

# The NDIS and the community sector - where are we now? - a national perspective

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# What are the key issues still there?

- The community mental health sector has developed recovery-oriented models of care, & a workforce suitably qualified & skilled to deliver. Includes:
  - Time to develop recovery plans
  - Capacity building, wrap-around supports that are flexible
  - Be supported by well-trained & supervised staff
- Concerns about losing the workforce and being replaced by a generalist workforce, and participants with more complex &/or higher needs being excluded or not having access to services that require higher levels of staff support.
- The impacts this will have on the quality & safety of care delivered to participants.

# Key recent developments

- McKinsey Independent Price Review
- Establishment of the NDIS Quality and Safeguards Commission
- \$80m for psychosocial supports for people not eligible for the NDIS in 2017-18 Federal Budget - to be matched by states and territories
- Continuity of Support funding in 2018-19 Federal Budget for people in federal mental health programs who won't be eligible for the NDIS

# McKinsey Price Review

Key points for mental health/psychosocial disability:

- Adding a third tier to complexity loading of 10% for higher levels of skills/experience of workers & training required.
- Implementation of a temporary price supplement to attendant care price cap - transitional support for overheads increase of 2-3% for the next 12 months. There should be a review in 12 months to determine if required for a further period.
- ‘Deregulation of pricing remains an appropriate goal, but there is yet a clear path towards reaching it’
- NDIA have agreed to the recommendations - no definite timeframe as yet for implementation or new price guide

# NDIS Quality & Safeguards Commission

- Commission has been established - Graeme Head appointed Commissioner
- Will be a national 'consistent' process & will be operational by:
  - July 2018 - NSW and SA
  - WA 1 July 2020
  - Remaining states & territories 1 July 2019
- Will regulate providers & handle complaints about providers, & monitor, investigate and take actions
- Responsible for registration
- Has a market oversight role
- Responsible for processes under the Quality and Safeguards Framework such as Code of Conduct, worker screening, practice standards, behaviour support, reportable incidents, complaints

# NDIS Quality & Safeguards Commission (cont.)

- Providers will be required to provide training on new processes - the NDIS does not include training & compliance costs in its price structure.
- Questions of who will develop and pay for the training?
- The sector is being impacted by & under extreme pressure to adapt to the implementation of the NDIS & the price structure - new compliance measures will further pressure - support will be vital.
- Will not deal with complaints about the NDIS or LACs - Contend the NDIA & LACs should also be subject to the Commission processes, including complaints.

# Recognising & articulating complexity

- The information that will be provided on the Quality & Safeguards processes to providers & workers will be a important particularly where there are 'new players' coming in to provide services.
- Compliance & training required for providers & workers & therefore demonstrating the complexity they will deal with important.
- Case studies used for psychosocial disability need to explain the types of situations & complex participants that will be part of their work each day.

# Case Study

- Steve lives with his father Ron - both have an intellectual disability & schizophrenia. Steve has an NDIS package & primary psychosocial disability.
- Psychosocial support worker Peter arrives at their house on a hot day, & notices Steve is sitting in a jumper & tracksuit.
- The fan & air-conditioner aren't switched on, & asks if the father Ron can turn them on, & leaves the house without further discussion.
- That evening the support agency receives a phone call from the hospital as Steve was admitted with severe dehydration & had been found unconscious at home.

- The procedure for notifiable incidents & an internal investigation initiated, & notification is made to Commission. The Commission investigation finds the worker had not acted in a manner that supported Steve's welfare & had neglected the duty of care to both Steve and Ron.
- The Commission referred the complaint and findings back to the NDIA, with a requirement that the worker undertake additional training. The NDIA procedures were also to be updated for working in hot weather and proof that training had been provided to all support staff was required.

# Importance of peer support & advocacy

- Part of the process of accessing necessary & appropriate services is supported decision-making so that participants can exercise choice & control & be supported through decision-making processes.
- State & territory governments should provide funding for advocacy; to up-skill the mental health workforce to do this; and the peer workforce has an important role to play in this.
- Support for families and carers - both indirect & direct - a part of ensuring participants receive safe & high quality levels of cares, services & support.

# Outside the NDIS

- A significant issue is what happens to people not eligible for the NDIS, and the intersection between disability and chronic health/health.
- Community based mental health service funding moving to NDIS or ceasing, & Federally funded mental health programs ceasing & funding transitioning to the NDIS - PHaMs, PIR & D2DL
- The interface between the NDIS and mainstream services and the gaps that will be created for mental health in the transition some of the most significant & concerning issues.
- Productivity Commission in the Position Paper for the NDIS Costs inquiry recommended that until interface issues & associated boundaries were settled, that governments do not withdraw from services too quickly.

# What are the funding streams for support

The pools of funding or pathway include:

- NDIS
- Services provided through the PHNs
  - National Psychosocial Support Scheme - funding for people not eligible for the NDIS through PHNs (\$80m to be matched by states & territories announced in 2017-18 Budget)
  - Continuity of Support for people currently in Federally funded programs who won't be eligible for the NDIS through PHNs(funding included in 2018-19 Budget) - 8,800 people
  - Mental health funding through the PHNs - announced through mental health reforms & based on stepped care
- State or territory funded services (where they exist)

- CMHA developed a continuity of support position statement:
  - Must adhere to Federal Government statement that clients found ineligible for the NDIS will be supported to achieve the same outcomes, even if arrangements change over time.
  - There needs to be links between the NDIS & all parts of the mental health system to recognise people will need assistance from different parts of the system at different times.
  - People should not have to test their eligibility to access support - against UN Convention on Rights of People with Disability.
  - People should be provided with support to coordinate a plan if they require it, whether this is short or long term.
  - Supported decision making must be included - advocates and peer workers.
  - It is vital that the system does not create a 'second class' of clients where timeframes & referral processes for non-NDIS are lesser.

# PHaMs & PIR monitoring

- CHMA in partnership with the University of Sydney has been funded through a grant by the National Mental Health Commission to collate, analyse & report on data available on the transition of PIR, PHaMs and D2DL to relating to program clients in the transition to the NDIS
- A set of representative providers from each of the three programs across each state & territory will be identified and engaged to provide data on a quarterly basis. Quarterly reports of the data will be made public.
- Issues examined will include NDIS application time & outcome; reasons for ineligibility; appeals; plans received & those that lead to a review or appeal; for people not eligible why are they not & what is the pathway they are referred to.

# Optimising Support for Psychosocial Disability

- CMHA & MIFA is involved with a project being managed by Mental Health Australia which aims to develop alternative ways to provide support to those being offered through the NDIS rollout.
- Working with consumers, carers & other experts to develop a set of alternative typical support packages.
- Aftercare, Flourish Australia, Mind Australia, Neami National, New Horizons, Star Health & Wellways providing data.
- Have a say at [ndis@mhaustralia.org](mailto:ndis@mhaustralia.org)



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