



12 July 2022

Tēnā koe

On 9 April 2022, you emailed the Ministry of Social Development (the Ministry) requesting, under the Official Information Act 1982 (the Act), the following information:

- 1. Can you please confirm with Hayley and the other RHAs and let us know in writing that Dr Burling's and other private specialists' internationally recognised skills, and the fact of referrals from GPs and DHBs to Dr Burling and other skilled private specialists, are not being vetoed or biased against by MSD.*
- 2. If non-clinical case managers are, as you said, required to detect clinical advice errors, we need to discuss this with the Commissioners to request a system Review, and ensure a more appropriate system is developed. Please let us know how MSD will address or is addressing this matter.*
- 3. It appears MSD needs to inform the Government that it cannot currently meet the DHB shortfalls for young clients with complex disorders and that clients are being impacted. MSD has an obligation to fund shortfalls for current clients, regardless of the new health system pending. Please advise what action you/MSD will take or is taking on this matter.*
- 4. We ask that MSD will look carefully at Hayley's situation and do something to provide her with support and oversight to ensure specialist reports and clinical recommendations on file are taken into account. Please advise what action MSD is taking.*
- 5. Please provide a copy of the relevant portions of the current MAP and any other relevant guidance, and state whether MSD Disability Advisors believe the MAP is still fit for purpose?*

On 26 April 2022, you emailed the Ministry with an additional question, the following information:

6. *How does MSD monitor the capability and performance of its employed disability advisors and regional health advisors, and are they subject to an independent regulating authority (e.g. nursing body) in the same way that ACC's advisors are?*

The Ministry has 13 Regional Health Advisors (RHAs). The RHAs are responsible for providing specialist advice and support to Case Managers on the health factors associated with a client's application, review/renewal or entitlement to benefits and other supplementary assistance. RHAs also provide information on additional health and disability support and services available which may assist the client with their health support needs. They may also recommend a referral to a designated health practitioner for an independent assessment of a client's work capacity, or entitlement to a health-related benefit.

The RHAs as Ministry staff are required to undertake professional development activities relevant to their position. RHAs who are registered health practitioners maintain their certificate of practice and are required to undertake professional development training in line with the requirements of their regulatory body, such as the Medical Council of New Zealand, or Nursing Council of New Zealand.

For clarity, the Ministry will respond to your questions in turn. However, for the Act to apply, the information requested must already be held by the Ministry. There is no obligation on the Ministry to form an opinion or create information to answer your request received in the form of questions.

In the spirit of being helpful, the Ministry will provide you with contextual information where appropriate, and for questions one, two, three, four and six.

1. *Can you please confirm with Hayley and the other RHAs and let us know in writing that Dr Burling's and other private specialists' internationally recognised skills, and the fact of referrals from GPs and DHBs to Dr Burling and other skilled private specialists, are not being vetoed or biased against by MSD.*

RHAs are not decision makers. The primary responsibility of an RHA is to apply the relevant legislation and policy when providing advice to case managers regarding what client costs can be covered by the Ministry when granting main benefits or supplementary assistance.

With respect to the Disability Allowance (DA), this can be paid to help people (or their partner or dependent children) with disabilities to meet costs that are:

- regular and ongoing

- a direct result of a disability which is expected to continue for at least 6 months
- additional to, or over and above those costs that a person without a disability would have
- not fully funded by another agency such as Health, ACC or other accident insurers, Education, regional councils, and
- not a residential care service.

On occasion, health practitioners may make treatment recommendations at costs which cannot be entirely covered by the legislative limit of DA and other supplementary assistance. The Ministry ensures that the client receives their full and current entitlement to support them in paying for their disability costs as much as legislation allows, however the Ministry cannot guarantee that the entire cost is coverable within the limits of DA and other supplementary assistance.

More information about DA, including the maximum payable amount, can be found on the Ministry's website here: www.workandincome.govt.nz/map/income-support/extra-help/disability-allowance/introduction.html.

2. *If non-clinical case managers are, as you said, required to detect clinical advice errors, we need to discuss this with the Commissioners to request a system Review, and ensure a more appropriate system is developed. Please let us know how MSD will address or is addressing this matter.*

As explained above, RHAs and case managers are required to apply the relevant legislation and policy when determining which costs can be covered under DA and other supplementary assistance. Their role is not to detect or identify 'clinical advice errors'.

If the Ministry has made a decision that you do not agree with, you are able to request a formal review.

The Review of Decision (ROD) process falls under Section 391 of the Social Security Act. This allows for a beneficiary to exercise their right to challenge and review any decision made by the Ministry and is an opportunity to:

- advise that they disagree with a specific decision made, and
- ensure that legislation has been applied correctly, which includes the appropriate exercise of discretion.

You can find more information about the ROD process at the following link: www.workandincome.govt.nz/about-work-and-income/complaints/review-of-decisions.html.

- 3. It appears MSD needs to inform the Government that it cannot currently meet the DHB shortfalls for young clients with complex disorders and that clients are being impacted. MSD has an obligation to fund shortfalls for current clients, regardless of the new health system pending. Please advise what action you/MSD will take or is taking on this matter.*

Where a service is provided by the Ministry of Health, the Ministry of Social Development is not responsible for funding where a waiting list is long, or where the budget has already been spent. The Ministry is not a health provider.

- 4. We ask that MSD will look carefully at Hayley's situation and do something to provide her with support and oversight to ensure specialist reports and clinical recommendations on file are taken into account. Please advise what action MSD is taking.*

I understand that Anne Hawker, Principal Disability Advisor, has looked into the matters you have raised.

As mentioned above, if you are unhappy with a decision that has been made by the officer of the Ministry you have the right to review that decision.

- 5. Please provide a copy of the relevant portions of the current MAP and any other relevant guidance, and state whether MSD Disability Advisors believe the MAP is still fit for purpose?*

In regard to question 5, the Ministry is regularly reviewing the content on our website. The information you have requested for current Manuals and Procedures (MAP) is publicly available. You may find the content on Disability Allowance helpful at the following link: www.workandincome.govt.nz/map/income-support/extra-help/disability-allowance/index.html.

- 6. How does MSD monitor the capability and performance of its employed disability advisors and regional health advisors, and are they subject to an independent regulating authority (e.g. nursing body) in the same way that ACC's advisors are?*

The performance of the RHA and the Regional Disability Advisor (RDA) team is managed by the Manager of Regional Services in each region. The Principal Disability Advisor and Principal Health Advisor have a mentoring and training role by reviewing recommendations, notifying RHAs and RDAs of training opportunities, meeting them through regular monthly teleconferences. Prior to the COVID-19 pandemic, this work was also complemented by quarterly cluster meetings and regional visits.

For example, the RHAs are responsible for maintaining and upskilling their own knowledge in their respective roles. Some of the main objectives or responsibilities of our RHAs are to:

- advise of the likely impact of a health condition or disability on the client's capacity to work associated with an application, reassessment or renewal of financial assistance,
- advise on appropriate interventions to enable people to resume, retain or gain paid work,
- engage with health and disability providers and health practitioners in regard to a person's health issues and/or service needs to move the person towards work,
- provide advice to case managers to determine the need for any specialised assessments,
- work closely with the regional disability advisor to ensure there is comprehensive specialised advice and support for case managers,
- actively support the case management structure in the region,
- contribute to Work and Income's understanding of clients with health needs to assist them to move towards work,
- maintain an understanding of the health network and range of services available within the region, and
- actively contribute to the regional plan for the Work and Income region as required.

You may also find helpful the job descriptions for the RHAs and the RDAs at the following links:

www.msd.govt.nz/hr/documents/position-descriptions/dce-service-delivery/client-service-delivery/regional-health-advisor-oct-20.pdf,
www.msd.govt.nz/hr/documents/position-descriptions/dce-service-delivery/client-service-delivery/regional-disability-advisor-oct-20.pdf.

The principles and purposes of the Official Information Act 1982 under which you made your request are:

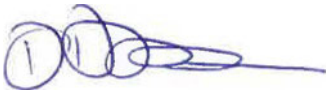
- to create greater openness and transparency about the plans, work and activities of the Government,
- to increase the ability of the public to participate in the making and administration of our laws and policies and
- to lead to greater accountability in the conduct of public affairs.

This Ministry fully supports those principles and purposes. The Ministry therefore intends to make the information contained in this letter and any attached documents available to the wider public. The Ministry will do this by publishing this letter on the Ministry's website. Your personal details will be deleted, and the Ministry will not publish any information that would identify you as the person who requested the information.

If you wish to discuss this response with us, please feel free to contact OIA_Requests@msd.govt.nz.

If you are not satisfied with this response, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or 0800 802 602.

Ngā mihi nui

A handwritten signature in blue ink, consisting of several loops and a long horizontal stroke extending to the right.

Dwina Dickinson
Group General Manager
System Performance and Improvement