

**Submission  
No 151**

**INQUIRY INTO IMPLEMENTATION OF THE NATIONAL  
DISABILITY INSURANCE SCHEME AND THE PROVISION  
OF DISABILITY SERVICES IN NEW SOUTH WALES**

**Organisation:** Northcott

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## **Portfolio Committee No 2: Health and Community Services**

# **Inquiry into the implementation of the National Disability Insurance Scheme and the provision of disability services in New South Wales**

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## **About Northcott**

Northcott is a well-established disability services provider that has been supporting people with disability in NSW since 1929. We provide services across NSW, as well as some allied health services (therapy) in the ACT. We have a workforce of over 2,200 staff and support around 14,000 people with disability, their families and their carers.

Northcott provides a wide range of disability supports ranging from therapy services to the provision of medical/disability care in group home settings. As such many of our customers are people with complex and multiple needs, some of which are a result of their disability and others that may be health-related.

Northcott also acquired on 3 November 2017 110 homes and the associated customers as part of the devolution of the provision of disability accommodation from NSW Family and Community Services. These homes and facilities are located in Western Sydney, South Western Sydney and the Murrumbidgee areas of NSW.

## **Background**

The implementation of the National Disability Insurance Scheme (NDIS) has had major impacts on the way that disability services are delivered in NSW, particularly as the full rollout of the NDIS in July 2017 coincided with significant changes to the delivery of disability supports and services by the NSW Government, including the devolution of disability accommodation to service providers, including Northcott.

Whilst there are a number of issues that have become apparent in the implementation of the NDIS, many of those are related to the rollout of a brand-new, complex system that encompasses services and approaches that were previously delivered by state and territory governments. As NSW was the first state with full implementation of the NDIS, it would be realistic to assume that there would be some implementation issues and that systems would need to be refined in light of on the ground impacts of new policies and approaches.

As such this submission seeks to highlight a number of key issues that refer more specifically to the interaction between the NDIS and existing and ongoing State systems and responsibilities.

## **Issue 1: Coverage for people with disability who don't appear to meet the NDIS eligibility criteria**

The eligibility for the NDIS is based around specific conditions and levels of impact that is evidenced through independent assessments and professional judgements on the long-term view of whether a disability is permanent or not. There is considerable onus on people with disability and their families/carers to provide complex evidence and information to navigate this assessment process, often involving the input of medical and allied health specialists.

For some people with disability this is achievable, especially if they have the financial resources to see a range of specialists and secure required reports and tests. For those who do not have access to these, the process is more difficult. Similarly, navigating a complex

process can be difficult for those people with disability that come from a non-English speaking background.

For people with disability living in regional areas of NSW there is less availability of specialists and support services (such as interpreters) these problems are more acute.

Finally, the approach of the review process is to focus on what the person can't do and the likelihood of them having permanent disability, whereas professionals supporting people with disability (including medical and allied health professionals) tend to focus on improving people's ability. In fact, the NDIS support is structured around providing resources to progress and improve a person's ability to do things.

Whilst the purpose of an eligibility system is to determine qualification for support and there will always be an absolute measure that must be met, the complexity of the NDIS system and its reliance on not easily accessed professionals means that some people who may be eligible for funding are not properly assessed or do not provide the level of evidence required.

We note that the iCare system in NSW deals with similar eligibility/assessment processes, but has a more supportive model whereby health professionals, rehabilitation experts and affected people work together to assess and gather appropriate evidence to determine the person's needs.

*Recommendation 1: That the committee look at the provision of specialists and support services across the state so that people in regional or disadvantaged areas have opportunities to access the support they need to provide evidence for the NDIS assessment process.*

*Recommendation 2: That the committee look at the iCare assessment approaches to identify improvements that could be made to assist potential NDIS recipients.*

## **Issue 2: The differentiation between “disability” needs and “health” needs**

A clear statement of the NDIS is that it supports a person's disability needs, not their health needs. However in the implementation of the NDIS there is often a blurring of what is impacted by a person's disability (and therefore within the coverage of the NDIS) and what is impacted by their health needs (and therefore a matter for state-based health services).

This issue is particularly acute for those people who have high support needs and have NDIS funding support then accessing the NSW health system (including presenting at Emergency Departments).

More specifically:

### **Hospital – Allied Health**

There have been occasions where NSW Health has used a person having NDIS funding as an exclusion criterion for mainstream allied health services. This is particularly relevant for NDIS participants who have presented to hospital for fall or choking related incidents where

medical teams have argued that therapy should be sought through the person's NDIS plan, and is not mainstream health's responsibility.

This has resulted in unnecessary delays around discharge.

## **Community Nursing**

### *Access to training*

There have been issues for NDIS participants accessing community nursing support. Where a person is unable to perform a healthcare procedure independently, there has been a lack of support for training support workers to safely perform the task.

NDIS is reluctant to fund this in participants' plans arguing it is the responsibility of a mainstream health service responsibility. NSW Health argues that it is the responsibility of the NDIS.

### *Complex Health Care Procedures*

Some people with a disability have complex healthcare needs and the procedures used are beyond support workers skills and capabilities (e.g. Indwelling and supra pubic catheter insertion or changes). Yet, access to an ongoing community nurse to perform these tasks is often problematic resulting in the customer or disability support organisation having to cover the costs (with no reimbursement).

Again NDIS is reluctant to fund this in participants' plans arguing it is the responsibility of a mainstream health service responsibility. NSW Health argues that it is the responsibility of the NDIS. .

## **NDIA does not fund support for people when they are in hospital**

Due to the nature of some people's support, when a person presents to hospital, NSW Health requests disability support staff to support the person while they are in hospital. NDIS does not provide funding when a person is in hospital.

There has also been confusion around roles and responsibilities of support workers while they are providing support to customers in hospital. There have been some reports that nurses request support workers to give medications to the person, as well as undertake all person-care tasks without nursing assistance.

## **Provision of Support**

People who are categorised as needing "High Intensity Daily Support" require adequate support plans to ensure that support workers are equipped with the skills and knowledge to respond to their needs.

In the absence of adequate NDIS nurse funding, people falling into this category do not have the level of health coordination that is required to safely support them. Plans are often spread across multiple medical specialists, and support workers do not have the skills to recognise clinical associations to manage healthcare risks.

*Recommendation 3: There needs discussion and clarity around the responsibilities of NSW Health and the NDIS, particularly around people with complex disabilities and associated health needs. This needs to ensure that there are no gaps in the coverage and that people with disability or their support organisations are not expected to cover any costs as a result of those gaps.*

*Recommendation 4: There needs to be agreements put in place between NSW Health and the NDIS around funding long-term hospital stays where NSW Health requests support for the patient.*

### **Issue 3: Processes and impacts of the Public Trustee and Guardianship system**

A significant number of people with disability, especially those with complex needs and limited independent decision-making capability, are impacted by the requirements and interactions with the Office of the Public Trustee and Public Guardianship system.

More specifically:

#### **Responsiveness of the system**

There have been instances where it has been extremely difficult to get a prompt response from the Office of the Public Guardian and NSW Trustee and Guardian and that often issues have to be followed up with numerous emails and phones.

There are also concerns with delays from guardians replying to emails when things are already approved or if a process has been followed by Northcott staff where those staff are not informed that it is the incorrect process. For example, a Trustee required an invoice and a quote from Northcott staff and this was provided. The Trustee did not then inform the staff member that the request couldn't be processed. The staff member had to follow this up as they had not received any response from the Trustee and didn't know whether it had been approved or not.

The Office of the Public Guardian email contacts that are provided are usually generic email addresses, rather than specific people and this appears to contribute to delays in response times.

The Office of the Public Guardian Reception does not have a call request records system, therefore each time staff need to inform reception who they are and why they are calling. This becomes inefficient and time consuming as some circumstances result in staff contacting the Office of the Public Guardian office multiple times in a matter of days.

#### **Obtaining consents**

When Guardians receiving service agreements or other documents, staff are informed they will not sign documents but will instead send emails consenting to services. There has been confusion on this across services with a lack of clarity about what the system actually is and what to expect in particular circumstances.

## **Allocated Contacts**

No specific contact for a specific person with disability has led to a number of issues around people that have complex needs. Duty Officers are often designated as the allocated contact and may not know the history of the person. A simple example is when a request was made for a Restricted Practice approval to lock a door the duty guardian refused. This was then followed up and resolved, however it was clear that had the duty officer known the person and their complex support needs that they would have agreed to the request at the first point of contact.

Similarly when a change within the Office of the Public Guardian regarding particular team members is not communicated to Northcott staff it can lead to delays and time taken to resolve issues.

*Recommendation 5: There needs to be a review of the communication procedures and processes for the Office of Public Guardian and Trustees to ensure consistency in approach and a clear understanding of approved consent processes and clarity in obtaining approvals and consents.*

## **Issue 4: Interaction with the NSW School Education system**

The implementation of the NDIS has led to an increase in requests to complete therapy supports within a school environment. NSW Department of Education has responded by creating a system to formalise these requests and given the decision making responsibility to individual school principals as to approve an individual's therapy taking place at school.

Some schools have interpreted this by taking a complete ban on therapy services in schools, which restricts the options for students of those schools who also have NDIS funding. This can be illustrated in two ways:

1. An individual may have a therapy need that is specifically related to the school environment. For example, a child may have swallowing issues (dysphagia) that have been managed in the home environment, but are still a problem for morning tea and lunch, which happen at school. If the therapist can't access the child in the school, it is difficult to identify and mitigate environmental issues that may be contributing to the problem at school.
2. An individual's disability can have significant impact on their ability to participate in both the school curriculum and social environment of the school which are often identified in the individual's NDIS Plan goals. This creates crossover of responsibility for NDIS and the Department of Education, and it cannot be simply separated into two different systems and dealt with separately. In these situations, access to the school is a key requirement.

*Recommendation 6: There needs to be a review of the policy around access to school for therapy and other allied health services so that the process is consistent across the school system and not dependent on the cooperation of an individual school principal.*

## **Conclusion**

Northcott is strongly supportive of the NDIS, particularly in giving people with disability more choice and opportunities to do what they want to do. The overall experience for people with disability accessing the NDIS has been very positive and the issues that we have raised are focussed on the practical implementation of such a complex scheme, particularly when the responsibilities for service delivery or funding have shifted from the State to Federal agencies.

Northcott welcomes any opportunity to work through the identified issues with the appropriate agencies as we believe that it is in the interests of people with disability, their families and carers, for these issues to be resolved.