

# ISSC Evolution Quarterly Conversation

31 March 2023

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Summary of session and  
breakout group discussions

DATE: 28 April 2023



**He Kaupare. He Manaaki.  
He Whakaora.**  
prevention. care. recovery.

# Recap of what we covered

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# Our eight opportunity areas

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Through our engagement since December 2021, eight key opportunity areas have emerged that are the focus for the evolution work



How can we improve the **experience of clients** before they come to ACC?



How can we **streamline the assessment** process?



How can we ensure there are **services available for everyone**?



How can we **increase the capacity of the workforce** to meet the growing demand?



How can we **raise awareness** about what supports and entitlements ACC offers?



How can we develop outcomes that **effectively measure progress**?



How can we effectively use **technology** to support clients?



How can we create **greater integration** across the health and social system?

# Recommendations from Working Group

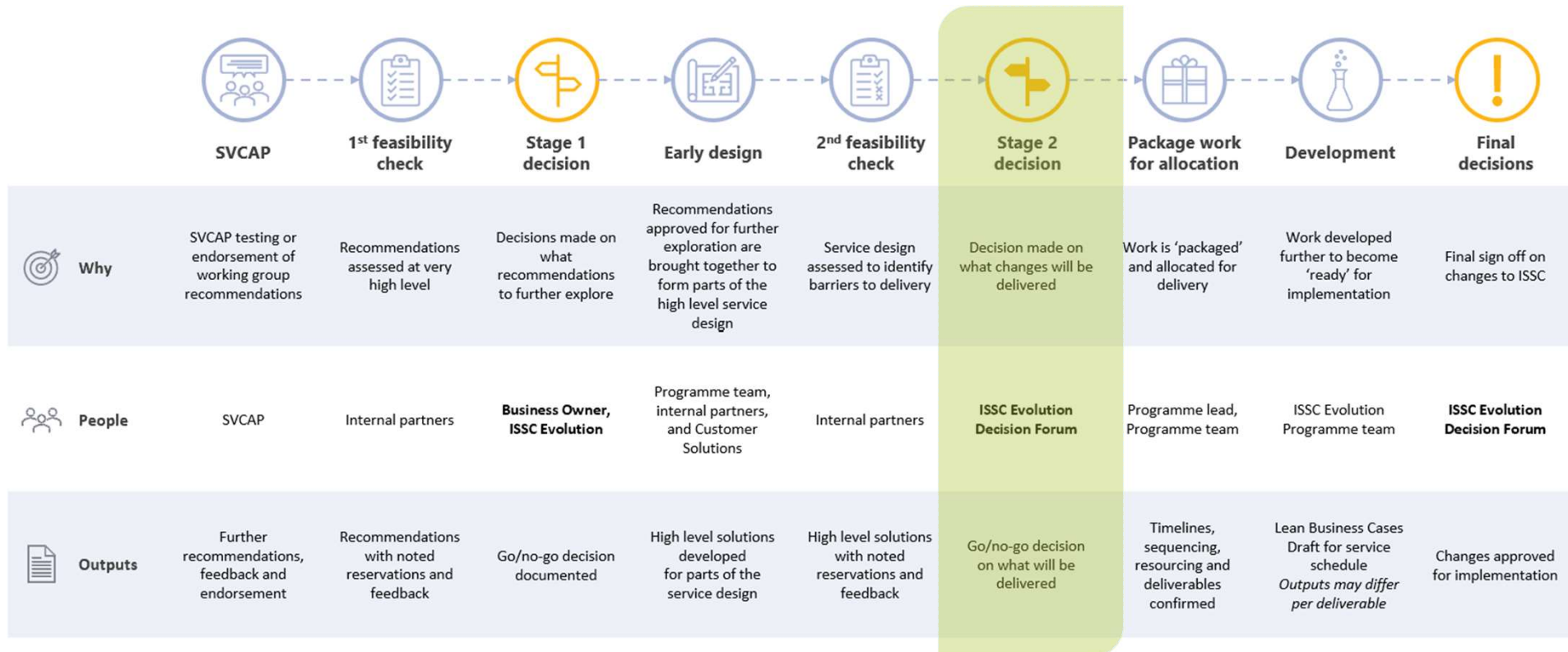
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The ISSC Evolution Working Group met online each month until December 2022. Over this time, they identified recommendations on four broad topics.

| Entering Services                                                                                                                                                   | Assessment                                                                                              | Provision of Services                                                                                                                                                                | Outcomes                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• How people access supports through ACC, from engaging with a provider through to having an engagement form lodged</li></ul> | <ul style="list-style-type: none"><li>• What's needed for an assessment and the process used.</li></ul> | <ul style="list-style-type: none"><li>• How people access services and what's available, including how services can be tailored to the needs of a client and their whānau.</li></ul> | <ul style="list-style-type: none"><li>• What the outcomes for the service are and how to appropriately measure those outcomes.</li></ul> |

# Early design stage of Decision-Making Framework

We're now exploring how recommendations will change the customer journey and we're developing high-level designs of the future state.



# We're coming to a city near you!

In May 2023, the ISSC Evolution programme is coming to 15 locations throughout Aotearoa New Zealand.

|                  |           |              |
|------------------|-----------|--------------|
| Auckland         | Thursday  | 11 May 2023  |
| Auckland         | Friday    | 12 May 2023  |
| Auckland         | Thursday  | 25 May 2023  |
| Auckland         | Friday    | 26 May 2023  |
| Christchurch     | Monday    | 15 May 2023  |
| Christchurch     | Tuesday   | 16 May 2023  |
| Dunedin          | Thursday  | 25 May 2023  |
| Dunedin          | Friday    | 26 May 2023  |
| Gisborne         | Tuesday   | 30 May 2023  |
| Hamilton         | Wednesday | 17 May 2023  |
| Hamilton         | Thursday  | 18 May 2023  |
| Invercargill     | Wednesday | 24 May 2023  |
| Napier/Hastings  | Monday    | 29 May 2023  |
| Nelson           | Wednesday | 17 May 2023  |
| New Plymouth     | Tuesday   | 09 May 2023  |
| Northland        | Tuesday   | 09 May 2023  |
| Palmerston North | Monday    | 08 May 2023  |
| Rotorua          | Friday    | 19 May 2023  |
| Tauranga         | Wednesday | 31 May 2023  |
| Wellington       | Monday    | 22 May 2023  |
| Wellington       | Thursday  | 01 June 2023 |
| Whangarei        | Monday    | 08 May 2023  |

For details and to register:  
[www.acc.co.nz/ISSCsessions](http://www.acc.co.nz/ISSCsessions)

# **High-Level Summary of Breakout Group Discussions**

# Group 1: Digital Tools

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*A discussion about proposed digital tools that provide mental health support to survivors throughout their journey.*

- If a client starts to use one of these apps/tools, it might then be considered the beginning of treatment or what the provider has recommended. It then becomes health information that is stored in the individual companies database. Is that secure? If there is some kind of data breach - who does that implicate? Who is liable if the client complains?
- If ACC has a library of apps/tools they're promoting, a review of those tools is expected. Understanding and review around data compliance standards, what the apps/tools consider health information, privacy, storing of client information, clinical support and content or lack of is needed prior to offering any apps/tools. If you want clinicians to advocate for certain apps/tools to meet the need, there needs to be assurances.
- Part of the barrier is upskilling the workforce. Education and support is important for any offerings put in place and ACC need to have plans around this.

## Group 1: Digital Tools (continued)

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*A discussion about proposed digital tools that provide mental health support to survivors throughout their journey.*

- Wonder whether there is provision for ACC to support clients that don't have the right equipment to access said apps/tools? I.e., laptop, phone etc.
- People might use these apps/tools and that's all they'll need. This would in part reduce waitlists and would also be helpful for people who haven't engaged in a therapeutic relationship.
- Use of any tool and access to additional supports (i.e., therapy) needs to be client choice.
- A lot of clients will use something digital alongside seeing a therapist – they usually want both, not one or the other.
- It is important that research on the uptake and use of apps/tools is explored to show that these apps/tools are being used and are doing what they say they are doing.

## Group 2: Cultural Uplift

*A discussion about how the ISSC can support the cultural uplift and safety required for our providers to support survivors under the ISSC contract.*

### Comments about ACC's Cultural Safety Uplift Project, Raranga

*ACC showed attendees the Raranga cultural safety uplift project, and explained that our Cultural Safety Policy is being developed as part of our commitment to uphold our responsibilities to Māori under Te Tiriti.*

- We want to make sure that whoever walks through the door of our services across New Zealand is able to get the support they need in a way which also reflects who they are.
- It's a partnership with ACC and providers. So, we all need to be thinking and changing. What can we do? What is it, that ACC is wanting to see of providers, in terms of cultural training and cultural competency. How are we going to measure this?
- ACC shared what we heard from survivors in our survey last year. Many expressed the need for ACC to increase cultural competency of staff, providers and assessors.
- Wanting to be able to offer people more around a service that's going to be culture and responsive for them, which can be quite difficult at times as I know you all appreciate.
- A discussion on what the priority should be, Māori or wider? The focus is with a priority on Māori and broadening to all cultural and community needs of people who access ISSC services.

## Group 2: Cultural Uplift

*A discussion about how the ISSC can support the cultural uplift and safety required for our providers to support survivors under the ISSC contract.*

| What does cultural safety mean to you?                                                                                                                                                                                                                                                                                                 | What supports your practice currently?                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I think of it more as cultural humility -- it's always a journey and you're always learning, and so can you humble yourself to know that the person in front of you knows more about the different way of being than you do. And so how do you come to meet them?                                                                      | Ensuring that our leaders are all on the waka and supporting them to be on the waka. To make sure our staff are culturally safe. Kaimahi safety is as important as client safety.                                                            |
| Not a "checkbox" exercise                                                                                                                                                                                                                                                                                                              | Value in training that is from culturally appropriate people. Sharma's Cultural Safety Training was recommended.                                                                                                                             |
| Not making assumptions about people and what they might want to do in regard to their cultural practices because I've had Māori clients who are at the beginning of their cultural journey of who are. Everyone's on their own journey and they might be completely disengaged or disenfranchised from their culture at the beginning. | Focusing solely on Te Aō Māori, we have created our own Te Aō Māori learning programme for all staff. Awareness is great, but there needs to be an additional layer in giving people practical examples of how to use in your everyday life. |
| To work in a culturally safe way, you need to understand your own culture first to understand the impacts, and your bias etc, and how they inform your thinking.                                                                                                                                                                       | One provider found value (as pākehā) in doing a year's Te Reo Māori course. It supported them to learn the language, as well as tikanga and kawa. Brings awareness to yourself.                                                              |

## Group 3: Supporting Takatāpui and Rainbow Communities

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*A discussion on the training needs for working with Takatāpui and rainbow survivors.*

| Understand and respect diverse gender, sexuality                                                                                                          | Provide resources & connect clients with rainbow communities                                        | Foster cultural supervision & inclusive language                                                        |
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| Recognize the broad range of people with diverse gender, sexuality, and sexes outside the norm                                                            | Display resources and information on rainbow networks and support groups.                           | Encourage staff to use inclusive language, such as assuming a "partner" instead of "wife" or "husband." |
| Educate staff on sex, gender, and sexual orientation terminology and concepts, and train them to ask for pronouns and incorporate them into conversations | Ensure clinical setting is welcoming and inclusive for all clients.                                 | Implement cultural supervision to support staff in their work with diverse clients.                     |
| Update forms and documentation to include pronouns.                                                                                                       | Develop relationships with rainbow community groups to help clients find safe spaces and resources. |                                                                                                         |
| Create a safe and comfortable environment for clients to discuss their gender and sexual identities                                                       | Encourage staff to familiarize themselves with local community orgs, refer clients as appropriate.  |                                                                                                         |
| Update forms and documentation to include pronouns.                                                                                                       |                                                                                                     |                                                                                                         |

## Group 3: Supporting Takatāpui and Rainbow Communities (continued)

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*A discussion on the training needs for working with Takatāpui and rainbow survivors.*

### Training needs to work effectively with takatāpui & rainbow clients

- Assess different training needs across the support service pathway
- Offer various training formats, (i.e. online webinars and face-to-face sessions.)
- Incorporate cultural competence and understanding of Pacific and Māori communities.
- Hohou te Rongo Kahukura provides an online module which gives an introduction to sex, sexuality and gender diversity, stigma and discrimination and experiences of violence.
- Face to face training should focus on practitioners gaining an understanding of themselves to develop cultural humility Offer practical training to help staff practice inclusive language & engaging with diverse clients.
- Evaluate the effectiveness of training methods and adapt them based on feedback.
- Share information about available training resources through provider updates and professional networks.

## Group 3: Supporting Takatāpui and Rainbow Communities (continued)

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*A discussion on the training needs for working with Takatāpui and rainbow survivors.*

### Other comments and recommendations

- Consider Te Whare Tapa Wha in addressing the wellbeing of clients.
- Address physical wellbeing, mental wellbeing, spiritual wellbeing, and family/whānau connections.
- Acknowledge the unique challenges faced by rainbow and takatāpui clients in these areas, such as feeling unsafe in public spaces or experiencing family rejection.
- Recognise and address the influence of colonisation on gender and sexual diversity within Pacific and Māori communities.
- Respect and incorporate traditional gender concepts and practices in training and support services.

## Group 4: Survivor Engagement

*A discussion on the best way to engage/involve survivors in ISSC Evolution work.*

| How can we make sure survivors without a voice are heard?                                                                                                                                                                                                     | How to remove barriers                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Current customer feedback line is mainly for complaints, need separate phone line/email or text for survivors to provide feedback. People taking calls need to be appropriately trained.                                                                      | Engagement/survey could be offered during case conference.                                                                                                                                                                                                                                                       |
| Suppliers can help survivors engage with ACC. The key is listening, non-confrontational environment, having grassroots conversations.                                                                                                                         | Must provide assurance that giving feedback won't affect care.                                                                                                                                                                                                                                                   |
| Negative initial experience can impact their willingness to engage with us down the track.                                                                                                                                                                    | May require ACC offering additional hours so not to cut into recovery time.                                                                                                                                                                                                                                      |
| Young children don't always have a way to voice what happened to them so often need to come back later on when they have come to terms with what happened to them. Important work can be with parents as we need their support to bring their children along. | Sometimes clients/survivors can't provide feedback as they may not understand the whole system and how they are being provided support through all the referrals etc.                                                                                                                                            |
| Could be more reassuring, personal if a survey came from providers or recovery partners instead of an ACC team removed from the individual. Active liaison time could be offered to the provider.                                                             | Feedback form at the end of email great way to get feedback as doesn't involve extra step, but need to be aware of sensitivities, explain why feedback is being sought, take care not to increase the stigma and not to treat survivors differently to ACC's non-ISSC clients. Use a friendly, explanatory tone. |

## Group 5: New Ways of Measuring Client Outcomes

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*A discussion about new Patient Reported Outcome Measures being considered for the future ISSC contract.*

### Comments about using a suite of outcome measures alongside EQ5D

- There is value in having outcome measures; having a suite of measures is a good idea.
- Any new outcome measures need to be client-led and client focused; as long as client is led through, they appreciate having feedback on their progress.
- Need to make sure we use another clinically-focused measure alongside the EQ5D.
- Important to bring providers along the journey so they understand what the measures are about and the rationale. New measures must be rolled out effectively.
- Must have sufficient resources and training for providers so they understand how to use new measures.
- Timing of measures is important; need a starting measure and a sign off measure.
- Need to ensure measures can be delivered over various platforms (i.e. by phone, online survey, in person, etc.) and that the process is not overly taxing or long.
- Important that clients understand why outcome measures are important (the rationale).

## Group 5: New Ways of Measuring Client Outcomes

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*A discussion about new Patient Reported Outcome Measures being considered for the future ISSC contract.*

### Other comments

- Current WHODAS and PIWI measures are not well received by clients. Applies more to a physical disability rather than a mental disability.
- There are challenges with WHODAS and PIWI measures; don't really capture how clients are doing and progressing.
- Could consider the BDI outcome measure, which has a lot of research to support it.
- Providers want to know how we're using the data; keep them informed on how data is used.
- Important that we use the data for reporting purposes
- By providing a suite of options, we will have more meaningful data to analyse and identify gaps and service.

# Group 6: Research on Workforce Capacity Issues

*A discussion about research to understand more about the types of potential providers across Aotearoa, and enablers and barriers for them to work with ACC.*

| Asymmetry/Security Barriers                                                                                                                                                                | Asymmetry/Security Barriers                                                                                                                                                                                                                                        | Lack of trust between suppliers & providers                                                                                                                                                                                                                                                          | TLA & Travel funding issues                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Our relationship with ACC has no security. So it's a barrier when it comes to investing in the service and in a workforce and how ACC conducts relationships with providers                | When someone wants to come on board to ISSC as a provider there's a lot of paperwork, which puts some people off. The volume and complexity of paperwork continues to be a difficult aspect for established providers, even a driver to ending contracts with ACC. | There is a conflict with survivor choice. From a supplier perspective, when we receive a referral, we know the best provider for a patient from a clinical perspective, but this isn't always respected by ACC. So there is some conflict when there is an expectation to see a particular provider. | We have our workforce of our providers, but we constantly find workers going out to other services that don't even cover the TLA that we're covering                                                                                                                                                                                                                                                                       |
| We can't rely on ACC to follow rules of its own contracts, it constantly does things to undermine our security that undermine our position as a supplier and as a service in the community | ACC treats providers as if they're their own rather than dealing with supplier                                                                                                                                                                                     | The fact that ISSC is a named provider contract where all the approvals have to be done through ACC can be somewhat problematic at times. It seems to me that there's a lack of trust.                                                                                                               | Often on the bottom of the referral sent out there is a statement saying that if you don't have someone within that TLA but within the region, then let us know, but if we do that sort of thing with some, we'll have others come back saying the provider is not in the TLA, you've got to go and find a new provider for this person. This contradictory info can get confusing when we're trying to sort out referrals |
| We have referrals made by case managers to other services while we're still treating the patient without consultation                                                                      |                                                                                                                                                                                                                                                                    | There's a lack of flexibility in the criteria. Often [suppliers] actually know the work of a particular provider, which may not meet the ACC criteria. But we know that they're going to be effective at working with our particular clients                                                         | People don't want to see the provider in their direct TLA because it's a small town, they know people, prefer slightly wider region.                                                                                                                                                                                                                                                                                       |

## Group 6: Research on Workforce Capacity Issues (continued)

*A discussion about research to understand more about the types of potential providers across Aotearoa, and enablers and barriers for them to work with ACC.*

| Referral Complications                                                                                                                                                                                                                                                                                                                            | Referral Complications                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Recovery admin will send out a group email to all the suppliers. We have two days to respond to this email as per the contract; then referrals have been given to somebody else already so then our providers are holding space. Providers get frustrated with the process of assessing referrals. This just augments existing paperwork demands. | ACC needs to support suppliers to be able to do their job properly. We're only paid for services delivered and we get an admin fee once per accepted referral. That's insufficient for the type of support the suppliers actually need to be able to provide to their providers in terms of admin support, managing the whole process. |
| The manner in which ACC offers referrals has always been incredibly poor, most of the time those emails aren't even worth chasing up because if you actually took it seriously, you would just spend all of your time achieving nothing because you, yeah, if you actually respond, you never get a response from ACC                             | People I know who work in Wellington have explained to me it's actually not worth their while, the cost of managing a business there isn't met                                                                                                                                                                                         |
| We have referrals made by case managers to other services while we're still treating the patient without consultation                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                        |
| It's common to respond to referrals and not hear anything back from ACC, even when chasing up results of a referral.                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                        |
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# Group 6: Research on Workforce Capacity Issues (continued)

## Perceived benefits of working with ACC/ISSC as a provider

### The opportunity to build long-standing relationships and to see real change

- *ISSC is fantastic and we are so pleased to be able to make the services available to our community. It's absolutely fabulous and we are so pleased to be able to make the services available to our community. Where we're in the regions, it's one of the pillars of the mental health service. The care that's available under sensitive claims to the clinical population is otherwise unavailable in a funded form, and it's really the only way that some people can receive treatment.*
- *ISSC is far and above the best funded treatment service. It really is the only one with the resources, the services available for the length of time. Really excellent when integrated with training for independence, that leads to really good outcomes.*
- *Most of our providers feel better about working under ISSC than other contracts, because it's less control or interference from ACC, they can make their own decisions.*
- *There aren't many contracts that allow you to develop a long-term relationship with a client and you can make significant differences not only for the client but for the whanau and generationally. Very satisfying for providers who live in the community to be able to make this level of difference for their clients and whanau. It's an honour to be able to do the work.*

## Group 6: Research on Workforce Capacity Issues (continued)

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### Working with ACC/ISSC as Māori professionals

The paperwork, forms, deadlines etc is unmanageable for many

- *Tangata Whenua work really differently – it's about relationship and so even as a small office, we employ someone to specifically do that, so that's a cost to us and it's definitely not actually covered.*
- *"[it's] really difficult for them to operate within New Zealand, European kind of way that ACC operates with forms and numbers and get this done by this time frame... even to just to make sure they get paid with their invoicing systems.*
- *We lost a very good Māori provider because he simply could not manage the paperwork side of invoicing, and he has worked in government agencies, he's done therapy work in government agencies before, but ACC was just over and above what was manageable.*

## Group 6: Research on Workforce Capacity Issues (continued)

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### Working with ACC/ISSC as other priority populations

With the inflexible criteria for providers, it is difficult to have diverse representation

- *The standard for providers is very, very, high, to do this work, and therefore it's only a certain percentage of all providers who are actually able to do that. That's the biggest limitation, it's a lot to ask to be able to provide diversity among that pool of providers and certainly in the regions it's all we can do just to get anyone who actually meets the criteria. We're happy to have as diverse a team as we can, but it's the criteria for competence that need to be met as the first priority.*

# Questions and Answers

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# Answers to Your Questions

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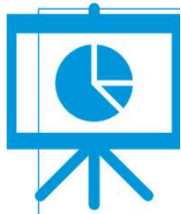
**Some Rongoa Māori practitioners seem unfamiliar with the process of contacting new clients, invoicing, etc. Can ACC address this and provide support to them?**

Answer: Yes, ACC's rongoā team can support practitioners with this process. Please contact the team directly via [MaoriHealth@acc.co.nz](mailto:MaoriHealth@acc.co.nz). Further to this, our ACC website is updated regularly to provide information and guidelines for our practitioners when they are registering with us. We are also looking at running short Q&A webinars to support our practitioners.



# Next Steps

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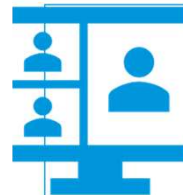
ACC will write up a summary of the discussions. A summary will be sent to participants and be available at <https://www.acc.co.nz/ISSCevolution>



A link to a short survey will be sent to provide feedback on today's session



Keep checking our **ISSC Evolution webpage** or the **Mental Health Provider Newsletter** for updates.



Join us for our next Quarterly Conversation on **28 July 2023**



Further feedback welcomed  
Please email [ISSCevolution@acc.co.nz](mailto:ISSCevolution@acc.co.nz)



**We hope to see you in May at one of our Face-to-Face Engagement sessions!**