly, the draft strategy is silent on safe staffing and workforce health and safety. The CTU recommends the implementation of employee participation systems in all aged care workplaces and a requirement in all provider contracts.

Volunteers

3.7. The need to support families, whanau and individuals in communities in their roles as carers of elderly people close to them is highlighted in the draft strategy. While we recognise the important role that whanau and volunteers play in the care and support of older people, the draft strategy is silent on how this training would occur, what it would involve, by whom, the incentives and expectations on unpaid carers/volunteers, and implications for employment and health and safety. The draft strategy needs to specify training details for unpaid carers/volunteers, expectations and implications for the aged care sector. As with other issues highlighted in this submission, there is an absence of discussion on resourcing and funding commitment to training and support for whanau and volunteers as carers.

Under-funding of the Aged Care Sector

3.8. The chronic underfunding of the aged care sector is the cause of low wages and poor employment conditions for the workforce; high turnover rates; lack of guaranteed hours; lack of support and training; and issues relating to health and safety. Funding increases by government in the residential care and home based support sectors have not been "passed-on" equitably and fairly to the workforce. Workers all too often bear the burden of the cost of insufficient funding through increased workloads (unsafe staffing), insufficient training, inadequate wages and poor employment conditions.

3.9. It is disappointing that there is no reference to the Human Rights Commission report (2012) into the Aged Care Workforce *"Caring Counts"* in the draft strategy. This report provides a comprehensive insight into the systemic issues that need addressing in the aged care sector, the impact of the ageing population and the ability of the aged care sector to meet the challenges given the chronic underfunding of the workforce. These issues should be a priority in the draft strategy. Failure to do so will be detrimental to the health of older people in New Zealand now and in the future.

3.10. The underfunding of the aged care sector requires urgent attention to achieve not only equitable and fair outcomes but also greater transparency and accountability

of public funding. The CTU recommends a tripartite body be established to examine the funding model in the aged care sector with unions, providers and government represented on this body.

Transparency and Accountability of Funding

3.11. There are long-standing concerns surrounding accountability and transparency of information and the use of tax-payers funding in the delivery of contracted aged care services. It is disappointing to see the lack of discussion in the draft strategy on issues related to the transparency and monitoring of funding to aged care contracted providers. In spite of healthy profits in the aged care sector for providers, the workers of privately run facilities are still paid considerably less than their counterparts working for DHBs. This is largely due to the failure of providers to "pass-on" funding to improve pay rates and provide training. This practice can only be seen as undermining the workforce and the sector and must urgently be addressed in order to improve pay and pass through of funding increases.

3.12. We note the impact of deregulation within the aged residential care sector over the past few decades and the fragile financial position of smaller providers and not-for profit organisations such as religious and welfare facilities. We are concerned that proposals in the draft strategy could inevitably lead to health care in the aged care sector being increasingly privatised and the sector being dominated by for-profit multi-national health company providers that will increase costs for elderly people needing health care.

3.13. Over the years, the problems surrounding "passing-on" funding to the workforce and public spending has been difficult to scrutinise as private sector providers are not covered by official information requests. The CTU recommends that these issues are addressed urgently and a framework for ensuring transparency of public funding to give effect to funding "pass-through" for wage increases.

3.14. Part of this framework should include a Responsible Contracting Policy (RCP) which identifies specific steps when contracting out or outsourcing services with the private sector for the provision of aged care and health services. We recommend

the RCP specify the provision of services to be delivered through fair, ethical and quality practices. The RCP could contribute towards ensuring quality labour standards in the health sector are set out in the Ministry of Health and DHB guidelines when contracting a provider to deliver health services. Quality labour standards include: wages, collective bargaining, staffing levels, training, health and safety, and compliance with relevant legislation, codes and standards.

The Investment Approach

3.15. It is of concern that the draft strategy includes reference to 'new investment approaches' for funding services but remains silent on what is actually meant by this approach for the aged care sector. The draft strategy suggests that this approach to funding services provides "significant opportunities for improving the health of New Zealanders and in particular the health of older people" yet there is no evidence of this investment approach as working or improving health outcomes. The CTU does not support the investment approach as a model for funding health services.

Individualised Funding

3.16. We can only assume that some of the actions identified in the draft strategy under "Support for Older People with High and Complex Needs" such as promoting contracting models that enable people to move freely to different care settings most suited to their needs; commissioning one organisation to coordinate health and support services for frail elderly people; and providing timely, flexible, and innovative contracting approaches to meeting the needs of specific groups - implies a shift towards individualised funding or an accountable host organisation.

3.17. This model includes a number of risks and issues that are raised by turning dependent elderly citizens into employers of their carers which have not been considered. The wish for elderly people to be autonomous and in charge of their own care needs is appreciated but there are major employment and health and safety issues which need further attention.

3.18. Arrangements such as Individualised Funding can move people into the responsibility of an employer without the necessary training or adequate

cognisance of the employment responsibilities which may become complicated by the dependency of the relationship and the high degree of trust that is required. This can lead to much more than the usual (and often difficult) problems when an employment relationship breaks down.

3.19. We support the concept of the consumer having choice in the employment of their support worker if this is what the actions mean but advocate for it to be managed through an organisation that is accountable for managing the employment and the health and safety requirements (which are significant) to the level of the Home and Community Support Standard and other relevant legislation.

3.20. The concerns surrounding the individualised funding model was highlighted by the Health and Disability Commissioner on the care of a disabled man receiving individualised funding in 2015. The Commissioner was scathing of the care provided to the disabled man and highlighted concerns regarding reporting, training, employee and contractor performance monitoring and compliance with policies and procedures. We reiterate these concerns and seek greater clarification of what is actually meant by the action in the draft strategy as well as consultation with unions and the workforce before any approach is finalised.

Primary Health Care

3.21. Primary health care services play a critical role in improving health outcomes and achieving the established values of primary health care services: the right to health for all; people centred care; a central role for communities in health action; prevention and health promotion as integral part of the health response; and local action. The CTU supports the prevention focus of this draft strategy – looking at both illness and injury prevention for older people.

3.22. Effective primary health care improves the health of groups who face health inequalities. However, missing in the draft strategy is an analysis of the health inequalities caused by low socio-economic status and the health inequalities and challenges caused by lack of access to social determinants which affect good health: adequate income; quality housing, decent employment.

3.23. While we support actions in the draft strategy that address social determinants of good health such as warmer housing, it is unclear how this will be achieved particularly if the draft strategy makes no reference to funding or commitment to resources. Further information is required on how these actions will be achieved in a meaningful way otherwise the draft strategy risks providing lip service to these issues.

Trust and Confidence in the Health System

3.24. Older people need to have trust and confidence in the health system in order to effectively engage with health services to meet their needs. The actions outlined in the draft strategy to help achieve service delivery and aspirations of older people fail to identify how this will be better understood and what role communities will play in policy design and implementation of culturally diverse solutions. If older people and their whanau do not have trust and confidence in the system, the draft strategy is unlikely to meet expectations of the people-centred approach. The draft strategy must ensure how input will be achieved with communities rather than actioning a top-down approach that is disconnected from the issues.

3.25. New Zealand's population is now increasingly culturally diverse with many ethnicities. With this comes challenges including trust, confidence, relevance, accessibility to quality aged care services, and engagement in the health system by older people and their families. The draft strategy lacks an understanding of the issues affecting these populations in terms of engagement in the health system particularly for some communities who struggle with the concept of aged care services in New Zealand society and end of life discussions.

3.26. As submitted in the CTU submission on the New Zealand Health Strategy, Māori must be given genuine recognition in policy and health development planning. There are specific reasons why Māori have some of the poorest health outcomes of any group. There is plenty of research and evidence that highlights health inequalities and social determinants of health for Māori (indigenous health). Whilst access to services can be affected by cost, access can also be affected by the cultural connection and trust and confidence in the system, services and practices that do

not align with Māori. These issues must be examined and relevant solutions and culturally appropriate approaches for informing health policy identified. Māori must lead in the design and implementation of actions aimed at addressing Māori health issues and this must be well-resourced and supported by the Ministry of Health and other agencies to best enable Māori to achieve better health outcomes.

Technology

3.27. The draft strategy discusses digital solutions aimed at providing greater access to health information for older people and making monitoring easier. There are a number of limitations associated with digital solutions and we urge caution against a "one size" fits all approach. For example, not everyone has access to technology particularly those who live in low-socio economic areas or some people with disabilities or whether digi-solutions will be available in various languages reflective of communities in New Zealand. In some instances it may not even be about access but more about technology literacy.

3.28. Whilst technology provides a channel for accessing services and information, it is only useful if the older person is able to understand the health information, health apps and telehealth services as identified in the draft strategy. Health literacy plays an important role in improving the health perspective of the older person as service user therefore it is important in changing behaviours and understanding information that is relevant to improving health outcomes. Any digi-health solution such as health apps will require a high standard of health literacy for successful uptake and implementation, however, the actions in the draft strategy do not identify how technology and health literacy will be actioned or improved.

3.29. There may be benefits for the service user in accessing health information and improving health literacy through digi-health solutions but there is also a risk that this could lead to less face-to-face time with health professionals, possibly complicating health problems further (if left untreated) for older people and those with disabilities. The process and engagement through digi-health solutions needs to be managed carefully and have input from the health workforce some of whom

will be required to spend more time entering information online for the patient as opposed to doing other clinical work.

3.30. The emphasis on greater use of technology for communicating and monitoring health information will have cost and resource implications for the sector. Technology costs will need to consider many facets including ongoing technology improvement and be well connected to implementation of digital health solutions. As submitted on the NZ Health Strategy, we are concerned, that this draft strategy has a high technology focus yet there is no information to clarify viability or how it will be funded.

3.31. There is a strong likelihood that the demand on Information Technology (IT) infrastructure and future ongoing maintenance will require increasing levels of investment by DHBs. This adds further financial pressures to DHBs if this is not known, or costed appropriately and will inevitably have an adverse effect on funding for service delivery and workforce implications. Further information is required and analysis disclosed before a well-informed decision can be made.

Reliable Workforce Data and Workforce Planning

3.32. Health sector workforce planning is important to ensure there are sufficient numbers of staff with the appropriate skill mix and training, employed in quality working conditions. These factors are all essential components of a strategy committed to high quality health care for older people. The CTU recommends a data collection process be identified immediately to provide integrity and well informed information for workforce planning that better meets the needs of the aged care sector now and into future.

3.33. The draft strategy refers to the development of New Zealand's first health strategy. The CTU supports the development of the proposed research strategy but this strategy must include workforce data to inform workforce planning. There is a large gap in reliable and robust data collection of both the regulated and non-regulated workforce for the health sector. This is a well-documented issue that has been raised on many occasions previously by unions and health sector organisations. The

challenge will be in translating the proposed research strategy into a robust mechanism to ensure the best value health research for the sector. The CTU recommends ongoing engagement with health unions on the development of the research strategy.

Standardisation of Approaches and Information Sharing

3.34. The draft strategy discusses greater integration in the health sector and across agencies. While the intention may be to streamline processes, integrate and share information in a timely and responsive manner, information sharing must ensure the public have trust and confidence in safe, accessible and relevant health services. We are concerned about potential issues associated with confidentiality and privacy surrounding the accessibility of patient information. As submitted previously by the CTU, for some health issues such as mental-health, information is a particularly sensitive instance that patients may not want distributed. We strongly urge caution where the rights of the older person may become compromised through the wide and easy accessibility of patient records and information without proper safeguards.

3.35. The draft strategy refers to greater use of standardisation of approaches such as the use of shared care plans. It is unclear what is meant by standardisation in this context and the CTU seeks further details and clarification of what is meant by standardising information.

End of life

3.36. The draft strategy discusses end of life and the intentions around this outcome. The well-publicised book by Atul Gawande "Being Mortal" provides an excellent exploration of ill health and death and the challenges this presents for the person and the family facing end of life issues and discussions.

3.37. The CTU supports greater discussion on end of life involving the affected person, whanau and health practitioners. Dignity, respect, autonomy and quality of life are all important considerations in the discussions around end of life. Ultimately the older person at the centre must be comfortable with their decision and whanau well supported. Quality of life is different for every person and the CTU supports

ongoing, open discussion on these issues that best support the wishes of the affected person at the centre of care and support during end of life.

4. Conclusion

4.1 In principle, the CTU supports the broad intent of the draft Health of Older People Strategy. However, without a commitment towards the allocation of resourcing and funding in the draft strategy it is unclear how long-standing issues regarding the workforce, access to social determinants which affect good health, and wider community responses will be addressed.

4.2 The failure to commit sufficient funding and resources to address these issues will affect the effectiveness of service delivery, ability to meet the needs of older people, future demand for services and achieving better health outcomes. A properly funded aged care workforce will go towards ensuring the aged care sector is able to deliver good quality care and sustainability of health services.

4.3 The affected person, their whanau, providers, Government and workers (through their unions) all have key roles to play in developing future policy, standards, models for sustainable funding and service provision in the sector. The CTU welcomes further consultation opportunities on the draft Health of Older People Strategy and related work.