



**STANDING COMMITTEE ON LAW AND JUSTICE
REVIEW OF THE LIFETIME CARE AND SUPPORT SCHEME
PRE-HEARING QUESTIONS ON NOTICE**

Update since 2014 review

1) *Please provide an update on the government response to the recommendations relevant to icare's functions from the Standing Committee on Law and Justice's report on the 2014 Review of the exercise of the functions of the Lifetime Care and Support Authority (LTCSA).*

Answer:

An update on the Government response to the recommendations of the 2014 review is provided at **TAB A**. Lifetime Care has completed all actions in the Government Response and a number of initiatives are continuing that relate to the following recommendations:

- Implementing a range of models for self-directed support (Recommendation 8);
- Working with stakeholders in relation to dispute resolution (Recommendation 6); and
- Improving participant access to interim accommodation (Recommendation 7).

2) *Please provide an update on the 2015 reforms to the Lifetime Care and Support Scheme.*

Answer:

The creation of icare has provided an opportunity to leverage capabilities, as well as scale, across the schemes with a dedicated focus on insurance, care and injury management. This, along with an increase in capability (for example, in the actuarial, risk and governance and technology areas), has provided direct benefit to Lifetime Care.

Care for people with serious injury and long term support needs has historically been managed separately in each of icare's service lines. While each service line had its individual strengths, they were only loosely connected. The formation of icare has provided an opportunity to bring the care service lines together under a single governance model, Integrated Care. Integrated Care will build on the strengths of Lifetime Care and Dust Diseases Care schemes through collaboration, supported by leading practices, to deliver best-in-class care for our customers. Our Integrated Care transformation journey, the Optimal Care program, will create value for participants by focusing on:

- leveraging a continuous support care model for icare, that treats and supports customers based on their injury and lifestyle needs;
- delivering a consistent customer experience regardless of where participants live or who is supporting them;
- leveraging data analytics to enable injured people and partners to connect with us and each other to guide choice and optimise outcomes;
- having a sophisticated approach to managing partners to deliver optimal care solutions more efficiently and effectively; and
- leveraging capabilities to deliver better care services to those severely injured in the workplace through the newly established Workers Care program.

3) Please provide a brief update of icare's key actions in relation the Lifetime Care and Support scheme since it assumed responsibility for its administration.

Answer:

Key actions and initiatives developed by icare that are supporting the administration of Lifetime Care include:

- Developed the icare Workers Care program in conjunction with Lifetime Care and Workers Insurance. This recognises and utilises the leading Lifetime Care treatment planning and care coordination model to assist severely injured workers which, among other benefits, will provide consistency for service providers supporting people with severe injuries across schemes.
- Introduced a range of self-management options. Participants (or their appointed nominee), whose needs have stabilised, can chose to self-manage some or all of their supports including their attendant care services.
- Established the 'we care' program in partnership with Carers NSW. The program focuses on support for carers and families, and in building resilience, knowledge and emotional wellbeing.
- Enhanced the planning process by making it more person-centred and tailored to the needs of the individual participant.
- Developed the icare Foundation, which is icare's social venture relating to programs, research and partnerships. The Foundation will consolidate all grants, sponsorships, research and innovation seed funding across the various icare schemes, to better leverage our overall investment and deliver a greater commercial and social impact.
- Introduced participant stories on our website to offer insight into their journey and their interactions with icare Lifetime Care
<https://www.icare.nsw.gov.au/in-the-community/customer-stories/makiitas-story>
<https://www.icare.nsw.gov.au/in-the-community/customer-stories/sams-journey>
- Initiated a health and community structure to enable icare as an organisation to strengthen connections with providers and community groups.
- Commenced a human-centred design process to redesign the way we work from the customer's perspective. This approach is now weaved into icare's transformation program.
- Using Net Promoter Score (NPS) to obtain feedback from customers and stakeholders that is used to enhance all aspects of service delivery. Survey recipients are asked to provide information about areas they would like to see improved. This provides an understanding of priority areas to respond to their needs, drive positive outcomes and inform future planning. Lifetime Care is in the early stage of implementing NPS and has not yet started to survey Scheme participants.

icare has also retained and enhanced the workforce and leadership of the Lifetime Care and Support Scheme. Key actions include:

- The appointment of a General Manager of Operations with expertise in disability management and reform.
- Recruitment of specialist home modifications staff who are providing additional oversight into complex home modifications.
- Access to on-line learning and support materials for all staff, which is aligned to annual reviews.

- Enhancement of current technology platform with a view to have digital service delivery over the next 18 months.

Motor Accidents (Lifetime Care and Support) Amendment Act 2014

4) Please provide information on the application of s 11AA of the Act. Has the LTCSA and scheme participants benefitted from its application since it was introduced?

Answer:

The “*alternative expenditure option*” in section 11AA has been of substantial benefit to participants and to Lifetime Care. It allows Lifetime Care to satisfy its liability to pay for expenses incurred in relation to an injured person’s treatment and care in a more cost effective and flexible manner, resulting in a more person-centred service. Lifetime Care has used this provision to achieve greater flexibility for 14 participants to date, primarily in the areas of home and vehicle modifications.

Scheme administration

Participant satisfaction survey

5) Please provide the results from the annual Lifetime Care and Support scheme participant feedback survey from 2014, 2015 and 2016.

Answer:

A comparative summary of results from the annual Lifetime Care Scheme Participant Survey for the years 2014-2016 is provided on the following page. Overall satisfaction with how the Scheme meets participant’s needs is consistently high. Survey results have always exceeded the standard benchmark of 75 per cent in the eight years that the survey has been conducted.

In 2016, overall satisfaction with the Scheme was 90 per cent, and 91 per cent of participants were satisfied with the time it takes to access services. Consistent with the high level of satisfaction with the Scheme overall, at least 90 per cent of participants reported they are satisfied with each of nine services tested, including case management, attendant care, and physiotherapy. The level of satisfaction with the two most common service providers remains high with 91 per cent satisfied with case managers/management and 97 per cent satisfied with physiotherapy.

2016 Participant Survey Results Summary

Measure	2016	2015	2014	2015/2016 comparison
Overall Satisfaction with Scheme	90	77	82	Improved
Problems with service providers in the last 3 months	23	38	19	Improved
Problems with Lifetime Care in the last 3 months	17	15	11	Stable
Unprompted awareness of coordinators	80	86	83	Improved
Contact with coordinator in past 6 months	64	64	70	Stable
Per cent with CLP Goals	50	55	61	Stable
Per cent Agree ‘I feel part of a community’	84	79	78	Stable
Per cent Agree I feel I have enough time with friends’	83	79	82	Stable

Measure	2016	2015	2014	2015/2016 comparison
Goals cover things you most want to work on 'Completely'/'Quite a lot'	91	80	-	Improved
Per cent Agree 'I feel I'm progressing too slowly with my goals (in my Community Living Plan)'	25	21	42	Stable
Per cent Agree 'Considering my stage of rehabilitation, I am happy with how much I get out into the community'	86	78	81	Improved
Per cent who have at least fortnightly contact with their case manager	46	31	47	Improved
Per cent Satisfied with the time it takes to get equipment	78	63	-	Improved
Per cent Satisfied with the time it takes to access services	91	76	-	Improved
'I have enough say about what services and equipment I receive'	94	80	69	Improved

Participant representation

6) Please provide an update on the operation and activities of the scheme's Participant Reference Group, including details of consultative mechanisms.

Answer:

Lifetime Care's Participant Reference Group has been in operation since late 2013. In October 2016, Lifetime Care expanded its Participant Reference Group into a regional format in order to:

- allow Lifetime Care to increase the number of groups from one to three based in Sydney, Newcastle and Parramatta;
- expand the opportunities for involvement from greater numbers of participants, their families and carers; and
- give a local voice to the issues raised at the Participant Reference Group meetings, which will assist Lifetime Care to work with each Group on ideas and issues that can be addressed locally.

Lifetime Care has consulted with participants regarding membership of the Participant Reference Group. It has also promoted the group by publishing stories and calling for membership in the participant newsletter, *Shine*, which is used as a wider mechanism to consult with participants.

The Participant Reference Groups have been beneficial to participants and to Lifetime Care. Feedback from the 2017 members has been that participants value:

- having input into Lifetime Care's processes;
- hearing what Lifetime Care is doing to improve the quality of services; and
- having the opportunity to meet each other and share personal stories.

A participant does not need to be part of the Participant Reference Group to take part in service delivery re-design and improvements. In addition to the Participant Reference Group members, a number of other Scheme participants have been engaged in a range of initiatives over the past 18 months, in particular the Optimal Care program.

An essential part of the Optimal Care program is the co-design approach using human-centred design principles to collaborate with participants, their families and our internal staff to design, build and test solutions. A total of 44 participants across Integrated Care, 29 of which were Lifetime Care participants, were involved in our initial Optimal Care co-design workshops. These workshops focused on our interaction with participants and how we can provide the right support at the right time.

These co-design workshops have produced a number of initiatives directly related to participants' experiences and pain points. These included the approvals process, the contact and communication we have with participants and product and service bundling. Lifetime Care intends for these initiatives to be rolled out progressively over the next 12 months.

In addition to their involvement in the Optimal Care program, participants have also been engaged in the following initiatives during 2016 and 2017:

- sharing their experiences for icare's Customer Experience Design research project to develop icare's future state experience blueprint
- sharing their experiences and stories in the participant newsletter, *Shine*;
- participating on tender evaluation committees and giving feedback about new service options such as self-management;
- speaking to icare's new graduates;
- reviewing information sheets that Lifetime Care has developed; and
- testing icare's revised website.

7) *Please provide an update on the membership and recent activities of the Lifetime Care Reference Group.*

Answer:

Lifetime Care's Reference Group comprises representatives from:

- NSW Brain Injury Rehabilitation Directorate, NSW Health;
- NSW State Spinal Cord Injury Service, NSW Health;
- NSW Trustee and Guardian;
- Attendant Care Industry Association;
- Synapse (formerly the Brain Injury Association of NSW);
- Paraquad; and
- NSW Physical Disability Council.

The Reference Group meets three times per year as a specialist stakeholder advisory group to Lifetime Care. The Group provides Lifetime Care with updates on activities across the health and disability service sectors, including cross-agency initiatives and opportunities for collaboration.

Recent activities and agenda items have included:

- consulting with the Group on initiatives being undertaken by Lifetime Care including self-management, review of the statutory guidelines and Scheme performance measures;
- discussing service provision impacts from the implementation of the National Disability Insurance Scheme; and
- providing updates on research undertaken across the health and disability sectors.

In addition to the Reference Group, a large number of stakeholders and service providers have been involved and engaged in the Optimal Care program. 33 external service providers, including attendant care providers, occupational therapists, case managers and hospital clinicians have been involved in co-designing a range of service improvements solutions through our initial Optimal Care co-design workshops.

National Injury Insurance Scheme

8) *Please update the committee on the planning and alignment activities of the LTCSA in preparation for the state-wide implementation of the National Injury Insurance Scheme.*

Answer:

The NIIS has now been rolled out for motor vehicle and workplace accidents in all states and territories. icare has two representatives on the Heads of Treasury NIIS Working Group, including one from Lifetime Care. Lifetime Care also works collaboratively with other states and territories and provides advice to those who have recently implemented a NIIS for motor vehicle accidents. Lifetime Care entered into an arrangement with the ACT Government to administer the ACT Scheme on its behalf. This included providing advice to the ACT on its legislative reforms to enable severely injured workers in the ACT to become participants in the ACT Lifetime Care and Support Scheme.

The Workers Care program is also aligned with the NIIS. The Workers Care program involves the application of the Lifetime Care philosophy and model of support to people severely injured in workplace accidents. With Workers Care now established for the severely injured who are managed by Scheme agents, Lifetime Care is working with other service lines within icare to identify other severely injured workers who will benefit from the Workers Care initiative.

Financial matters

9) *The icare Annual Report 2015-16 stated that 'Overall investment income across all schemes was about \$1.8 billion lower than the prior year, mainly as a result of volatile investment markets and low-interest landscape.'*

Lifetime Care and Support scheme investment income reported a decrease from \$397,594,000 in 2014-15 to \$128,897,000 in 2015-16. icare noted that various structural changes were introduced during the financial year to achieve more secure investment returns and improve the stability of scheme funding ratios.

Please provide an update on the current investment performance of the Lifetime Care and Support scheme.

Answer:

icare's investment portfolios are actively managed to achieve return and risk outcomes appropriate to the schemes they support.

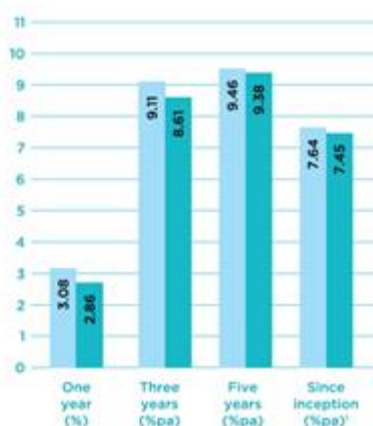
The Lifetime Care and Support Authority Fund achieved solid returns for the quarter and over the past 12 months. The value of the Lifetime Care and Support Authority Fund has surpassed \$4 billion and is expected to surpass \$5 billion prior to the end of the financial year. The Lifetime Care and Support Authority Fund commenced operations in 2007 and the investment strategy has transitioned to an asset allocation that reflects the fund's mature nature.

Investment performance as at 31 March 2017

Lifetime Care and Support Authority Fund	
Assets under management (\$millions)	\$4,916
12 month performance	10.06%
Financial Year to Date performance	6.95%
Approximate Investment Income (Financial Year to Date)	\$338.9m

Yearly comparison on investment returns

Lifetime Care and Support Authority Fund



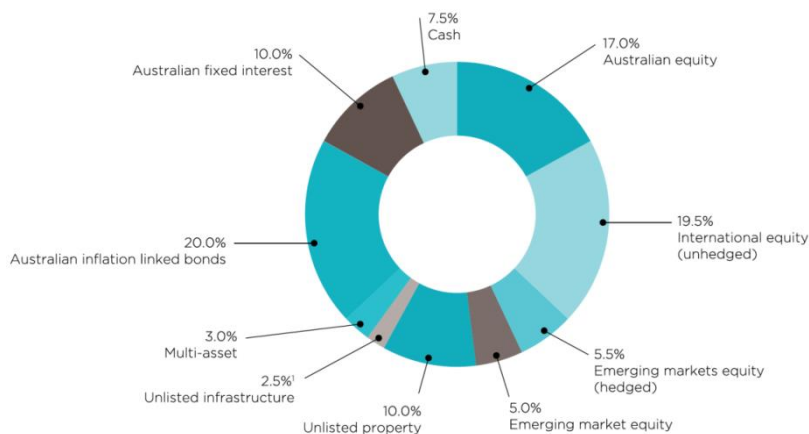
Fund Benchmark

¹ Inception date is 1 July 2007.

As at 30 June 2016, the Lifetime Care and Support Authority Fund's asset allocation has a well-diversified strategic asset allocation, with 62.5 per cent of assets in diversified growth assets and 37.5 per cent in defensive assets.

Asset allocation

Lifetime Care and Support Authority Fund



¹ Long-term SAA includes a 7 per cent allocation to unlisted infrastructure.

10) The icare Annual Report 2015-16 reported a substantial decrease in the 'movement in provision for future participant care and support services' from \$205,665,000 in 2015 to \$40,286,000 in 2016. Please explain the reason for this reduction.

Answer:

The 'movement in the provision for future participant care and support services' is determined by an independent actuary. The Lifetime Care and Support Scheme is growing, with the number of new participants entering the Scheme annually exceeding the number of existing participants leaving the Scheme.

The actuarial 'provision for future participant care and support services' is determined by an independent actuary twice each year. Changes in the methodology, assumptions or data underpinning the estimated provisions can potentially impact the movement in the provisions, and some movement is expected each year.

The decrease in the movement in provision for future participant care and support services in 2016 compared to 2015 is mainly due to changes in participant-related and service usage assumptions. These assumptions include:

- changes to the age distribution of participants. There has been a greater number of older participants in the Scheme, especially those with a spinal cord injury, than predicted;
- a greater number of incomplete spinal cord injuries compared to complete injuries than was originally predicted; and
- adjustments based on experience and a better understanding of the improvements in participants with a brain injury, particularly younger participants.

The changes in assumptions are also based on an increasing reliance on the 'actual' experience of service usage, rather than estimated use, as the Scheme grows. The movement in the provision in any one year is not commensurate with the amount collected or the amount paid out from the Fund.

The Scheme remains fully funded to meet its liabilities. A decrease in the provision does not lead to any changes in funding of services for participants, or any changes in the ability of the Fund to meet its future liabilities to fund future treatment and care needs. The Scheme paid out increasing amounts in treatment, rehabilitation and attendant care services in recent financial years as detailed below.

Treatment, rehabilitation and attendant care services by Financial Year

Lifetime Care and Support Authority Fund	
2013 – 2014	\$83.6 million
2014 – 2015	\$99.2 million
2015 – 2016	\$114.8 million

11) *icare and SIRA both have a role in reviewing and determining the MCIS levy. Can you describe the review process and expand on the role that icare has in setting its component of the levy?*

Answer:

The *Motor Accidents (Lifetime Care and Support) Act 2006* requires Lifetime Care to determine the amount to be contributed to fully fund the present and future liabilities of the Scheme. The amount required to fully fund Lifetime Care's liability, is an amount that, together with anticipated investment income, is equal to the best estimate cost of meeting the liability when it falls due.

These reviews are conducted twice a year by an independent actuary and approved by the icare governing Board. Each review takes into account the costs that have been incurred and the anticipated costs for each participant over their lifetime. This ensures the Scheme remains fully funded to cover the care and support for each participant for the remainder of their life.

The full amount needed to pay for services for a participant, allowing for the investment income that will be earned on this amount, is collected in the year of the accident and gradually paid out over many years. For example, for the last approved period (1 February 2016 – 31 January 2017) the amount was \$436 million, which is then sent to SIRA as a fixed dollar amount.

This information is then provided to SIRA for inclusion in its levy calculations. SIRA ensures that the levy is collected from insurers. It is SIRA who determine how the levy collection will be operationalised across vehicle classes and regions (or other factors as may be determined by SIRA from time to time).

12) *The Motorcycle Council of NSW raised concerns in its submission that funding of the Lifetime Care and Support scheme is inequitable as certain scheme participants have not contributed to the Lifetime Care and Support scheme levy (i.e. pedestrians, unlicensed/unregistered riders, cyclists) and in addition, motorcyclists pay a higher levy than motor vehicle owners. The Motorcycle Council recommended the levy be funded equally across the motoring community. What is icare's response to this recommendation?*

Answer:

SIRA is responsible for determining the distribution of the levy across types of NSW motorists. Lifetime Care provides information to assist SIRA in this process.

Based on our experience of participants in the Scheme, we can say motorcyclists are currently over-represented in overall participant numbers. Motorcyclists represent 4.3 per cent of vehicle registrations in NSW¹, yet account for 20 per cent of participants in the Scheme. The estimated lifetime cost of motorcycle related injuries in any given year is in the order of \$70 million.

Some participants sustained injuries through accidents that have not involved a contribution to the Scheme via the levy, such as unregistered motorcycles. In the three years from 2014-2016, 96 per cent of Scheme participants were injured in accidents where the primary vehicle involved was registered. The remaining four per cent (16 out of 443 motor accidents) included 11 unregistered motorbikes, three unregistered motor vehicles and two motor vehicles that could not be identified (such as a 'hit and run' accident). These accidents occurred on public roads.

The Medical Care and Injury Services levy includes an allowance for injuries caused by unregistered vehicles, which protects and insures all road users in the Motor Accidents and Lifetime Care and Support schemes.

¹ Australian Bureau of Statistics, 2016 Motor Vehicle Census, Australia, 31 January 2016

Entering the Scheme

Application process

- 13)** *Suncorp noted in its submission that on occasion applications to enter the Lifetime Care and Support scheme were not being adequately completed which delayed eligibility assessments and negatively impacted the injured person in relation to early intervention for treatment and rehabilitation services. Suncorp recommended that initiatives to improve the application process be explored by icare. What is icare's response to this and are there any activities being undertaken to facilitate this?*

Answer:

Over the last three years, 80 per cent of applications to Lifetime Care were made within 120 days of the injury. The application process is usually facilitated by social workers or other hospital staff who liaise directly with Lifetime Care. They notify Lifetime Care of the person with the severe injury and obtain consent from the injured person or their family to enable Lifetime Care to obtain the relevant documents from police and/or ambulance services. The social worker assists with obtaining the medical certificate and other assessments required to assess eligibility.

Approximately 80 per cent of eligibility decisions are made within 60 days of notification and are usually made when the participant is either in hospital or inpatient rehabilitation, before they are discharged home. While Lifetime Care considers that the current application process is working effectively, we recognise that there is room for improvement, particularly in relation to the assistance, support and information provided to participants and their families in the initial phase of becoming aware of the Scheme and throughout the application process.

As part of the Optimal Care program, Lifetime Care is working on a single participant liaison point for applicants and participants to facilitate the delivery of more cohesive end-to-end, person-centric services tailored to the needs of the individuals, their families. This experience will also improve communication and information flows between participants and Lifetime Care, promoting a better understanding of the Scheme and its entitlements.

Services for participants while in hospital including emergency medical services, surgery and intensive care are paid for under a bulk billing arrangement with NSW Health from a levy collected from the CTP policy. These services are covered from the time of the accident. The acute and rehabilitation services provided by NSW Health are not determined by whether the injured person is a Lifetime Care participant or has a compensation claim.

In the four months after being accepted as an interim participant, 80 per cent of participants will have left hospital with their initial services pre-approved. The remaining 20 per cent may stay in hospital for longer before discharge.

At times, an injured person may be unwilling to submit an application to Lifetime Care, often on the advice of their solicitor. When this occurs, the CTP insurer may choose to submit an application under its statutory powers to do so. It is when the application is made by the CTP insurer that delays in eligibility decisions are most likely to occur. This is generally the result of incomplete applications or lack of required documentation (such as medical information and reports). Over the last three years, 33 out of 39 applications made by the insurer were made an average of 500 days after the injury. In comparison, the overall average for all participants was 100 days from date of accident to notification to Lifetime Care.

Lifetime Care does not have the authority to direct the insurer or the injured person's solicitor to provide it with the medical information and reports it has on the injured person. Delays in obtaining this information from the insurer or solicitor can delay the decision on eligibility. During this period, if the injured person has a CTP claim, the CTP insurer has a statutory obligation to pay the person's treatment and care expenses.

Lifetime Care makes all reports it obtains available to all parties to try and minimise any further delay. Lifetime Care would welcome the opportunity to meet with Suncorp to discuss where they have experienced delays and to identify opportunities to improve this process.

Participant resistance

14) *In its submission, Suncorp noted that it would be beneficial to have greater collaboration between the LTCSA, claimants, lawyers and insurers in instances where a claimant is reluctant to enter the scheme, with the intention of providing the person with a balanced assessment of their options. What is icare's view on this suggestion and what is the current process if a person expresses a reluctance to become a scheme participant?*

Answer:

Lifetime Care works with all parties and provides information about its services and supports to injured persons when an application has been made. If an injured person expresses reluctance to become a participant in the Scheme, this is usually on the advice of their solicitor. Lifetime Care will explain to the injured person that if their injury meets the criteria for Lifetime Care, the CTP insurer may submit an application on their behalf without their consent, which is permitted by the legislation. If the injured person also has a CTP claim, Lifetime Care will speak with the claimant's solicitor to explain their options.

Lifetime Care consistently looks at ways to improve service delivery. As noted in above responses, Lifetime Care is focusing on a co-design approach to service delivery process changes and improvements with participants, their families and service providers based on their experiences. Lifetime Care would welcome the opportunity to involve other stakeholders such as insurers, legal stakeholders and other allied health professionals, particularly around how we could further assist when an injured person is reluctant to become a Scheme participant.

Interim services approval

15) *The icare Annual Report 2015-16 stated that Lifetime Care had developed a streamlined process for reviewing and approving predictable services for interim participants that would be phased in from August 2016. What impact has this had in relation to reducing approval times and providing earlier access to services?*

Answer:

Lifetime Care continuously looks for opportunities to improve service delivery with a view to enhance the experience and quality of life outcomes for participants. Lifetime Care has developed a streamlined process called My Plan for reviewing and approving a bundle of predictable services for interim participants. My Plan is an individualised planning tool that provides participants greater control of their care. It is being progressively implemented, ahead of technological improvements to Lifetime Care's case management system that will further support this initiative. Approval of services in a My Plan has reduced from an average of 6.3 days to 2.75 days using the streamlined process for interim participants.

My Plan complements the Discharge Services Notification (DSN) that Lifetime Care already has in place when an interim participant is discharged from hospital or inpatient rehabilitation. The DSN pre-approves a range of services for a three month period, which Lifetime Care has extended to four months.

Lifetime Care acknowledges the approvals process and fast access to services and equipment continues to be a pain point for participants and could be improved further. This has been raised by participants in our annual Participant Survey, the Customer Experience Design research project and in the co-design workshops.

It has been a focus of the Optimal Care program to further reduce time taken to approve services. Based on participants' experiences and input, Lifetime Care is also working on a new initiative, a dedicated, phone-based service request facility for participants to directly access fast-track approvals for a range of services and other related healthcare requests such as replacement aids and equipment, and regular pharmaceutical needs.

LTCS liability for costs

- 16)** *Suncorp suggested in its submission that the Lifetime Care and Support scheme should be liable for costs from the date of the accident, not from the date the person is assessed as eligible to enter the scheme as an interim or lifetime participant. Suncorp believes the current system disadvantages the injured person and the insurer who is liable for all treatment and care services in the interim period, which could limit or delay expensive treatments. What is icare's response to this?*

Answer:

Hospital costs from NSW public hospitals are covered from the date of accident via the Bulk Billing Agreement with NSW Health. In the event the eligibility decision is delayed until after a person has left a brain or spinal cord rehabilitation unit, Lifetime Care will retrospectively pay the full costs of these services. It is unlikely that a person would be in a brain or spinal cord injury rehabilitation unit and a CTP insurer would be asked to meet these costs. The services provided to a patient in a brain injury or spinal cord injury rehabilitation unit is not determined by which funding body is paying for these services.

Lifetime Care pays for costs from the time a person is accepted as an interim participant in the Scheme, in keeping with its legislative obligations. This encourages early notification to Lifetime Care and means that we can ensure specialist providers are involved in the rehabilitation of the person, which is particularly relevant for brain injury rehabilitation.

The current arrangements should not limit or delay treatment, as the CTP insurer is on risk for those expenses in accordance with legislation. Lifetime Care does not delay its eligibility decisions to avoid paying expenses. Instead, Lifetime Care considers that if a person meets the eligibility criteria, all treatment, rehabilitation and care expenses will be met. As outlined in question 13, delays in eligibility decision making occur when the CTP insurer either makes an incomplete application or if Lifetime Care does not have all relevant information to make a decision.

Lifetime Care would welcome an opportunity to meet with Suncorp and other insurers to better understand this issue and work together to identify any opportunities where this process could be improved.

Transitional accommodation

- 17)** *The icare Annual Report 2015-16 noted that Sargood on Collaroy was expected to commence its accommodation services by the end of 2016. Please provide an update on the opening and operation of the facility, including occupancy, turnover and waiting list statistics.*

Answer:

Sargood on Collaroy was opened on 2 December 2016. Sargood on Collaroy and its services were trialled and refined with invited guests in January and February. It opened for all people with spinal cord injury on 1 March 2017.

Royal Rehab operates Sargood on Collaroy, which aims to empower people with a spinal cord injury to gain the confidence and skills to have a full and rewarding life. Guests are provided with short-term accommodation and access to a range of services, programs and supports including education about spinal cord injury and developing skills for health, well-being and daily living.

They are also encouraged to try sport and leisure activities that they might want to take up when they return to their communities. The range of services and courses offered by Sargood on Collaroy will increase over the next 12 months.

Guests book through a hotel-like online booking system. Occupancy in March was 28.9 per cent compared with a target of 30 per cent, and 41.3 per cent in April compared with a target of 35 per cent. This exceeds the predicted expectation for a new facility.

Approximately half of these occupants were participants in the Lifetime Care and Support Scheme. Forward bookings for the remainder of the year are strong, continuing to build in line with targets. To date, a waiting list has not been required other than for school holidays and long weekends.

Early intervention

18) *Suncorp submitted that icare should explore early intervention initiatives and invest in contemporary medical and rehabilitation practices as a means of reducing the number of lifetime participants in the scheme. What is icare's response to this and are any programs in place for this purpose?*

Answer

Lifetime Care supports early intervention initiatives to enable its participants to receive the best treatment and rehabilitation available to achieve the best recovery possible following injury.

Lifetime Care has funded several projects to facilitate early intervention in acute and rehabilitation units that could have an effect on the number of lifetime participants in the Scheme. This includes research in the area of early intervention for patients with traumatic spinal cord injury to improve care standards and costs for spinal cord injury trauma patients in the long term. This research commenced in 2016 and is managed by the Faculty of Medicine, University of Sydney. It will identify whether any variation in early care pathways and treatment, such as delayed admission to a specialist spinal cord injury unit, can be addressed to achieve optimal patient outcomes.

Another example is the In-Voc vocational rehabilitation program, which is jointly funded Lifetime Care and the former Motor Accidents Authority and WorkCover. In-Voc is a Vocational Intervention Program for individuals with a brain injury. It introduces early vocational services, in the form of skilled brain injury return to work providers, in NSW brain injury rehabilitation units. The aim of this program is to assist people to commence a return to work after brain injury as soon as they are able to.

As stated previously, Lifetime Care continues to explore new ways of improving early intervention services for participants. icare recently hired its first Chief Medical Officer who will be responsible for overseeing further advancements in this area.

LTCS use of independent medical opinions

19) *Suncorp submitted that icare should review its reliance on independent medical opinions to assess participant eligibility, particularly in situations where the insurer has used a qualified occupational therapist from the LTCSA approved panel to conduct the functional independence measure assessment. What is icare's response to this?*

Answer:

Lifetime Care will usually only organise an independent assessment of the eligibility criteria for applications submitted one to several years after an accident. If the injured person is receiving services from one of the brain injury rehabilitation units, Lifetime Care would rely on the reports and assessment of the treating team within the rehabilitation unit as they have access to all relevant information.

An independent assessment is requested when it is unclear whether all relevant medical information has been provided to the assessor conducting a functional independence measure assessment organised by the insurer, even if that assessor is one regularly used by Lifetime Care.

These applications are often complicated by co-morbidities such as depression or anxiety. As stated previously, Lifetime Care does not have the authority to direct an insurer or solicitor to provide all information relating to an application or an injured person's current status. Given this, Lifetime Care considers it important to retain the ability to request an independent assessment when required.

Interim participation period

20) *Suncorp submitted that the current two year period for interim participation in the scheme should commence from the date the person was injured, not the date the person was accepted as an interim participant. What is icare's response to this suggestion and what would be the implications of revising the date in this way?*

Answer:

Lifetime Care considers that the current two-year interim participation period from the time of acceptance works effectively. At times, Lifetime Care will bring forward a decision on lifetime participation earlier than the prescribed two years with agreement from all parties. This often occurs for participants with a spinal cord injury or for participants who have entered the Scheme several years after the accident, and can enable earlier settlement of other compensation entitlements such as a CTP claim.

For participants who have a traumatic brain injury, the duration of the interim participation period is important. The two-year period is not just about time since injury, it is also the general time required for effective specialist treatment as required for a brain injury.

As mentioned in the response to question 13, services for participants while in hospital are paid for under a bulk billing arrangement with NSW Health from a levy collected from the CTP policy. These services are covered from the time of the accident and are not determined by whether the injured person is a Lifetime Care participant or has a compensation claim. Therefore, Lifetime Care does not consider that commencing the interim participation period from the date of accident should have any effect on an injured person's treatment however as per our previous responses, Lifetime Care would welcome the opportunity to discuss this further with Suncorp to better understand this issue from their perspective

Transfer out of the Scheme

21) *Suncorp suggested that on occasion it receives very little notice from the LTCSA of an injured person's transfer out of the Lifetime Care and Support scheme which negatively impacts on the person's continuity of service delivery. What is icare's response to this and what is the usual process for notifying the insurer in these instances?*

Answer:

Lifetime Care has procedures in place to notify an insurer when a participant has a CTP claim and is due for assessment for lifetime participation before they transition out of the Scheme. Lifetime Care's usual practice is to notify the CTP insurer four months prior to the end of the interim participation period and again after a decision is made about lifetime participation.

On occasion, assessment of lifetime participation can be affected by the participant's availability or willingness to attend an assessment with a medical specialist or other clinician to complete a functional independence measure assessment or obtain the medical certificate required as part of the lifetime application process. This can mean that assessments sometimes occur very late in the two-year interim participation period. In these circumstances, Lifetime Care is unable to advise the CTP insurer any earlier that a participant is transitioning out of the Scheme.

Lifetime Care would welcome the opportunity to meet with Suncorp to discuss where they have experienced delays and to identify opportunities to improve this process for the benefit of the participant.

Accessibility of information

Communication

22) *During the last review, some scheme participants were critical over the level of communication they have with Lifetime Care and this was highlighted in the icare Annual Report 2015-16 as an area that could be improved. What has been done to improve communication between Lifetime Care and scheme participants?*

Answer

Lifetime Care acknowledges that the level of contact and communication with Lifetime Care continues to be a pain point for participants and could be improved further. This has been raised by participants in our annual Participant Survey, the Customer Experience Design research project and in the co-design workshops and as a result has been a focus of the Optimal Care program.

As noted in Question 13, Lifetime Care is currently working on a single participant liaison point for applicants and participants to facilitate the delivery of more cohesive end-to-end, person-centric services tailored to the needs of the individuals and their families. This experience will also improve communication and information flows between participants and Lifetime Care, promoting a better understanding of the Scheme and its entitlements.

In addition to this Optimal Care program initiative, Lifetime Care has undertaken five key actions to improve communication with participants. These are:

- Development and implementation of a communication protocol for Co-ordinator contact with participants. The 2016 Participant Survey results demonstrated an improvement in participant satisfaction with communication since the implementation of the communication protocol. Lifetime Care will continue to improve communication with participants by reviewing and refining the communication protocol.
- Establishment of three Participant Reference Groups in Sydney, Newcastle and Parramatta in 2016 with 17 members. This has allowed a greater reach and more regular opportunity for improving communication and engagement with participants in their local area.
- Contact with participants to determine preferred method for communication. This information is also being used to support the implementation of Net Promoter Score with participants. Lifetime Care is planning to launch Net Promoter Score with participants shortly to measure advocacy and trust in the Scheme.
- Active consultation with over 44 participants and family members across Integrated Care (29 Lifetime Care participants) as part of the Optimal Care program to help co-design a range of service improvements.
- Commenced redesigning the icare website to provide an enhanced online method of communication for participants. 11 participants and family members have been involved in both inhouse website design user testing so far with an additional 13 participants and family members invited to be involved in subsequent testing.

Website review

23) *The webpage for the Lifetime Care and Support Authority (<https://www.lifetimecare.nsw.gov.au>) indicates that a new website is being developed. What progress has been made in this regard?*

Answer:

icare is currently developing its new website with release planned for the fourth quarter of 2017. The redesign of the website is being created specifically with the needs of the users in mind. The designs are being tested with Lifetime Care and Dust Diseases Care participants to ensure it meets their needs. The new website will meet AA accessibility standards in accordance with the Web Content Accessibility Guidelines version 2.0. Once the website is launched, icare will continue to optimise the user's digital experience based on data and insights.

Guidelines review

24) *The icare Annual Report 2015-16 notes that a comprehensive review of the Lifetime Care and Support scheme's statutory guidelines commenced in 2015 and is expected to be completed in 2016-17. Please provide an update on progress and the consultation process icare has used to ensure stakeholder input.*

Answer:

Lifetime Care is conducting a review of all parts of its statutory guidelines. The purpose of the review is to:

- reflect changes to Lifetime Care participant planning processes (My Plan);
- make the guidelines easier for participants and their families to read;
- incorporate Scheme experience since it commenced;
- ensure the guidelines remain effective in supporting sound and person-centred decision making; and
- add new types of services that Lifetime Care already funds to ensure effective decision making and service delivery (ie: Lifetime Care has drafted a new guideline on dental treatment).

Lifetime Care has consulted extensively in reviewing all parts of its guidelines. This has included publishing them on its website for feedback from stakeholders and participants, and consulting with the Lifetime Care Reference Group and three Participant Reference Groups. Lifetime Care has also met with legal stakeholders to discuss the guidelines and is currently considering their feedback.

The review of the guidelines is occurring in stages in stages to ensure stakeholders and participants have maximum opportunity to provide feedback. The reviews have been conducted as follows:

- The first phase of the review commenced in November 2015 and related to the eligibility criteria for participation in the Scheme, assessment of treatment and care needs, and the 'reasonable and necessary' criteria used for decision making. This review was conducted from November 2015 to March 2016.

- The second phase of the review commenced in June 2016 and was conducted from July to October 2016. This review related to the revised guidelines for attendant care services, education support services, transport modification (modifications to a motor vehicle), vocational rehabilitation and vocational training, payments under the Scheme (Approved Providers and special circumstances) and the application of section 11AA.
- The third phase of the review is nearing completion. This review includes the revised guidelines for rehabilitation, participants living overseas, aids and appliances (equipment), home modifications, workplace and educational facility modifications, prostheses, ambulance transportation, medical treatment including pharmaceuticals, and dental treatment. Lifetime Care is preparing to release this third phase of guidelines for stakeholder consultation in June 2017.

Operation of the Scheme

Case management

25) *The icare Annual Report 2015-16 noted that My Plan was developed and rolled out during 2016. Please provide an update on this initiative and the response of scheme participants and stakeholders.*

Answer:

The roll out of My Plan was completed in 2016 and included the development of:

- Five online learning modules for service providers.
- A total of 11 face-to-face workshops delivered across NSW for service providers.
- Training for all Lifetime Care staff on the changes to the person centred planning approach.
- Publications for participants including an information sheet and booklet.
- Toolkit for the use of My Plan including a comprehensive manual, checklist and set of frequently asked questions.
- Support for case managers in using the My Plan and resources toolkit.
- My Plan is now used as the exclusive planning tool for participants. By the end of 2016, 78 per cent of all participants had a My Plan. Some participants chose not to engage in planning which is a choice we respected.

Early feedback from participants and case managers using the My Plan has been positive. This feedback has indicated that My Plan is a superior tool to the previous Community Living Plan in hearing the 'voice' of the participant, and in the way it supports participant engagement in planning, choice and control.

My Plan is currently undergoing evaluation which includes surveying participants, case managers and staff, as well as analysis of participant records and a sample of the My Plans received. The results will inform work currently being undertaken in the Optimal Care program. The My Plan toolkit will also be revised in response to the evaluation outcomes.

As part of the Optimal Care program, the My Plan tool will be progressively rolled out for both Dust Diseases Care Scheme participants and workers in the Workers Care program.

The My Plan has international recognition as an example of innovative person-centred planning tool focusing on participant engagement in planning, choice and control. Lifetime Care was recently invited to present at the 17th International Conference on Integrated Care in Dublin, Ireland.

26) *The icare Annual Report 2015-16 stated that it would focus on improving case manager capability in 2016-17 and prioritise the development of a model for disengagement to enhance the independence of participants. Please provide an update on progress made on these initiatives.*

Answer:

The focus on improving case manager capability in 2016 related to understanding and working with a person-centred approach. To this end, training programs, eLearning and user guides have focused on person-centred planning, strengths-based rehabilitation and best practice decision-making principles. The roll-out of My Plan has provided case managers with a toolkit which supports their person-centred approach to working with participants.

The model for disengagement to enhance independence of participants has been entitled 'Promoting Independence'. Lifetime Care has developed and refined its current tools and resources to support participant autonomy. It has also developed new resources to further reduce the reliance of participants on case managers to access support. These resources include:

- a case management closure checklist;
- a Promoting Independence Protocol;
- internal procedures for managing requests for services submitted directly by participants and processed by coordinators; and
- practical strategies for facilitating autonomy with participants and their families.

Attendant care

27) *What initiatives has Lifetime Care introduced to build the capacity of Lifetime Care's attendant care provider panel since it was identified as a priority in the icare annual report 2015-16?*

Answer:

Following a tender process in 2015, Lifetime Care's attendant care provider panel was expanded from 23 to 34 providers. The expansion of the panel was in response to the increase in the number of participants requiring attendant care services as the Scheme grows.

All panel providers are required to have ACIA endorsed certification to ACIS:2013 (the National attendant care industry quality management standard), to demonstrate the organisation's ability to deliver quality services for service users.

Lifetime Care has also established a dedicated Attendant Care Unit that manages the contract and relationship with the attendant care panel, including induction, training and ongoing support.

Lifetime Care has undertaken the following activities to build capacity in its attendant care provider panel relating to induction and training:

- Face-to-face induction meeting with all panel providers as part of the on-boarding process. The meetings focus on providing an overview of policies, procedures and processes. Information on the key specialist hospital units in the provider's coverage area is also provided to enable contact.
- Support with navigating Lifetime Care's service, communication, documentation and invoicing requirements at the point of first referral or when the need for this input arises (such as in the event of key personnel changes at the panel provider).

- Educational forums for panel providers with an average of two each year. During the current three-year contract term for panel providers, Lifetime Care has held five attendant care provider forums to present updates on activities across Lifetime Care and icare, as well as workshop activities on specific topics.

Home modifications

28) *The icare Annual Report 2015-16 identified as a priority the establishment of a panel of approved building modification project managers, builders and occupation therapists. Please provide an update on this initiative and if subsequent improvements in service delivery have been achieved?*

Answer:

Lifetime Care acknowledges that home modifications continue to be a pain point for participants and could be improved further. This has been raised in the Customer Experience Design research project and in a specific co-design workshop on home modifications. In establishing an approved panel of building modification project managers, builders and occupational therapists, the initial focus has been on the development of key performance indicators (KPIs) that will drive improved service delivery.

Based on participant's experience and input, Lifetime Care has also reviewed and strengthened its current processes to address issues of participant communication and decision making. This work has been critical and led to improvements including:

- Introduction of more frequent reporting systems from building modifications project managers. This has improved communication between Lifetime Care and its project managers about the progress of major home modifications.
- Recruitment of specialist home modifications staff who are providing additional oversight into complex home modifications.

The tender documents have been finalised in readiness for release in July 2017. This process will not only strengthen existing provider relationships, but provide opportunity to increase capacity to respond to growing demand in this area.

Lifetime Care does not currently have a panel of builders. Before commencing a tender for builders, Lifetime Care is exploring whether other Government panels for builders have experience relevant to disability and could be used to assist with home modifications.

Provision of Personal Protective Equipment

29) *The Attendant Care Industry Association (ACIA) Australia submitted that icare should approve personal protective equipment, such as gloves, as a cost incurred by the Lifetime Care and Support scheme. What is icare's response to the Association's view that excluding these costs is putting both participants and care workers at risk of infection?*

Answer:

Work health and safety laws require organisations that employ paid workers to ensure, so far as is reasonably practicable, the physical and mental health and safety of workers, including volunteers. Lifetime Care's contract with attendant care panel providers states that the attendant care provider is responsible for consumables that are personal protective equipment (PPE) for the attendant care worker, which includes gloves.

Lifetime Care's attendant care panel providers have accepted the responsibilities identified in their contract relating to the provision of PPE for their workers. Any situation that indicates a risk to either the participant or their worker in the delivery of care should be raised directly with the participant's Coordinator or with the Attendant Care Unit.

Where a participant's care needs indicate the need for the use of gloves in the delivery of personal care - irrespective of who is providing the care - the provision of relevant consumables, including gloves, may be paid for by Lifetime Care through their consumables script. Lifetime Care will work with the ACIA to ensure that providers are aware of availability of payment for PPE, such as gloves.

Participant choice and control

30) *The icare Annual report 2015-2016 indicated that a range of self-management options were being developed and should be made available in 2016-17. Please provide an update on the options that are now available to scheme participants.*

Answer:

Lifetime Care introduced a range of self-management options in December 2017. Participants (or their appointed nominee), whose needs have stabilised, can choose to self-manage some or all of their supports including their attendant care services.

Under a self-management agreement, Lifetime Care pays the participant their approved funding each month into a nominated bank account. The participant can arrange, manage and pay for their own supports. As part of the self-management arrangement, participants are required to send Lifetime Care a report each month showing how they have spent the funds.

The self-management options available to participants are:

1. Purchasing their supports (including some or all services approved in a My Plan, such as rehabilitation) directly from one or more service providers of their choice.
2. Engaging and training their attendant care workers directly and using an agency to pay the workers and manage aspects such as insurances, superannuation, tax and reporting.
3. Directly employing their attendant care workers and managing all the responsibilities of being an employer independently.

Lifetime Care has published information and resources for participants and service providers about the self-management options on our website. A total of 12 participants currently receive direct funding and self-manage their attendant care.

Lifetime Care is currently working with a further 35 participants who have expressed interest in self-managing some or all of their supports. Promotion of self-management will commence in July 2017, and will focus on sharing the stories of participants who are self-managing with other participants.

Lifetime Care recognises that participants may need additional support to successfully take up self-management options. Lifetime Care is currently finalising contracts with service providers who will provide additional support to participants to self-manage through the provision of training, support, advice and insurance protection. It is anticipated that these services will be in place by June 2017.

Families and Carers

31) *The icare Annual Report 2015-16 advised that Lifetime Care and Carers NSW have partnered in the development of two programs, the icare Families and icare Kids & Young People programs. Please provide an update on the progress of both programs.*

Answer:

Limited support for carers and family has been consistently been raised as an issue in the annual Participant Survey, the Customer Experience Design research project and in co-design workshops.

The 'we care' program, run in partnership with Lifetime Care and Carers NSW, focuses on this support for carers and families. It was established to build the resilience, knowledge and emotional wellbeing of families of icare participants. This project contains two programs:

- 1) The Mentoring Carers program, which is aimed at adult family members of participants. The program involves six individually tailored mentoring sessions over six to eight weeks. Topics covered include individual experiences, health and wellbeing, building and maintaining relationships, self-advocacy, resources and referrals.
- 2) The Kids and Young People Program, which is aimed at children and young people aged 5-18 years who are family members of participants, such as siblings or children. The program is flexible and tailored to the needs of the child or young person. The number of sessions will vary but the content will involve initial engagement, goal setting and then casework and advocacy. The program will run over 4-12 weeks.

The programs are available to any family member of a participant at any time post injury, excluding overseas participants. The sessions will be delivered at a time and location that is convenient. Flexible delivery options such as Skype are available.

Phase 1 of both programs commenced in April 2017 with a small cohort of families. Full implementation of both programs will continue throughout 2017.

In addition to the 'we care' program, Lifetime Care is focusing on providing increased support to carers and families by promoting and funding the Strength-2-Strength program for family members of those who have sustained a spinal cord injury or traumatic brain injury.

As part of the Optimal Care program, Lifetime Care is also working on a new initiative to facilitate peer support mechanisms for participants and their families. Mechanisms under consideration include referral to community and not-for-profit support organisations with established networks of others with spinal cord injury and traumatic brain injury and their families, and related support providers.

32) *Carers NSW suggested in its submission that icare needs to further develop its culture to be carer inclusive and that icare's use of the word 'carer' to describe a paid care worker is not consistent with definition prescribed by the NSW Carers (Recognition) Act 2010. What is icare's response to this and does icare intend to amend any references to 'carer' to reflect the Act?*

Answer:

In accordance with the *NSW Carers (Recognition) Act 2010*, Lifetime Care does not use the word 'carer' to describe a paid attendant care worker on its website or its publications. Lifetime Care would welcome the opportunity to discuss where they have seen or heard this reference being used to identify opportunities to ensure our culture is carer inclusive.

As noted in previous responses, participants as well as their carers and family members have been involved and engaged in the Optimal Care co-design workshops. Based on the experiences of participants, their carers and family members, all initiatives within the Optimal Care program have been designed to be more inclusive of the participant's family members and carers. An example of this is the single customer liaison point for participants and their families.

33) *In its submission, Carers NSW notes that it has conducted carer awareness training for a number of icare staff but would like to see this extended to more icare staff. Does icare plan to provide this awareness training to other staff?*

Answer

Carers NSW delivered Carers Awareness Training as part of the communications strategy for the 'we care' program. Ongoing communication about the 'we care' program is planned for 2017. Lifetime Care acknowledges there is value in increasing the knowledge and awareness of carers across icare, and would welcome the opportunity to work with Carers NSW to facilitate opportunities for other icare staff to participate in Carers Awareness Training.

34) *The NSW Carers (Recognition) Act 2010 requires that NSW public sector agencies which provide services directed at carers or persons being cared for by carers include in their Annual Report details on compliance with this Act. Has icare provided this information in its Annual Report?*

Answer:

icare inadvertently omitted this information in its 2015/16 Annual Report. This will be rectified in the 2016/17 Annual Report. icare highly values carers and is committed to the spirit of the *NSW Carers (Recognition) Act 2010* and believes Lifetime Care complies with the Act. Lifetime Care meets its obligations laid out in the Carers Charter at an individual and systemic level by:

- Providing training to frontline staff on carer awareness from Carers NSW.
- Consulting with participants and their families and carers in co-designing new processes and policies through the Optimal Care program.
- Partnering with Carers NSW in the 'we care' program, to develop new services to support families and carers across the icare service lines.
- Promoting and funding a number of initiatives which support the families and carers of participants including the Strength-2-Strength program for family members of those who have sustained a spinal cord injury or traumatic brain injury.
- Active engagement with family and carers to assess and plan participant supports through the My Plan process.

Disputed claims and complaints

35) *The icare Annual Report 2015-16 notes the average time to resolve a complaint received by Lifetime Care was 19 days, with one complaint taking 43 days. What is the current complaint resolution process and are there any initiatives in place to decrease the timeframe?*

Answer:

The current complaint resolution process

Lifetime Care receives complaints from participants, their families and service providers about the Scheme. Lifetime Care commenced implementation of a new customer feedback framework in 2015 to ensure its complaint handling functions were in keeping with the Australian and New Zealand Standard: Guidelines for complaint management in organizations (AS/NZS 10002:2014) and the NSW Ombudsman's best practice guidelines.

Lifetime Care uses the AS/NZS 10002:2014 definition of a complaint and has a three level model of complaint handling described in the table below. This has enabled the majority of complaints to be resolved quickly by frontline staff who have close contact with participants.

Lifetime Care Complaints process

Complaint Handler	Timeframe for resolution
Complaint resolved by a frontline Staff Member (Coordinator)	2 business days
Escalated complaint resolved by	
Step 1: Assessment Review Team	20 business days
Step 2: Internal Review of complaint by General Manager Operations, Lifetime Care	20 business days
External Agency e.g. NSW Ombudsman	Prescribed by the external agency

Initiatives in place to decrease timeframes

Lifetime Care introduced a new process to record complaints in 2016 so that frontline (Level 1) complaints can be more accurately captured and reported. This has resulted in:

- an increase in the total number of complaints suggesting complaints were not being captured before the new process; and
- a decrease in the number of escalated complaints, which reflects the majority of complaints being resolved by the frontline staff member.

Lifetime Care has an average timeframe of two business days to resolve Level 1 complaints. This response includes either a complete resolution of the issues raised, or in some cases, an agreed action plan to resolve any remaining issues (such as a meeting with the participant).

Regular training is also provided to all Lifetime Care staff on the complaints framework. This includes an in-house induction and refresher training on the complaint handling process, procedure document, guiding principles and roles and responsibilities. Lifetime Care also engages the NSW Ombudsman to deliver soft skills training for staff on complaint handling, including a specialist course on managing unreasonable complainant conduct.

Data from July 2016 to 31 March 2017 shows a reduction in the average time taken to resolve Level 2 complaints as indicated in the table below.

Complaints Reported: July 2016 – March 2017

Complaint Escalation Level	Number of complaints	Average days to resolve
Level 1	201	2
Level 2	17	16
Level 3	0	0

36) *The icare Annual Report 2015-16 notes that 32 complaints were lodged in relation to the level of service Lifetime Care provides. What aspects of service delivery attracted complaints and has any action been taken to address any issues identified?*

Answer

Lifetime Care resolved the following complaints about aspects of service delivery in 2015-16:

Type of service issue	Number of complaints in 2015-16	Details
Quality of service	10	<ul style="list-style-type: none"> Level and amount of care and support provided Quality of service provided by coordinator
Quality of service by service provider	8	<ul style="list-style-type: none"> Case manager not fulfilling expectations Performance of attendant care workers Quality of inpatient hospital rehabilitation Conduct and quality of building modifications providers
Delays	7	<ul style="list-style-type: none"> Delays in the home modifications process Delay in Assessment Panel process Delay in reimbursement of provider invoice Delay in fixing equipment
Communication	6	<ul style="list-style-type: none"> Error in certificate Lack of/poor level of communication by coordinator Delays in responding to participant General issues with communication
Communication by service provider	1	<ul style="list-style-type: none"> Communication by attendant care provider around roles and responsibilities

Actions taken to address issues identified relating to the quality of service, communication and delays by Lifetime Care include:

- implementation and review of the communication protocol with participants and compliance with its standards;
- further development of Lifetime Care’s quality assurance program;
- implementation of a streamlined process for reviewing and approving predictable services; and
- digitisation of invoice processing to reduce data entry and improve the speed of invoice payments.

Actions taken to address issues relating to the quality of service provided by service providers includes:

- the development a provider management framework that will provide improved monitoring and oversight of service providers in the Scheme;
- creation of a specialised team within Lifetime Care to streamline and improve provider management and service delivery;
- development and implementation of a portal for attendant care providers to enable improved communication and faster invoice processing; and

- creation of roles specific to the home modifications process in 2016 and 2017 including a home modifications manager and two home modifications officers with expertise in the building industry.

In May 2017, Lifetime Care established a new support and advocacy service. This service recognises that some participants may need additional support, beyond their family or service providers, to resolve an issue with Lifetime Care. This is an optional service that aims to provide participants with an independent, external support to lodge disputes and complaints. The service is free for participants and is designed to provide information and support throughout the dispute and complaint processes, as well as emotional support. It is envisaged that this service will increase the number of complaints made to Lifetime Care.

In addition to the above, the Optimal Care program initiatives directly focus on the various pain points of participants, their families and service providers. These include delays accessing services and equipment, home modification delays, communication with Lifetime Care and quality of co-ordinators and service providers.

The new initiatives Lifetime Care are working on around fast tracking the approvals process, as well as improving the home modifications process and communication with Lifetime Care have been discussed in previous responses. In addition to these, Lifetime Care is working with participants on a new initiative of 'matching' participants to Attendant Care workers and service providers by identifying factors associated with best-fit matches for participants (such as age, gender, injury and personality) ensuring optimal rehabilitation and recovery. Once the suite of Optimal Care program initiatives have been implemented and embedded, Lifetime Care would hope to see this reflected in our complaints data.

37) *The icare Annual Report 2015-16 states that it takes Lifetime Care on average 55 days to resolve disputes about treatment and care needs and 117 days for eligibility disputes. What action has icare taken to improve these time frames?*

Answer:

Actions that Lifetime Care has taken to reduce timeframes for all types of disputes include:

- Expanding panel of dispute assessors from 33 to 50.
- Engaging three disability advocacy service providers to provide an impartial and external support and advocacy service, to assist participants with disputing decisions or making a complaint.
- Recruiting additional staff to ensure all timeframes are met in processing a dispute.
- Providing additional training to the dispute assessor panel regarding their role and responsibilities.

Actions specific to reducing timeframes for disputes about eligibility include:

- A greater focus on more proactively obtaining relevant medical information and hospital records from participants and injured parties during the initial application process.
- Of note, dispute resolution timeframes could be further reduced by requiring insurers to provide all relevant information at the time of an application.

Actions specific to reducing timeframes for disputes about treatment and care needs include:

- Lifetime Care is pre-empting the dispute process by proactively seeking additional medical information that the dispute assessor is likely to require to resolve the dispute. Additional information can sometimes result in the original decision being overturned, resolving the dispute.

- Lifetime Care is ensuring that all of information relied upon to make a decision is included in the certificate containing the decision about approval of the item or service. This has reduced the need for dispute assessors to request additional information from Lifetime Care regarding its decision.

Education and prevention

38) *Suncorp submitted that scheme performance could be enhanced by introducing ‘aggressive educational programs’ aimed at males (highly represented as scheme participants) to discourage high risk behaviour, in an effort to reduce catastrophic accidents or minimise their impact. What is icare’s response to this and is the agency planning any educational strategies of this type?*

Answer:

Lifetime Care does not have a direct role in road safety and prevention initiatives. The Transport for NSW Centre for Road Safety (CRS) develops solutions to reduce deaths and serious injuries on NSW roads including road safety education programs in schools. SIRA funds selected road safety initiatives in collaboration with the CRS that focus on prevention priorities for the CTP Scheme and Lifetime Care.

Lifetime Care provides data to SIRA who share it with the NSW Centre for Road Safety through an ethics committee approved data linkage project.

icare recognises the importance of road safety strategies and is interested in exploring how it can be involved in and support targeted prevention strategies for Lifetime Care related high-risk groups. Lifetime Care would welcome the opportunity to discuss how we can be further involved with SIRA and the CRS.

The Scheme and care professionals

Building sector capacity

39) *Please provide an update on the project funded by Lifetime Care to build sector capacity for managing challenging behaviours that was mentioned in the icare Annual Report 2015-16.*

Answer:

The aim of this project is to build sector capacity to enhance behaviour support for individuals with traumatic brain injury, living in the community, using a positive behaviour support approach.

Lifetime Care worked with various stakeholders from the sector with experience in challenging behaviours in traumatic brain injury to develop an action plan to build sector capacity.

Lifetime Care is implementing a range of initiatives within this project to build capacity for managing challenging behaviours. These initiatives include:

- a *Guideline for Positive Behaviour Support Processes*, which will be used as an assessment measure to identify individuals with traumatic brain injury most in need of behaviour support in the community;
- a *Minimum Positive Behaviour Support Checklist* to outline best practice in this area;
- a training framework in behaviour support, including core standards training modules for attendant care workers, family members, carers and positive behaviour support practitioners; and

- a framework to recruit positive behaviour support practitioners, and a second framework to provide coaching/mentoring to these practitioners.

All of these initiatives acknowledge that working with individuals with traumatic brain injury who have challenging behaviours is a specialist area of expertise, even within brain injury rehabilitation. Lifetime Care considers that this area of clinical practice requires additional training and support, and a multi-faceted approach to capacity building, to be successful.

Incident reporting

40) *ACIA recommended that icare conduct a review of incident reporting and communication structures between Lifetime Care and service providers to ensure incidents are recorded and responded to appropriately. What is the current process for responding to incidents and complaints involving attendant carers?*

Answer:

Current process

Lifetime Care's current contract with attendant care panel providers requires them to:

- have systems in place to systematically record all adverse events and provide notification to statutory agencies and Lifetime Care where appropriate;
- report all adverse events and any subsequent strategies to improve services and reduce risks in the Half Yearly Report; and
- report an adverse event to the case manager and Lifetime Care Coordinator when it has resulted in a significant change to the attendant care program.

Current actions

Of relevance to ACIA's recommendation, Lifetime Care commissioned a review of safeguarding practices in 2016 to ensure participant safety, which included examination of the roles and structures relating to attendant care service provision. The review explored existing safeguards in place for participants receiving attendant care services and how they could be strengthened and included focus groups with service providers and specifically participants and their families on what makes them feel safe.

Of note, the review identified an opportunity for improvement around adverse event reporting, recommended identification of a clear definition of what an 'adverse event' is, and the development of a specific adverse event protocol for providers and Lifetime Care. Lifetime Care is in the process of implementing these recommendations.

Overall, Lifetime Care is strengthening its oversight and monitoring of service provider activity. The contracts with attendant care panel providers are currently under review, which will include examination of the existing provider obligations for safeguarding and incident reporting functions.

A provider management framework is also under development that outlines roles and expectations in managing issues and concerns around provider performance, with clear escalation pathways for management of adverse events or provider quality issues. This framework is also developing an audit program to assist in identification of provider performance issues.