

**Department of Health submission to the  
*Joint Standing Committee on the NDIS – Scheme Implementation and Forecasting for the NDIS***

**October 2021**

The Department of Health works with the Department of Social Services (DSS) and the states and territories on the interface between the health, aged care and disability systems including the boundaries of National Disability Insurance Scheme (NDIS) and non-NDIS service provision.

NDIS funding and scope have significant impacts on the Health Portfolio, particularly in relation to mental health, primary care, aged care, and public hospital services. Under Schedule F of the *Addendum to the National Health Reform Agreement 2020-2025* (NHRA), the Commonwealth and states have adopted a shared commitment to work effectively with disability support systems to deliver better outcomes under the NHRA. This includes a commitment to ensure that policy changes in one sector do not adversely impact other sectors or services, and to work with the states on proposed changes.

***Improving the health, and care and disability interface***

The Department of Health is working with states and territories to develop implementation plans for key priority areas under the NHRA. This includes a focus on reforms to monitor performance, identify barriers and gaps, and inform solutions to address the interface issues between the health, aged care and disability systems.

The Department of Health has assisted DSS in its work to develop *Australia's National Disability Strategy 2021-2031*, which is expected to be released before the end of the year. The Strategy is underpinned by a shared leadership model that includes all relevant portfolio Ministers, and clear identification of areas for which states and territories are responsible.

The Department of Health currently funds Primary Health Networks to commission Commonwealth psychosocial support services for people with severe mental illness and reduced functional capacity who are not accessing the NDIS. These are non-clinical supports that aim to facilitate recovery in the community for people experiencing mental illness – through a range of services to help people manage daily activities, rebuild and maintain connections, build social skills, participate in education and employment, and stay connected to clinical care. Initial steps have been taken to improve the program's interface with the NDIS, including:

- providing assistance for people to test or retest their eligibility for the NDIS. This assists consumers with more intensive, ongoing support needs in collecting the evidence to submit a NDIS access request and 'walks with consumers' during the process;
- Service Navigation to provide information, advice and referral assistance to consumers, their families and carers to better connect to services and improve integration;
- funding the delivery of sector capacity-building resources on practical interface topics, including any changes to NDIS that have implications for psychosocial supports.

The Commonwealth Psychosocial Support Program is currently funded until 30 June 2023. Future arrangements are being worked through with state and territory governments as part of a new National Mental Health and Suicide Prevention Agreement (see below).

### *National Mental Health and Suicide Prevention Agreement*

The National Cabinet has committed to developing a new National Mental Health and Suicide Prevention Agreement (National Agreement) between the Commonwealth and the states and territories. The aim of the National Agreement is to achieve systemic, whole-of-government reform to deliver a comprehensive, coordinated, consumer-focused mental health and suicide prevention system.

The National Agreement will consider key mental health reports and inquiries, including the key recommendations from the Productivity Commission Inquiry into Mental Health, the National Suicide Prevention Adviser's advice and the Royal Commission into Victoria's Mental Health System. These reports recognise that psychosocial support services are an important part of a well-equipped mental health service system.

The National Agreement is currently being negotiated between the Commonwealth and states and territories. It will consider a number of mental health and wellbeing reforms, including psychosocial support services for people not supported through the NDIS.

The National Agreement will recognise links with, but not duplicate, existing national agreements, such as the National Health Reform Agreement and the NDIS Agreement. Supports provided through the NDIS are considered out of scope for the National Agreement.

### *National Roadmap for Improving the Health of People with Intellectual Disability*

The Department is leading the implementation of the *National Roadmap for Improving the Health of People with Intellectual Disability* (the Roadmap). The Roadmap, an element of the Primary Health Care 10 Year Plan, was developed based on detailed stakeholder consultations held between August 2019 and March 2021. The Roadmap was released by the Minister for Health and Aged Care, the Hon Greg Hunt MP, on 13 August 2021.

The Roadmap sets out a targeted program of reforms across the health system to better meet the needs of people with intellectual disability, who suffer significantly worse health outcomes than other Australians across a range of measures, and face significant barriers to accessing appropriate care in the health system. It outlines a series of short term (1-3 years), medium term (4-6 years), and long term (7-10 years) actions to help ensure that people with intellectual disability have access to high quality, timely and comprehensive health care.

While the actions prioritised throughout the Roadmap focus predominantly on improving primary health care for people with intellectual disability, many also target improvements that can be made across the health and disability systems. This recognises the need for action across systems, across levels of government, and in the interaction between systems, in order to improve the health outcomes of people with intellectual disability. These include, but are not limited to:

#### *Better coordination with other sectors*

##### *Short Term (one to three years)*

- The Council for Intellectual Disability, Primary Health Networks (PHNs) and other experts to work together as part of the Primary Care Enhancement Program for people with intellectual disability (PCEP) to develop resources to improve health professionals' knowledge of the NDIS, disability support arrangements and referral options to appropriate services.
- DSS, the NDIA, the NDIS Commission, state and territory governments, disability service provider and advocacy organisations, professional associations and people with intellectual disability, their

families and carers to develop best practice guidelines and training for day-to-day preventive health supports for people with intellectual disability.

- NDIS Quality and Safeguards Commission to:
  - review and update NDIS Practice Standards and Quality Indicators where appropriate, to support healthy lifestyles and optimal access to health services for people with intellectual disability;
  - include in its Workforce Capability Framework, a strong focus on the role of disability workforce in supporting healthy lifestyles and access to health services.

*Medium Term (four to six years)*

- Commonwealth to consider funding models and options for better supporting NDIS participants' access to health services.
- NDIA to explore options for engaging NDIS Health Liaison Officers to support hospital admissions for vulnerable people with intellectual disability.
- Commonwealth Department of Health to collaborate with:
  - key experts to develop resources and training that improves health literacy and health system literacy among disability service providers and disability support workers, and identify options for incorporating them into core modules of training programs (e.g. Certificate IV in Disability);
  - DSS, the NDIA, the NDIS Commission, state and territory governments, disability service provider and advocacy organisations, professional associations and people with intellectual disability, their families and carers to develop best practice guidelines and training for day-to-day preventive health supports for people with intellectual disability;
  - state and territory governments to ensure information on health services for people with intellectual disability is effectively shared throughout other key systems (e.g. justice and education systems).