ISSC Evolution Quarterly Conversation

28 July 2023

Summary of session and breakout group discussions

DATE: 16 August 2023

He Kaupare. He Manaaki. He Whakaora.

prevention. care. recovery.

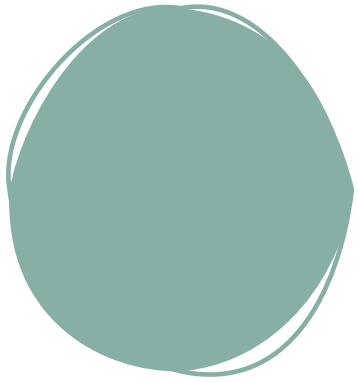
Recap of what we covered

Engagement Sessions

In May, we hosted 22 engagement sessions in 15 locations throughout New Zealand, and 4 virtual sessions.

Four Key Areas of Potential Change

A more effective ‘front door’ or entry way into the sexual violence system



A more streamlined assessment process

Creating more flexible and tailored supports

Cultural safety and provider education

More Effective ‘Front Door’ Into System

> I like the idea of one entry point, someone to support/keep in contact with survivors whilst they wait and help to connect people with the most appropriate provider.

> I like that clients can get information about the support they need, not necessarily being propelled towards therapy.

More Streamlined Assessment Process

> I like that the focus will be on key information needed rather than the quantity of information.

> I like combining assessments where possible.

More Flexible and Tailored Supports

> I like that tailored to the client is the way forward.

> I wonder how much support providers will have for holistic options.

Cultural Safety and Provider Education

> I wish ACC were more pro-active in raising awareness and encouraging the use of Cultural Support and Advice Services (e.g., hours, how to access etc.)

> I wonder if you could use the ACC website – a Kete on ACC website with cultural supports/needs and provider education.

How We Support Children and Young People

The Children and Young Person (C&YP) working group joined members of the ACC design team in-person in April 2023 to co-design the future state experience for children, young people and their whānau who receive support through ISSC.

Proposed model aims to:
Provide better support and flexibility for children, young people and their whānau to ensure their safety and stability.

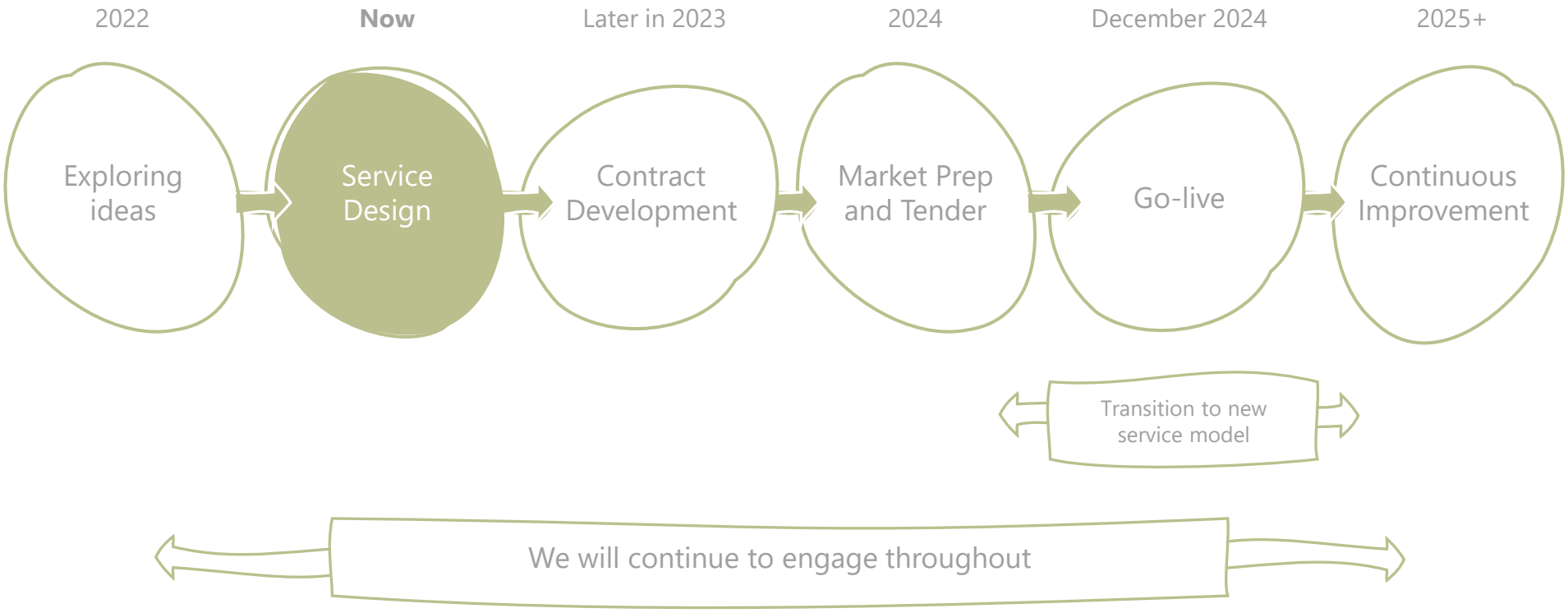
Bringing Training for Independence into ISSC

We're exploring how the current Training for Independence Sensitive Claims contract could be brought in as part of the new ISSC contract.

Key Benefits:

- ✓ *Reduces duplication of services*
- ✓ *Allows for more seamless pathway for client rather than moving between services*
- ✓ *Adds providers to ISSC service*

Where We Are in Evolving Sensitive Claims



All feedback and ideas are now being reviewed and considered and may be incorporated into the detailed design of the future ISSC service.

High-Level Summary of Breakout Group Discussions

Group 1: Development of new service objectives and KPIs for ISSC contract

Group 1: Draft purpose, objective and KPI areas

PURPOSE

Huakina te Rā - Tō Tātou Aronga | Our Purpose is to improve lives every day through a focus on prevention, care and recovery for all people in Aotearoa, New Zealand who are impacted by injury.

Integrated Services for Sensitive Claims (ISSC) provides support, treatment and rehabilitation for Clients who have experienced sexual abuse or assault (Schedule 3 event/s) and has a mental injury as a result of that event/s . ACC purchases ISSC to improve the health, independence, and overall quality of life for the client to the maximum extent practicable.

SERVICE OBJECTIVES

Mana Tauritie / Equity		Ringa Atawhai / Guardianship		Oranga Whānau / Safe & Resilient Communities	
Clients receive timely treatment and rehabilitation services.	Clients receive treatment and rehabilitation services that are tailored to their specific injury and needs (cultural or other), based on clinical best practice.	Clients have equity of access, trust and value the supports, have a positive experience.	Services delivered in the right way and at the right time to ensure they are financially sustainable now and in the future.	Clients have improved health, independence, and overall quality of life (to the maximum extent practicable).	Clients are referred to other relevant services, supports and organisations that will contribute to their overall improved health, independence, and quality of life.

KEY PERFORMANCE MEASURES

Timeframes – the ability to measure the timeliness of the delivery of services.	**Service Delivery** – the ability to measure the quality of services being delivered.	**Client Experience** – the ability to measure the trust and value our clients have in services	**Value for money** – the ability to measure the sustainability of the service being delivered	**Client Outcomes** – the ability to measure that clients are improving.

Group 1: Development of New Service Objectives and KPIs

A discussion about the proposal to develop new service objectives and key performance indicators (KPI)s for the new ISSC contract.

Purpose Statement feedback

DRAFT PURPOSE STATEMENT: Integrated Services for Sensitive Claims (ISSC) provides support, treatment and rehabilitation for Clients who have experienced sexual abuse or assault (Schedule 3 event/s) and has a mental injury as a result of that event/s. ACC purchases ISSC to improve the health, independence, and overall quality of life for the client to the maximum extent practicable.

- Suggestions raised during the discussion:
  - change ‘overall’ to ‘general’
  - add: ‘resident in New Zealand’
  - That it needs to be more specific around ‘improve the health’ to relate to ISSC injury, not in general.
  - Whether the proposed new purpose statement lines up with other social rehabilitation and mental health contracts within ACC.
  - That the proposed purpose statement seems visionary and may not make sense to people. Noted that it would be great to see the purpose statement be more customer centric and less legal jargon.
  - Some questioned why the reference to the Massey Guidelines had been removed.

Group 1: Development of New Service Objectives and KPIs (continued)

A discussion about the proposal to develop new service objectives and key performance indicators (KPI)s for the new ISSC contract.

Service Objectives feedback

In the session on development of service objectives, we were asked to consider:

- changing “services delivered in the right way” to “effective ways.” Saying “right way” doesn’t feel like the best way to say that.
- The use of the word ‘timely’ in the statement "Clients receive timely treatment and rehabilitation services“. Some suppliers have company policy to not turn people away, so clients are on a waitlist. Recommended that high quality and timely services should be included.
- What “timely” means when dealing with migrant/ refugee clients who require a break in their treatment for returning to their home country.
- Ensuring that goals are realistic, in relation to measurability to provider goals of client treatment goals.
- Framing KPIs to be generic enough to encompass differences in therapeutic approaches and still hold to Te Tiriti and client collaboration... holding on to specifics like reporting timeframes and reviewing complex clients after a certain amount of time
- Developing an assessment tool specifically for ACC clients. It was noted that there are a number of assessment tools already used by counsellors, psychotherapists and contractors (e.g., EAP providers) for the client to assess how they are at the commencement of sessions, and then as they progress/finish.
- The impact of waitlists. It was noted that waitlists have been invisible to ACC. If the gaze to the waitlist is widened this could be detrimental on KPI timeliness for a supplier to get to a client.

Group 1: Development of New Service Objectives and KPIs (continued)

A discussion about the proposal to develop new service objectives and key performance indicators (KPI)s for the new ISSC contract.

Service Objectives and KPIs feedback

In the session on development of service objectives key performance indicators (KPIs), we were asked to consider:

- Not using words like ‘independence’ and ‘practicable’ which are too vague and open to interpretation.
- Reframing 'Services delivered in the right way and at the right time to ensure they are financially sustainable now and in the future.’ What is the right way, and right time? And what is the intent of ‘financially sustainable’, is this about reducing the cost of the service or ensuring the scheme remains viable now and in the future?
- Ensuring that clients are funded to receive treatment that is appropriate to them regardless of cost. There was concern raised that ACC would make decisions based on cost rather than client need.
- When setting KPIs, to make sure it doesn’t create more barriers to access and equity – e.g., suppliers discouraged to take on complex clients or service areas with high isolation/distance.
- The inclusion of interpreter costs (i.e., cultural liaison) for other ethnicities (migrants, refugees)
- If ACC could replicate some of the KPI’s used within the Ministry of Social Development contracts.
- Whether suppliers can have any KPI’s around financial sustainability as 'we don’t hold the purse strings.’ Suggested the possibility of having some process for monitoring high-cost clients or high-cost providers and reporting to ACC i.e., exception reporting.
- That Supplier KPIs should be about measuring the performance of Suppliers to manage their Providers. Current KPIs measure the providers instead of the supplier, blurring responsibilities.

Group 1: Development of New Service Objectives and KPIs (continued)

A discussion about the proposal to develop new service objectives and key performance indicators (KPI)s for the new ISSC contract.

KPI development feedback

In the session on development key performance indicators (KPIs), we were asked to consider:

- The impact of workforce shortages. Timeframes can be difficult to manage and needs to be thought through especially in the context of work shortages.
- That there is no correlation between a client being well and 'recovered' and whether a client is no longer claiming ACC.
- The difficulty of having standardised measures.
- Developing definitions on performance and success (e.g., ACC want an 80% increase/improvement).
- Defining what is good enough for where providers are aiming in terms of client recovery.
- The role of Progress Reports, which are frustrating for providers to complete. It may be better to have a scale (e.g., 80%) which feels more meaningful.
- Developing an avenue for clients to provide feedback to ACC that providers can't see. Consider the ACC portal for clients to provide feedback.
- Ensuring KPIs do not impact on providers only looking to take on 'easy' clients to meet their KPIs with Suppliers.
- How best to measure progress/success particularly when there are many variables in a client's life that impact on their recovery and wellbeing.
- Ensuring that the same processes/standards are not applied to mental injury as are used for physical injury.
- Providing guidance on how Providers can align goals to the SMART framework.

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Group 2: New ‘front door’ into sexual violence system

Supplier and Provider portal (idea)

- ✓ To provide a way for suppliers/providers to communicate their service to the survivor and to indicate their capacity and expected wait time.
- ✓ It might be a website, an app, or a mixture of website and links to another site.
- ✓ It would need to be easy, simple and ideally integrated with ACC provided information.

Directory of Suppliers and Providers

Your Page - up to date & editable information (you control)

- ❑ Information to help people identify fit / suitability
- ❑ Specialist area e.g. visually impaired
- ❑ Contact details
- ❑ Link to your own sites
- ❑ ACC registered date
- ❑ Searchable by survivor

Capacity indicator

A way for you to indicate to the Front Door team and Survivor.

1. Your overall capacity
2. Expected wait time
3. Different viewing options for survivor and front door team

Referral hub

- ❑ Survivor referrals - direct to you as a supplier / provider from front door
- ❑ Information or resources that would support a front door partnership approach

What's your initial thoughts – I wonder, I like, I wish??

Group 2: More Effective 'Front Door' Into Sexual Violence System

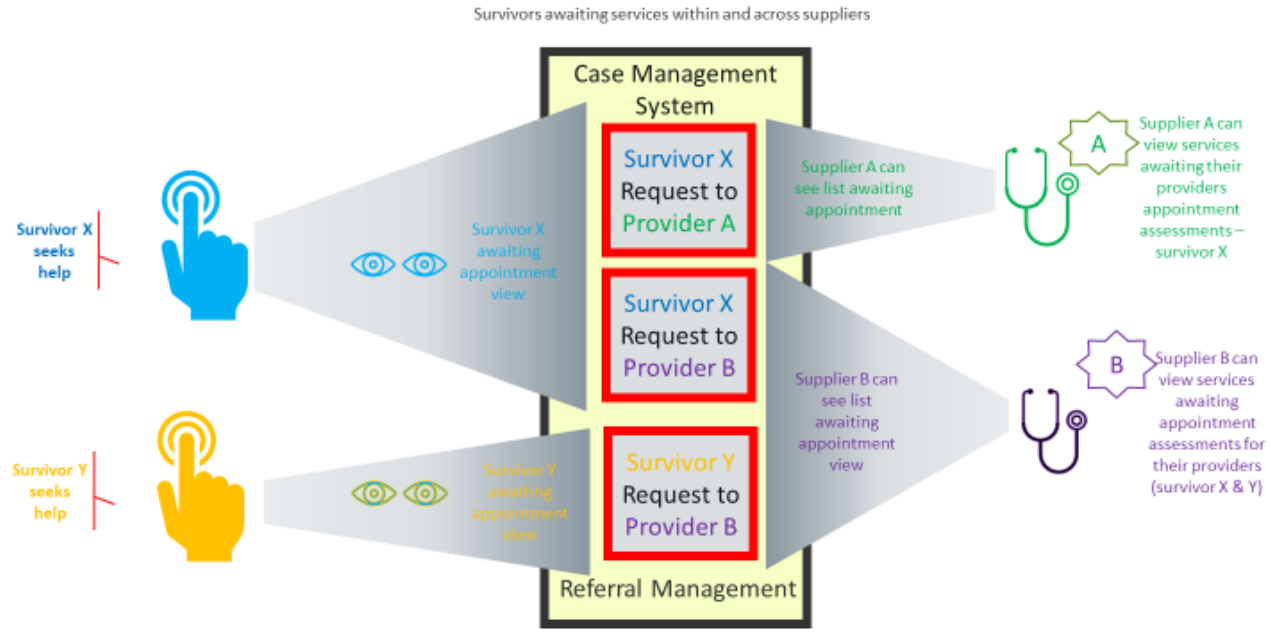
A discussion about a more effective entry way into the sexual violence system and the ISSC.

Supplier / Provider Portal feedback

- The front door is seen as a hub for managing individuals who haven't received confirmation from a supplier regarding support; direct client contact with suppliers and providers was discussed and options should be considered throughout the front door design process.
- Capacity management is a significant concern; there may be availability for certain services (e.g., assessments) but lack capacity for therapy.
- The front door would need to accommodate various entry points with the preference of suppliers being the primary first contact.
- Complexity of needs; immediate needs, past needs, and speciality are factors that determine priority in accepting clients. Matching clients to providers based on skill and specialty is emphasised.
- Consideration should be given for various advertising campaigns; physical resources, online, campaigns.
- Flexibility for bookings; assessment availability differs from on-going availability.
- Consideration for specialist options and customised solutions to meet specific needs.
- Caution about survivors seeing waitlists/wait times at portal point due to safety and ethical concerns.

Wait list – a waiting service

Survivor view of waitlist / Supplier view of waitlist



Waitlist (Awaiting Service*)	✓ A survivor who has requested services (and / or a referral) through a supplier or multiple suppliers or provider where confirmation of service is needed. ✓ They are waitlisted with no confirmed appointment at future date. A survivor can see the provider or supplier providers they have requests out to. This is the survivor view of their waitlist. ✓ The supplier can see all survivors awaiting appointment at a future date to their providers. This is the supplier / provider waitlist and contains specific requests to the supplier's provider.

Group 2: More Effective 'Front Door' Into Sexual Violence System (continued)

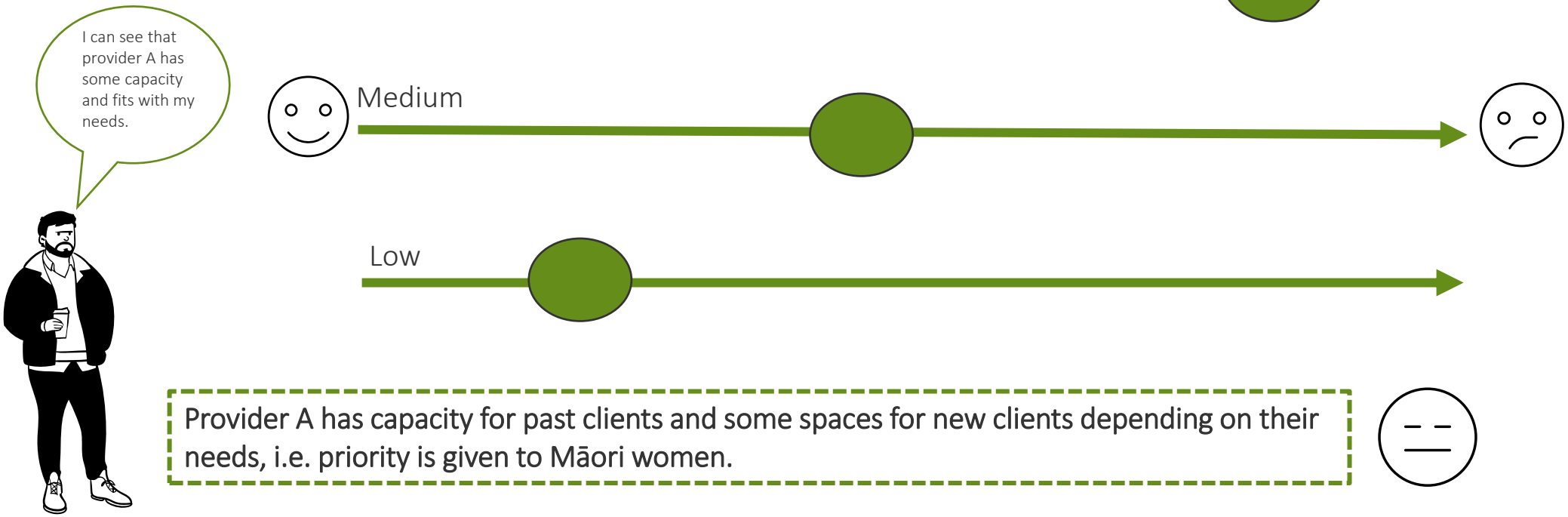
A discussion about a more effective entry way into the sexual violence system and the ISSC.

Waitlist management feedback

- The need for effective communication between providers and clients regarding waitlist status; some suppliers hold referrals until there is provider capacity, whilst others rely on providers to inform when they have space.
- The session raised questions of how case complexity is determined at the pre-engagement stage and that a traffic light system would not appropriately determine prioritisation; complexity sometimes is only realised during the supported assessment phase.
- It was suggested that clients should indicate their region upon entry into the front door; the portal should filter and display only relevant suppliers/providers from that region to reduce potential re-traumatisation caused through re-telling of the survivor story/information.
- The waiting services concept was preferred over waitlist terminology.
- Under current waitlist management, some suppliers give clients the option of regular check-in's; check-ins are used to gauge changes in priority and to offer support while clients are waiting for therapy. Further investigation is required into this as an option to establish value add for the survivor.
- *Consideration for short-term triage groups and telehealth consultations to provide support and skills to clients while they are on the waitlist. (For ACC consideration)*

What ways can we communicate capacity?

Provider A indicates their current capacity each week



Provider A has capacity for past clients and some spaces for new clients depending on their needs, i.e. priority is given to Māori women.

Group 2: More Effective 'Front Door' Into Sexual Violence System (continued)

A discussion about a more effective entry way into the sexual violence system and the ISSC.

Capacity management feedback

- Questions raised regarding the examples given to increasing equity; concerns that it relies on providers having a cultural capability framework in their practice to be effective and that a deeper analysis of equity is required.
- The potential for telehealth therapy was discussed; risk mitigation factors should be considered for initial telehealth sessions and outside TLA sessions. (For ACC consideration)
- The practice of conducting regular check-ins with clients on the waitlist was highlighted as a way to provide continuous support and make clients feel acknowledged and held during the waiting period.
- Providers can find it difficult to regularly update their capacity with their supplier, citing busy schedules and additional administrative tasks.
- An accessible and updatable capacity indicator was discussed; providers updating capacity (available, unavailable, enquiry).
- *The idea of offering short-term therapy as an option was mentioned as a potential approach to address capacity challenges. (For ACC consideration)*

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Group 3: The use of territorial authorities and provider travel

Group 3: The Use of Territorial Authorities and Provider Travel

Draft recommendations that were discussed

It is recommended that Territorial Authority (TA) boundaries remain in the Integrated Services for Sensitive Claims (ISSC) contract.

There is sufficient flexibility in the contract to allow for the consideration of approving services to be delivered outside a Supplier's TA when required, primarily for the purpose of addressing capacity and capability constraints in other areas. However, what is required is greater consistency from ACC in considering these requests.

Future consideration of the removal of TA boundaries would need to be considered as part of broader piece of work across Health Partnership and all the contracts ACC administers to ensure consistency of approach and clinical safety of services.

It is recommended that the ISSC Service Schedule makes clearer the expectation that a Supplier is required to deliver Primary Services and Assessment in each individual Territorial Authority they are contracted to provide services in.

It is recommended that Service Provider travel is based on where the Supplier is contracted to deliver services, not where the Service Provider is based (and their TA).

This proposed change would:

- align the ISSC contract with other contracts across Health Partnerships.
- mean where a Supplier was contracted to deliver services across more than one TA, they would not need to seek approval every time they looked to utilise a provider outside of the Provider's immediate TA, as the Supplier is contracted to deliver services in those areas. Travel costs would continue to be reimbursed at the rate specified in the contract without requiring pre-approval.

It is recommended that an existing therapeutic relationship under ISSC can continue longer term where the client or provider moves location, where clinically appropriate, and the client's safety is confirmed.

- Territorial Authority Boundaries would remain for the delivery of Telehealth unless approved by ACC for the delivery outside of the TA.
- The requirements ACC7049 Telepsychology guidelines would still be required and would be determined on a case-by-case basis with a risk assessment plan.

Group 3: The Use of Territorial Authorities and Provider Travel

A discussion about the use of territorial authority boundaries, how provider travel is managed and how telehealth is enabled under the ISSC contract.

Use of territorial authorities (TLAs and TAs)

- Not all TLA's are the same – a big difference between a rural TLA and non-rural TLA. Some TLA's are rural and isolated and have big areas to cover.
- Rural TLAs can be unattractive for a provider to set up a practice in, or to travel the long distance to get there.
- TLA may have limited number of providers (even just 1) and may not be appropriate for the client, e.g. may be client's choice to see someone outside of the community (TLA).
- Current process feels like it's a barrier to be able to deliver a culturally responsive service to the community providers serve.
- Current ACC approval process seems arbitrary.
- Cross-agency consistency with territorial authorities (all of government) would be ideal.
- Accounting for regional differences would be ideal, including perhaps separating location of prison facilities as these often cross multiple territorial authorities.

Group 3: The Use of Territorial Authorities and Provider Travel (continued)

A discussion about the use of territorial authority boundaries, how provider travel is managed and how telehealth is enabled under the ISSC contract.

Use of territorial authorities (TLAs and TAs)

- Some suppliers claim they hold TLA's – but they don't actually have a provider based in the TLA. Then ACC will push back on approval saying there are other suppliers in that TLA.
- A provider may be in a TLA and work across 5 suppliers – so there is a distorted view of capacity.
- In light of ACC possibly changing the assessment process, some suppliers wanted to make sure an assessor could cover all TLAs, i.e. their main TLA but also a neighbouring TLA.
- It's not possible to have an assessor in every TLA – would this mean the supplier would have to lose that TLA where they already have providers based?
- Sometimes utilising assessors outside of the TLA can have a quicker turnaround time and be more cost effective and better for the client.
- Not all suppliers agreed that they could not service a TLA with assessment/treatment, although this would be harder in rural TLAs.
- Clients should be able to travel across territorial authorities to see providers, especially when willing (and is cost effective). For example, if a client works in Auckland City, but lives outside of this region, it's easier for them to attend services in that TA.

Group 3: The Use of Territorial Authorities and Provider Travel (continued)

A discussion about the use of territorial authority boundaries, how provider travel is managed and how telehealth is enabled under the ISSC contract.

Provider Travel Recommendation	ISSC and Telehealth
Several providers thought proposed recommendation was a fantastic idea.	ACC sends requests for telehealth services and it's not always appropriate.
Some concern raised that other contracts e.g. Transition to Independence require the supplier to be responsible for covering a service, e.g. Social Worker in a TLA where Social Worker had to travel from 1 TLA to another. Travel paid by the supplier.	Supportive to continuity of care if telehealth is delivered when a client and/or provider moves. Some service providers are only delivering services via telehealth and can be successful. These are personal choices.
Some contracts where suppliers are responsible for travel between TLA's – this can be inconsistent with ACC approval for travel in some instances.	If good "ground rules" are set, it's a great way for services to be delivered. Especially around establishing privacy, it's good to have set "rules" of engagement.
There needs to remain a cost benefit element. If we do not need to seek prior approval for providers to travel, but expectation is they can deliver services, what parameters will be put in place?	Telehealth suites is great for clients to come in, be onsite with others if support needed, log on with provider who would be based anywhere in New Zealand and still receive good services.
"Capping" travel such as what other services offered at ACC could be helpful.	

4 Group 4: Information session on Rongoā Māori

Group 4: Information Session on Rongoā Māori

A discussion about how we register Rongoā Māori practitioners, how we pay for Rongoā Māori services, and how clients can access these services.

- Rongoā Māori is a traditional form of healing. More information available at: https://www.acc.co.nz/rongoa
- It's funded under 'Other Social rehabilitation' on accepted claims and aligns to Te Whare Tapa Wha. It is for Māori and for all.
- Anyone with an accepted claim can request Rongoā Māori as part of their rehabilitation. It is client led - clients can choose their practitioner and can be delivered as a standalone service or in conjunction with other rehab.
- 40% of clients accessing are non-Māori, and 1 in 3 kiritaki (clients) accessing Rongoā Māori are survivors of sexual violence.
- Safety is paramount and Rongoā Māori is guided by the Rongoā Māori Advisory panel.
- ACC is only able to fund rongoā Māori services for clients and does not include whānau.
- Rongoā Māori sessions are not currently capped - frontline case managers can approve up to 4 initially. We need a Hauora report to consider further approval.
- Rongoā Māori service at ACC supports rehabilitation to return to independence.
- We empower our clients to choose the practitioner they want to work with – they can find a practitioner in their area from our practitioner list available on our website.

Questions and Answers

Answers to Your Questions

Will ACC look at educational pathways to help address the workforce challenges?

While we can't directly influence this, we have collaborated with Te Whatu Ora to highlight workforce gaps and we remain engaged with Te Whatu Ora and Te Puna Aonui on relevant initiatives to address workforce challenges.

Will ACC consider telehealth assessments to address the long wait time for supported assessments?

Assessments can already be performed via telehealth.

Will ACC pay for supervision by a more experienced provider, so that clients can be seen by a less experienced provider sooner (specifically in instances where a client's needs require more specialist experience)?

We don't pay for supervision. All providers must be a named provider and there are specific supervision requirements for provisional service providers.

Next Steps

Keep checking our **webpage:** www.acc.co.nz/ISSCevolution or the **Provider Update Newsletter** for updates.

Further feedback welcomed

Please email ISSCevolution@acc.co.nz

We hope to see you at one of our in-person engagement sessions beginning 25 Oct through November 2023!