



The Manifesto of the ACC Futures Coalition: 2018

The ACC Futures Coalition comprises community groups, academics, organisations representing people who need support from ACC, health treatment providers, ACC lawyers and unions who have come together around the following aim:

To build cross-party support for retaining the status of ACC as a publicly owned single provider committed to the 'Woodhouse Principles', as a 'no fault' social insurance system for all New Zealanders. Our commitment is to have an ACC scheme that has integrity and the trust of the public of New Zealand, and is focused on injury prevention, treatment, complete rehabilitation and compensation.

In the original report of the Royal Commission on Accident Compensation (the 'Woodhouse Report') the Commission identified 5 principles that should govern how accident compensation should operate in New Zealand (the 'Woodhouse principles'). These were community responsibility, comprehensive entitlement, complete rehabilitation, real compensation and administrative efficiency, but the report also stressed the overriding importance of injury prevention. These principles remain as valid today as when first said in the 1960s, and inform our aims for a better ACC that is more cost effective and equitable.

The Treaty of Waitangi/Te Tiriti o Waitangi

1. Māori experience of ACC is poor. The Accident Compensation Act 2001 should be amended to include a commitment to te Tiriti principles of partnership, participation, and protection. The ACC should adopt a Treaty Relationship Governance model and embed tikanga into ACC operations and relationships.
2. This commitment should provide for mechanisms to enable Māori to contribute to decision-making, and to participate in the delivery of, injury prevention, treatment, rehabilitation, and accident compensation services.
3. Staff and contractor development at ACC should include training in cultural competencies and provision should be made for all personnel dealing with tangata whenua claimants to observe tikanga Māori in a way that enacts the principles of Te Tiriti o Waitangi.

Culture

4. The primary focus of ACC should be on the claimant.
5. ACC should re-establish advisory committees to represent the claimants' interests to the ACC Board.
6. The membership of the Board of ACC should be laid down in statute to ensure that all significant stakeholders in the scheme, e.g. levy payers, claimants and/or

their representatives, unions, business, health professionals, injury prevention experts, are represented.

7. A culture of genuine engagement and trust needs to be established between management and the workforce of ACC and union membership should be encouraged, in order that worker voice on improving services can be heard.
8. ACC should adopt outcome based goals that reflect meaningful results, such as a sustainable return to work, instead of targets based on narrow outputs, such as reducing the number of claimants on weekly compensation.

Injury prevention

9. ACC needs to be active in fulfilling its leadership role in injury prevention, working closely with other government agencies and stakeholders such as unions and business.
 - a. There should be an emphasis on lead incentives (e.g. proactive health and safety management systems), rather than lag incentives (e.g. experience rating) in setting levies
 - b. Legislative barriers to effective injury prevention in the Accident Compensation Act (e.g. s. 263(3)) should be removed
 - c. ACC to fund independent research on injury prevention and safe rehabilitation and return to work.
 - d. ACC to monitor the effectiveness of injury prevention and rehabilitation programmes.
 - e. A greater emphasis on occupational disease and occupational health in injury prevention. This is to include work-related stress and occupationally related mental health issues.

Coverage

10. ACC coverage should be extended to ensure personal injury can include both mental and physical harm caused by work.
11. Entitlement needs to be reoriented to the causal relationship between the person's work and the harm they have suffered.
12. ACC Futures supports an investigation into extension of the scheme to cover sickness as well as injury.

Occupational health

13. Occupational health has taken a distant second place to safety and accidental injury in the work place. This can largely be attributed to the lack of a workable national monitoring and data collection system. This has led to under reporting of occupational health issues and relatively few claims. Therefore we call for:
 - a. The implementation of a workable national monitoring and data collection system.
 - b. Investment in occupational health training and education to support workforce capability.
 - c. A review of occupational disease and occupational health management

(including hearing loss) within ACC with a view to removing the barriers to lodging claims, obtaining treatment and entitlements.

- d. The re-establishment of the Gradual Process, Infection and Occupational Disease Advisory Committee.

Rehabilitation and vocational independence

14. When New Zealanders gave up the right to sue for personal injury we also gave up the right to compensation for loss of potential earnings. In return we had a scheme that was focused on rehabilitation as well as compensation. Vocational independence testing cuts across complete rehabilitation and real compensation. ACC has used it as a tool to move people off the scheme. The standards for determining that a person is vocationally independent are set too low and are being used too early and frequently in the claimant's rehabilitation. Claimants made vocationally independent have gone onto benefits; into jobs that pay less; into insecure work. For these reasons vocational independence testing must be abandoned.
15. ACC Futures Coalition recognises the value of meaningful work that allows an injured person to participate fully in society. This will require a new focus on rehabilitation, including retraining and upskilling.
16. ACC Futures recommends the adoption of the NIDMAR¹ protocol for consensus based rehabilitation reliant on recognised standards.

Contracting with providers

17. ACC should develop service specifications for all providers, to be developed in conjunction with health professional associations and consumer groups.
18. ACC contracts should identify cultural competency as one of the key competencies expected of providers.
19. Many NGOs and small businesses that contract to ACC struggle to manage on current levels of funding and this can be reflected in the terms and conditions of employees. ACC should adopt responsible contractor principles to ensure that levels of funding are adequate.
20. ACC should require providers to support their employees to comply with their relevant professional standards and codes of ethics.
21. ACC should manage its contracting processes to ensure that specialist expertise among providers is retained.

Complaints/reviews/appeals

22. Costs at review should be increased to enable full recovery of the cost of clinical reports and a greater contribution towards legal costs.

¹ <https://www.nidmar.ca> National Institute of Disability Management and Research. Adopted by ACC in 2007, and subsequently abandoned.

23. Access to the Supreme Court should be enabled.
24. ACC Futures supports the implementation of the recommendations in the Dean Report.

Independent assessors

25. That a panel of clinical specialists be established, under independent oversight, for the purpose of ensuring the independence of ACC commissioned clinical assessments.
26. Claimants should have the right to select an appropriately qualified assessor.

Privatisation issues and the Partnership Programme

27. The ACC Futures Coalition remains opposed to the use of private underwriting of any of the ACC accounts and to the narrow private insurance-based interpretations that follow.
28. The ACC Futures Coalition is opposed to the Accredited Employer Programme, and seeks its abolition.
29. The ACC Futures Coalition is opposed to experience rating and supports simplification of the differential levy system

Co-payments

30. Co-payments are a barrier to getting a claim lodged, timely diagnosis and appropriate treatment. Means of reducing co-payments to reduce this barrier need to be investigated.

Taxation of entitlements

31. When a claimant is the recipient of backdated weekly compensation it is taxed by IRD in the year of receipt which means for many that the tax liability is greater than if the tax was spread over the years that the weekly compensation accrued.
32. The issue was raised in The Ombudsman's report of 2009-2010 at page 26. The Ombudsman regards it as an "unfortunate tax consequence for a claimant." ACC Futures seeks a review of this policy to allow the arrears to be spread over the tax years to which the payments relate, which in most cases would result in lower tax being paid by the claimant.

First week compensation

33. ACC must enforce the payment of first week compensation for work injuries.