

30 April 2021

## Consultation response: State Disability Plan 2021-2025

### About the Victorian Healthcare Association

The Victorian Healthcare Association (VHA) is the not-for-profit peak body supporting public and community health services to deliver high quality care in Victoria. The VHA represents Victorian public hospitals, registered community health services, Multi-Purpose Services (MPS) and bush nursing services.

### Public sector provision of disability services in Victoria

In Victoria, the public sector delivers approximately 15 per cent of registered disability services. While not every hospital, health service, or community health service in Victoria is registered to provide every support under the National Disability Insurance Scheme (NDIS), when the sector is looked at as a whole, the public sector is registered to deliver the full spectrum of NDIS supports.

Public hospitals, health services and community health services delivering these services have a considerable footprint in regional and rural areas (traditionally areas of lower demand) and often provide services to people living with high and complex needs. In many cases they are the only provider for vulnerable people, acting as a safety net for Victorians who may otherwise struggle to access services that meet their need in, or near, their homes, families and communities.

### Introduction

The VHA supports the proposed State Disability Plan 2021-2025. However, it is important that the State Disability Plan, and its proposed activity, are aligned with the wider reform environment, such as the Royal Commission into Victoria's Mental Health System and building on any success from service provision during the pandemic. It is also vital that health services, some of whom are disability providers while others face the impact of shortfalls in disability care, are appropriately engaged during implementation of the relevant processes included in the new State Disability Plan, including the review of the Disability Act 2006 and any attempt to close gaps with the NDIS interface.

This submission is based on previous consultation with VHA member services and experience in supporting activities delivered under the previous State Disability Plan. The submission is structured around the topics and questions in the [consultation documents](#).

### Submission

The Victorian Healthcare Association (VHA) is the not-for-profit peak body supporting public and community health services to deliver high quality care in Victoria. The VHA represents Victorian public hospitals, registered community health services, Multi-Purpose Services (MPS) and bush nursing services.

#### Topic 1: Improving how we describe disability and disability inclusion in the next plan

- *How should we set out a description of disability and a human rights approach in the next state disability plan?*
- *Are there other statements you'd like the next plan to say about what disability is, what it means to you, and how Victoria needs to do its work to be more inclusive?*

A human rights approach should be utilised to develop a contemporary description of disability that promotes government and community-wide action and change. The two recently released Royal Commission final reports on mental health and aged care serve as an example of how this description can be developed.

Recommendation 2 of the Royal Commission into Aged Care Quality and Safety sets out a list of rights for people seeking, receiving and providing care. While the Royal Commission found ‘there is no international consensus on a common set of human rights and principles that should underpin aged care’, they identified the ‘necessary elements of a human rights-based aged care system, best adapted to the Australian context’. The Australian Charter of Healthcare Rights has a similar approach, setting out the rights that apply to all people in all healthcare settings, including in Victoria.

Similarly, the Royal Commission into Victoria’s Mental Health System was explicit about the need ‘to promote and uphold human rights’ to deliver a new mental health system, including applying ‘a human rights lens to oversight of quality and safety’, with Recommendation 56 focused on the rights of consumers. The final report does not list human rights, instead seeing these as being part of Victoria’s existing Charter of Human Rights and Responsibilities, but it does call for a new Mental Health and Wellbeing Act to ‘enable good practice, encourage a human rights-based culture to flourish and support efforts to reduce compulsory treatment.’

Utilising and building from these previous and current efforts to create a human rights approach should ensure that disability is aligned with overlapping care areas, especially with mental health. A clear list of rights, adapted to the Victorian context and aligned with the existing Charter of Human Rights and Responsibilities, should be developed to clearly describe disability and the rights of those affected, which can be reflected in an updated Disability Act.

**Recommendation 1: The Victorian Government should ensure that a human-rights approach, aligned with similar existing or developing resources in connected healthcare areas such as aged care and mental health, is used to develop a contemporary description of disability.**

## Topic 2: Finding better ways to include people with disability in making the next plan

- *What are other groups that we need to reach out to?*
- *What are some of the specific things we can do to engage effectively with particular groups?*
- *What are some of the things we can do to let people know that we have taken their advice seriously and have brought it into the development process?*
- *What codesign approaches do you think would be good for the next state plan?*
- *What examples have you come across of codesign working well in government policy development?*

The list of groups identified in the consultation document is extensive, and the VHA supports efforts to engage these groups. However, the future State Disability Plan should explore existing opportunities to engage effectively with these hard-to-reach groups utilising place-based engagement processes.

For instance, the initial version of High Risk Accommodation Response (HRAR) was implemented between October 2020 – February 2021 in response to the COVID-19 pandemic. The aim was to support infection prevention and control, emergency preparedness, and robust outbreak management responses to minimise transmission in shared high risk accommodation facilities across Victoria, including SRS facilities that catered for residents with challenging psychosocial needs. The residents of these sites are often hard-to-reach cohorts, while there is overlap with several of the demographics identified in the consultation paper. The HRAR is an assertive outreach model that has enabled greater connection and engagement with these cohorts beyond pandemic support in their communities, including the delivery of further health and social supports. The HRAR project, which is now supporting the vaccination process, offers an opportunity for the Victorian Government to consult hard-to-reach groups on the State Disability Plan where they live.

**Recommendation 2: The Victorian Government should explore utilising the HRAR process to support place-based engagement with hard-to-reach groups on the State Disability Plan.**

### Topic 3: Strengthening the state disability plan outcomes framework

- *What do you think about a new outcome around people's intimate lives?*
- *What do you think about a new outcome around recognition and pride?*
- *Are there any other changes to the outcomes framework that you think will be important for the next state disability plan?*

The VHA supports the addition of two new outcomes focused on people's intimate lives and recognition and pride.

### Topic 4: Introducing overarching approaches to strengthen government commitments under the new plan

- *What do you think about including community attitudes and universal design as guiding approaches in the new plan?*
- *Are there important things that Victoria needs to do through the next state disability plan that are not reflected under Community attitudes and Universal design? What are they?*
- *What are other ways we can strengthen the design and accountability of commitments under the next state plan?*

The VHA supports the inclusion of community attitudes and universal design as guiding approaches in the new plan.

### Topic 5: Strengthening the NDIS and mainstream interface

- *Where are the gaps between NDIS and mainstream services?*
- *How do we ensure mainstream services are inclusive of all people with disability?*

With the NDIS now rolled out in Victoria, the focus of the State Disability Plan needs to be on ensuring that Victorians are not impacted by the gaps between the Victorian health system and the NDIS. This State Disability Plan is a key mechanism for establishing this relationship.

There is a continued gap between NDIS support and the level of need. This is particularly acute for mental health needs, as exemplified in the recent Royal Commission into Victoria's Mental Health System. Concerns remain that many people with psychosocial disability are not covered by the NDIS, and will therefore need to be cared for at a state level. There is already acknowledgement from the Victorian Government that this is an issue. The 2020/21 Victorian budget had a funding commitment of \$198.5 million to be spent over the four years to support a range of services outside the scope of the NDIS to assist people with disability in Victoria, including support for people with psycho-social disability who do not meet the National Disability Insurance Agency's (NDIA) threshold for NDIS access. The State Disability Plan needs to work with the wider care environment to ensure that there are clear delineations between sectors and that there are appropriate and ongoing pathways for people that are not having their needs met by the NDIS.

**Recommendation 3: The Victorian Government should ensure that the State Disability Plan aligns with the implementation of the recommendations from the Royal Commission into Victoria's Mental Health System so that consumers and providers are not affected by gaps in NDIS service provision.**

There are also gaps in the interface between the NDIS and the health sector. An example of this is discharge planning, which has become increasingly difficult and complex. This is due to inefficient and ineffective referral and assessment pathways; a lack of transparency related to assessment wait times; and access delays for longer term aged care supports. This means hospital patients with disability often remain in hospital after they are due to be discharged. Even prior to the emergence of the pandemic, coordination between the disability and health sectors has been fragmented. To ensure that hospitals can be as responsive as possible, and that people do not have a negative experience in these institutions, it is critical that they safely and efficiently discharge patients who no longer require

hospital care. It is important that the Victorian Government, through the next State Disability Plan, continues to work with relevant federal stakeholders to improve the interface between the Victorian health sector and this NDIS.

**Recommendation 4: The Victorian Government should work collaboratively with the Commonwealth Government and the NDIA to improve service gaps and address interface issues between the health and disability sectors.**

Health services need to be adequately resourced to meet the demands of the new State Disability Plan and to help ensure they are inclusive of all people with disability. The VHA, through the most recent State Disability Plan, successfully worked with the Victorian Government to deliver support to health services to facilitate improved care to people with disability, including providing support to develop Disability Action Plans. This helped build capacity within organisations to be responsive to the needs of people with disability, as well as to increase representation of people with disability on governing bodies, boards and committees. Ensuring that there is appropriate support is an important action to help support health services as they continue to improve their care and processes for people with disabilities, especially as the sector continues to recover from the pandemic while facing the impact of its delayed care. If no support is provided, there is a risk that competing acute pressures will take attention, and resourcing, away from this vital work.

**Recommendation 5: The Victorian Government should ensure health services are inclusive of all people with disability by supporting and funding efforts to support engagement and inclusion.**

**Topic 6: Strengthening disability inclusion under the Disability Act 2006**

- *What are the most important things that a review of the Disability Act 2006 should consider? What are the biggest improvements we can make?*
- *How should the Act ensure that Victoria can fulfil its role in promoting the inclusion, participation and rights of people with disability?*
- *How does the Act need to change to reflect Victoria's role in delivering disability services after implementation of the NDIS?*
- *How should the Act reflect, protect, or enhance human rights? What changes are needed to ensure the human rights of people with disability are protected in relation to compulsory treatment, the justice system, and restrictive practices?*
- *Are there any specific groups of people that it is important we speak to during the review? Are there particular issues that we need to talk to them about?*

Due to recent changes in care provision and associated care areas, it is appropriate for the Victorian Government to review the Disability Act 2006.

Similar to the view expressed in **Recommendation 1**, the Victorian Government should ensure that any review and changes to the Disability Act 2006 are aligned with creation of the upcoming Mental Health and Wellbeing Act that has been recommended by the Royal Commission into Victoria's Mental Health System. There is an area of significant overlap between the two Acts, especially due to the NDIS and its interface with the mental health system, so alignment is required to ensure that users and providers of disability and mental health care have clarity on the rights and responsibilities involved.

**Recommendation 6: The Victorian Government should ensure that any review and changes to the Disability Act 2006 are aligned with the recommendations of the Royal Commission into Victoria's Mental Health System.**

A key focus of any review should be facilitating engagement with health services and community health services to understand their views, especially in relation to how the Act needs to change to reflect the delivery of disability services after implementation of the NDIS. These services provide the health and mental health care that people with a disability need to utilise if they cannot access adequate support through the NDIS. Some health and community health services are also disability providers; in rural and regional areas they are often the only NDIS provider and have been deeply affected by the creation of thin markets as other providers have left due to a lack of profitability. It is vital that any review of the Act incorporates their perspective and experience if it is to be effective and lead to

improvements for people with a disability. This future review is likely to occur during a stressful period for the health sector, which is still responding to the pandemic as well as the increased demand it has caused due to delayed care, while implementing gender equality and family violence reforms. Constructive engagement on the review of the Act must include appropriate timelines, opportunities and support for the health sector to engage.

**Recommendation 7: The Victorian Government should ensure that the public health sector is supported to engage in a review of the Disability Act, with awareness and respect for other contextual and environmental issues.**

#### **Topic 7: Responding to Coronavirus (COVID-19)**

- *What are some of the most important issues arising from the Coronavirus (COVID-19) pandemic for people with disability that we should be thinking about in the next plan?*
- *What actions do you think government should be taking to address these issues?*
- *What steps should we take to ensure we are better prepared for any future emergencies?*
- *What else needs to happen to support people with disability through the Coronavirus (COVID-19) recovery*

A key issue stemming from the COVID-19 pandemic was that disability care was impacted, receiving less support compared to other sectors. The 2019-20 Victorian state budget showed that there had been 6.6 per cent less than expected expenditure in the past year. Disability care was often forgotten about in comparison to aged care, which achieved extensive media attention and governmental support due to outbreaks.

Disability care was affected by funding constraints which impacted the sector's ability to respond during the pandemic. Some services found that the aged care block funding approach enabled them to quickly alter and deliver care during the pandemic, while individual funding model in the NDIS impacted the sector's ability to respond and support its users. The NDIS was slow to react and provide flexibility on this funding, although an initiative around improved flexibility for support coordination made it easier for providers to deliver care. However, this 10 per cent loading was only provided for three months; otherwise, there was no direct provider contribution for overhead costs. The VHA has [previously](#) raised concern about the impact of the NDIS pricing structure, which impacts the viability of care in rural and regional areas, often delivered by public health services and community health services, helping to create 'thin markets' which disadvantage people with disabilities in their care options. This limited the ability of wider sector to respond during the pandemic. While this is a funding constraint beyond the COVID-19 pandemic, at the very least this needs to be able to be quickly rectified for any future pandemic conditions.

**Recommendation 8: The Victorian Government should work with the Commonwealth Government to explore alternative funding arrangements to maintain disability services, with a focus on future pandemic readiness.**

There were successful elements of the disability response during the pandemic that should be maintained going forward. Ministers at the Disability Reform COAG in June 2020 acknowledged the success of the NDIA and states and territories in expediting safe hospital discharge for NDIS participants at the start of the pandemic. This was achieved through expanding the role of Hospital Liaison Officers (HLOs), temporary and flexible provision of funding for assistive technology and home modifications, and direct outreach and support for participants at high risk of entering hospital. The HLOs support health services to navigate the NDIS system, to support their care and discharge of people with disability into environments with appropriate support. So far in Victoria, HLOs have primarily worked with tertiary hospitals, but there are plans for these officers to move to mental health services. The next State Disability Plan should continue to work with relevant stakeholders to maintain these successful initiatives, or explore the possibility of establishing state-based alternatives.

**Recommendation 9: The Victorian Government should work with the Commonwealth Government to continue successful elements of the pandemic response related to patient discharge or explore state-based alternatives as part of the next Disability Action Plan.**

A key change for disability care during the pandemic, as with the wider health and care environment, was the establishment of remote, digital care. Before the pandemic, there was limited uptake by providers to deliver care

via digital programs such as telehealth.. As restrictions were introduced and clients were required to stay home for their own health and safety, services began reaching out remotely. This led to a major change in service provision. However, this was not a smooth process, as providers had to quickly create these programs on their own and staff were not trained on how to deliver programs and care remotely.

The process of delivering remote care was also enabled by funding flexibility to support NDIS users to have appropriate equipment to facilitate remote care. The initiative to enable participants to flexibly use existing NDIS plan funding to purchase low-cost assistive technology was well received by participants and service providers. Through this initiative, many services have supported eligible participants to rapidly acquire smart devices to enable continued access to disability supports through remote care and telehealth.

As the direct threat of COVID-19 has reduced, more care has returned to face-to-face provision. However, remote care should continue to be an accessible treatment option based on user preferences and need.

**Recommendation 10: The Victorian Government should work with the Commonwealth Government to ensure people with disabilities, disability providers and their workforces are appropriately resourced and trained to deliver remote care and support.**



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