

The Vision

Older people participate to their fullest ability in decisions about their health and wellbeing and in family,

whānau and community life. They are supported in this by co-ordinated and responsive health and disability support programmes.



The Objectives

The following eight objectives identify areas where change is essential if the vision is to be achieved.

1. Older people, their families and whānau are able to make well-informed choices about options for healthy living, health care and/or disability support needs.
2. Policy and service planning will support quality health and disability support programmes integrated around the needs of older people.
3. Funding and service delivery will promote timely access to quality integrated health and disability support services for older people, family, whānau and carers.

4. The health and disability support needs of older Māori and their whānau will be met by appropriate, integrated health care and disability support services.
5. Population-based health initiatives and programmes will promote health and wellbeing in older age.
6. Older people will have timely access to primary and community health services that proactively improve and maintain their health and functioning.
7. Admission to general hospital services will be integrated with any community-based care and support that an older person requires.
8. Older people with high and complex health and disability support needs will have access to flexible, timely and co-ordinated services and living options that take account of family and whānau carer needs.

The Direction for Action

The key components of the *Health of Older People Strategy, Health sector action to 2010 to support positive ageing* are outlined briefly in this booklet. The full strategy and this booklet are available from the Ministry of Health (see contact details on last page).



The primary aim of the Health of Older People Strategy is to develop an integrated approach to health and disability support services that is responsive to older peoples' varied and changing needs. This approach, the integrated continuum of care, means that an older person is able to access needed services at the right time, in the right place and from the right provider.

The strategy has been developed in response to three key drivers for change: concerns about the lack of strategic policy development and planning for health and disability support services for older people; the desire to implement the New Zealand Positive Ageing strategy within the health sector; and the rapid increase in the number, and ethnic

diversity, of people over 65 years of age that is projected to occur from 2010.

Most older people are fit and healthy. A minority are frail and vulnerable and require high levels of care and disability support. The strategy covers the full range of services available to older people to keep well and to continue to live safely in the community. This includes health promotion, treatment for acute episodes of ill health, rehabilitation to support recovery, ongoing support for people who are disabled and palliative care. The focus is on older people as participants in decision making at the individual and community level, and at the broader policy, planning and service development levels.

Who the strategy is for

This strategy focuses on people aged 65 and over. The integrated approach to service provision that it sets out will particularly benefit those older people who have high and complex needs that cross service boundaries.

Development of the strategy

The Health of Older People Strategy was developed in collaboration with an expert advisory group and through consultation with older people and communities throughout New Zealand. The strategy has been developed within the frameworks established by the Treaty of Waitangi, and the New Zealand Health, Disability and Positive Ageing strategies.

The principles and direction of the Health of Older People Strategy comply with and promote the aims of these documents. In addition, the actions draw on other health strategies, including He Korowai Oranga (the draft Māori Health Strategy), the Primary Health Care, Palliative Care and Mental Health strategies, and the Pacific Health and Disability Action Plan.

The Principles

The vision will be a reality when health and disability support programmes are integrated around the needs of older people and operate in the following way. They:



- foster a positive attitude to growing older
- work within the framework of the Treaty of Waitangi to address issues for Māori
- use a holistic, person-centred approach that promotes wellness and participation
- provide information to enable older people, carers, family and/or whānau to make informed choices about their health and wellbeing
- support carers in ways that strengthen the older person's family, whānau and informal support networks
- work with other key sectors to reduce barriers to positive ageing and increase service integration for the benefit of older people
- recognise and respond to cultural and social diversity and health inequalities among Pacific and other ethnic and social groups

- provide timely, equitable, needs-based access to comprehensive and integrated care that is good quality and responsive to changing needs
- provide appropriately for older people who are disadvantaged through ill health, difficulty accessing services, or socio-economic circumstances
- encourage people to take responsibility for preserving their health through a healthy lifestyle
- respond to changing individual and community health needs in ways that are innovative, collaborative and flexible
- are based on best practice and supported by research
- are affordable to the individual as well as the state.

Implementing the strategy

The strategy identifies the actions needed by policy makers, service funders, planners and providers to achieve the vision of the strategy by 2010. The key components of the eight objectives underpinning the vision are summarised below. Specific work programmes beginning or being completed in the first two years are also summarised. The Ministry of Health will monitor the progress of DHBs on implementing the strategy against their annual plans, and will also undertake three-yearly reviews of progress.

Objectives

1 Older people, their families and whānau are able to make well-informed choices



To achieve this objective the Ministry and District Health Boards (DHBs) will work to make information available to older people so they can make informed decisions about self-care and the health and disability support services they need. In particular, information will be in culturally appropriate formats and reflect positive attitudes to ageing as a dynamic, ongoing part of the normal life course. Older people, and where appropriate, their families, whānau and carers, will be involved in decision-making and care plans.

Service planning and provision will include a holistic approach that considers the physical, mental health, social, emotional and spiritual needs of older people. Service development will include a greater emphasis on the skills required to work alongside older people, their families, whānau and caregivers, and will recognise the respected and honoured position accorded to older people in Māori, Pacific

and other ethnic communities. Development of the health care and home support workforce will include a focus on home-based rehabilitation. The Ministry of Health and DHBs will work collaboratively with elder abuse and neglect prevention services and other relevant community and voluntary agencies to protect vulnerable older people from abuse.

Early work includes:

- DHBs and the Ministry of Health work to improve information on service availability for older people
- Ministry of Health work with providers to explore ways of sharing information between disability support service information providers to give a more co-ordinated service to people – currently under way.

2 Policy and service planning are integrated around the needs of older people

Central to integrated service delivery for older people is integrated planning and funding, based on reliable, good quality data. Information on models for delivering an integrated continuum of care will be shared amongst DHBs to assist development across the country. Service priorities will be progressively reviewed. The Ministry of Health will work with the sector to identify and plan for the health and disability workforce needs of an ageing population. That work will include identifying the workforce development issues for meeting the needs of growing numbers of older Māori, Pacific peoples and other ethnic communities.

Early work includes:

- a workshop to support implementation of the strategy – in 2002
- development of health of older people web pages on the Ministry of Health website – in 2002
- each District Health Board annual plan including how they intend to meet the service needs of their ageing population and implement the Health of Older People Strategy – from 2003/04

- DHBs, with assistance from the Ministry of Health, developing models for delivering an integrated continuum of care for older people – 2002 and ongoing
- Ministry and DHBs agreeing a standard set of data to model demand for services – by June 2003
- the Ministry publishing statistics on mental health (in 2002 and 2004)
- Ministry analysis of health workforce needs – by June 2003, that will inform a report on workforce needs for the ageing population – by June 2004
- planning for meeting the needs of older Pacific peoples and their families – commencing 2003
- guidance on health and support services for older people in ethnic minority communities – commencing 2003.

3 Funding and service delivery supports access to quality integrated health and disability support services

Funding arrangements need to support integrated service delivery. Actions under this objective include clarifying funding responsibilities, specifying the scope and range of services to be provided and improving the linkages between services. The Ministry and DHBs will need to work across agencies to develop a framework for more coherent health and disability support services for older people and to remove barriers to integration.

Early work includes:

- developing targets for older people's access to specialist mental health services – by June 2002
- developing a nationally consistent framework for specialist psychogeriatric services – by June 2002
- a service development plan for people with dementia – by July 2002
- advice on future funding for health and disability services, (including advice on asset testing by September 2002)
- developing guidelines for comprehensive, multidisciplinary needs assessment – by June 2003
- a review of specialist services for older people – by June 2003.

4 Appropriate, integrated health and disability support services meet the needs of older Māori and their whānau

Easily accessible primary, community and hospital-based health care that meets the needs of older Māori is a priority for the Ministry of Health and for DHBs. Actions to achieve this will be developed together with implementing the Māori Health Strategy, He Korowai Oranga and will include:

- working with local iwi and Māori communities in planning, purchasing, delivering and monitoring culturally appropriate services for older Māori and their whānau
- developing and funding a range of health and disability support services that are clinically sound, culturally appropriate and well co-ordinated
- working with local iwi, Māori communities and existing advocacy groups to strengthen advocacy structures that promote issues for older Māori.

5 Population-based programmes promote health and wellbeing in older age

Public health services that aim to improve, promote and protect health, and prevent disease assist people to make choices throughout life that improve their health and keep them well. Key public health priorities for improving wellbeing in older age are: improving nutrition; increasing physical activity; reducing depression social isolation and loneliness; reducing falls; and promoting work across agencies on housing and transport. The Ministry and District Health Boards will work collaboratively with a range of organisations, local bodies, community agencies and advocacy groups to support and encourage programmes that address these issues.

Ongoing action to promote the priority areas will include the Ministry, public health planners and funders and DHBs, in collaboration with public health providers:

- assessing service needs for older people generally, with a particular focus on populations with the worst health status
- encouraging the development of appropriate public health services
- developing collaborative national and regional relationships over public health services.

6 Older people have timely access to primary and community health services

A greater emphasis on primary and community health care is a key component of supporting older people to age in place and have a good quality of life in the community. This objective links closely with implementation of the Primary Health Care strategy and includes a stronger focus on:

- health improvement and collaboration with health promotion programmes
- active approaches to managing health care and disability support
- service co-ordination to ensure smooth linkages across community and hospital-based health and disability support services
- removing barriers to accessing primary care.

Early work includes:

- a development plan for implementing the Primary Health Care strategy in rural areas – by June 2002
- development of primary health organisations and Community Services Card take-up – commencing July 2002.

7 Hospital services are integrated with community-based care and support that older people require

This objective focuses on the planning and services required to provide appropriate recovery and support for older people who may need hospital care. Actions focus on training and mechanisms for providing age-appropriate care in general hospitals and psychiatric units; involving the older person in effective care and discharge planning; recovery and rehabilitation; the development of systems to support information sharing; assessing options for avoiding unnecessary hospitalisation or inappropriate long-term residential care; and assessing options for intermediate care.

Early work includes:

- the Ministry and DHBs working with service providers to assess options, including the need for guidelines, for intermediate-level care and rehabilitation for older people – beginning 2002.

8 Older people with high and complex needs have access to flexible services and living options

Actions under this objective focus on work to ensure the quality of support services and expand the range of supported living options available to older people, their families, whānau and carers. They include providing information, training and practical assistance for carers and liaising with organisations providing voluntary support. The Ministry and DHBs will also collaborate with funders and providers of social housing to achieve a more co-ordinated approach to policy, planning and practice in housing options for older people.

Early work includes:

- support for development of an information network for carers – May 2002 and ongoing
- development of a resource manual to assist DHBs developing an integrated continuum of care – by June 2003
- development of specific dementia standards for residential care services – by July 2003
- development of standards for home-based rehabilitation/home support services – by July 2003.

Copies of the full strategy document

Health of Older People Strategy
Health sector action to 2010 to
support positive ageing

and the

Summary Analysis of
Submissions Received on the
Draft Health of Older People Strategy

are available from:

Ministry of Health Publications
C/- Wickliffe Ltd
PO Box 932
Dunedin

Telephone
(04) 496 2277

email
pubs@moh.govt.nz

and on the Ministry of Health's website:
<http://www.moh.govt.nz>