



Submission: Draft List of NDIS Supports

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Acknowledgement

Achieve Australia acknowledges the Traditional Custodians of the lands on which we operate and pay our respects to Elders, past, present and emerging. We recognise the enduring relationship Aboriginal and/or Torres Strait Islander peoples have with Country and that sovereignty was never ceded.

Achieve is also proud to support the Uluru Statement from the Heart. We accept the invitation from the Uluru Statement to all Australians to support constitutional and structural reform so Aboriginal and Torres Strait Islander people can take their rightful place in our nation including being a voice to our Federal Parliament.

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Foreword

Achieve Australia is grateful for the opportunity to provide our feedback on the draft NDIS supports list.

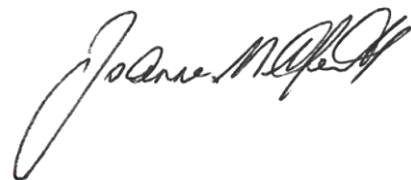
Achieve is passionate about helping people with disability to build extraordinary lives. We are widely recognised as a leader in supporting people with complex disabilities and re-imagining community living for people with disability.

Achieve wants to see an NDIS that maximises the autonomy of people with the most complex disabilities, based on a social model of support. This starts with providing the range of services required to support participants' choice and control, delivered by an appropriately qualified multi-disciplinary team.

Our principles of Living inclusion, Elevating voices, Engaging practice, Growing capacity and Valuing resources have guided our feedback.

The NDIS supports list represents an opportunity to return the scheme returns to its original premise.

I encourage the Federal Government to make changes that work for people with complex and acute needs.



Jo-Anne Hewitt
Chief Executive Officer
Achieve Australia



1. Introduction

Achieve Australia supports around 520 people with:

- a primary intellectual disability
- physical and psychiatric disability
- an acquired disability.

These attributes are based on an impairment of functioning approach and are associative functional descriptors, not definitions of disability.

We deliver these services in Greater Sydney and NSW's Northern Rivers.

The majority of our clients have complex and acute support needs.

- 98% require active overnight support
- 87% require medication administration
- 31% require seizure management
- 68% require communication assistance
- 73% require meal assistance
- 57% require behaviour support
- 40% require wheelchair access
- 32% require hoists
- 32% require dysphasia management
- 10% require PEG feeding.

This complexity is reflected in:

- the diversity of services and support required to maximise each person's choice, control and quality of life
- our highly skilled workforce and commitment to learning and development
- our rigorous quality and safety frameworks, clinical governance and risk management
- a higher client to FTE ratio (1.55 compared to the NDIS average of 1.81).

Person-centred and individualised support for people with complex support needs is the only way to ensure full inclusion in their communities.

Effective services that help people with complex and acute needs to maximise their quality of life are based on:

- responsive and adaptive supports
- collaborative planning across systems and services
- integrated systems and services overseen by an appropriately qualified coordinating organisation.

2. Supports that are ‘NDIS Supports

Community Nursing Care

Provision of specialist care for participants who have high care needs requiring a high level of skill, and for the training of support workers to respond to the participant’s complex needs.

Our Feedback

- Achieve Australia strongly supports the inclusion of this provision.

Our Recommendations

- The NDIA must:
 - fund daily registered nursing clinical support to meet participants’ reasonable and necessary needs
 - fund staff with the appropriate training and skills required to deliver clinical support and oversight for people with complex and acute needs including Clinical Nurse Educators, Registered and Enrolled Nurses
 - ensure that the services and staffing required to support participants are consistent with clinical best practice for people with complex and acute needs.
- The NDIA should require support workers to have an appropriate level of expertise to support participants with complex and acute needs, as part of service provider registration requirements.

Outcomes

- Participants’ health and safety will be protected by ensuring support is delivered by staff with appropriate qualifications.
- Service providers will be funded to deliver services that comply with their Clinical Scope of Practice and Guidelines and the NDIS Practice Standards and Quality Indicators for participants’ agreed supports, consistent with their duty of care.

3. Supports that are not ‘NDIS Supports’

Mainstream – Health

Carve outs that may be considered ‘NDIS supports’ for certain participants

- *Disability-related health supports where the supports are a regular part of the participant’s daily life, and result from the participant’s disability.*
 - *This includes continence, dysphagia, respiratory, nutrition, diabetic management, epilepsy, podiatry and foot care, and wound and pressure care supports.*
- *Jointly with other parties, provision of specialist allied health, rehabilitation and other therapy, jointly with health services, to facilitate enhanced functioning and community re-integration of people with recently acquired severe conditions such as newly acquired spinal cord and severe acquired brain injury.*
- *Thickeners and nutritional supplements related to disability-related nutrition supports.*

Our Feedback

- People with complex and acute needs require additional care and support to address health issues that are caused or exacerbated by their disability.
 - This includes High Intensity Personal Activities such as Complex Bowel Care, Enteral Feeding and Management, Tracheostomy Care, Urinary Catheter Management, Complex Wound Management, Seizure Management and Dysphagia Management.
- They require specialist support to:
 - explain their needs and access health services
 - access preventative and ongoing health services on the same basis as people without a disability
 - monitor their health and care needs, assist with making decisions and accessing mainstream health services.
- People with complex and acute needs require a greater level of nursing in long term care as they get older.
- These services must be delivered by a highly skilled workforce, supported by rigorous quality and safety frameworks, clinical governance, and learning and development.

Our Recommendations

- Disability-related health supports must be available for people with complex and acute needs.
- This could be captured in a registered health care plan that:
 - sets out their needs
 - provides support to manage potential risks
 - provides safe and effective supports to achieve their goals.
- Funding for disability-related health supports should include support for:
 - active health care planning to support participants' whole of life continuity of care
 - building participants' capacity to access mainstream services and make timely decisions about their healthcare including chronic health assessments and preventive medical plans
 - access health services in participants' homes with appropriate support
 - regularly reviewing a person's health status by an appropriately qualified health practitioner
 - episodes of acute care, based on clinical advice
 - medical interventions that are particularly challenging for people with complex and acute needs e.g. catheters
 - hospital attendance and admissions, including access to a participant's regular support staff while in hospital.
- The NDIA should establish:
 - a scope of practice for disability support workers to ensure consistent health care between participants' supported living environment and mainstream health services
 - information and training for planners to support NDIS participants' goals under the NDIS' Health & Wellbeing outcome domain.
- The NDIA should align relevant NDIS policy settings to the *Primary Health Care 10 Year Plan*.

Outcomes

- Access to disability-related health supports will prevent:
 - participants missing out on preventative and timely health care
 - delayed or additional medical treatment
 - service providers subsidising participants' access to health services, including lengthy respite.
- Active health planning significantly improves the health and life outcomes of people with complex and acute needs.
- Proactive access to timely health care reduces the severity and impact of participants' fluctuating deterioration of health, loss of mobility and functionality.
- Timely access to mainstream health services will reduce participants' cost of care for the NDIA and state governments by reducing:
 - avoidable presentations to mainstream health services
 - NDIS plan costs required to support participants with preventable and chronic conditions (via lower staff ratios & less skilled support).

Palliative care

Our Feedback

- People with complex and acute needs must be able to access funding for end of life care in their NDIS plan when their life expectancy has been shortened or their end of life care is more complex due to their disability.

Our Recommendations

- Add palliative care to the list of 'Carve outs that may be considered 'NDIS supports' for certain participants'.

Outcomes

- This approach will allow people with complex and acute needs to age in place with appropriate support.

'Carve outs' for non NDIS supports

Supports that are not 'NDIS Supports' include any carve outs to the description that are considered an 'NDIS support' for certain participants.

Our Feedback

- 'Carve outs' for services that are not considered to be an 'NDIS support' for all participants should be carefully defined to avoid risks to participants' safety and wellbeing, particularly those with complex and acute needs.
- The NDIA needs specialist expertise to plan and review funding for participants with complex and acute needs, including assessing whether participants should be eligible for these 'carve out' supports.
- The multi-disciplinary team of experts who support people with complex and acute needs have valuable and time sensitive insights about their care needs.

Our recommendations

- Establish NDIS rules on reasonable and necessary supports for participants with intellectual disability and complex needs such as:
 - disability-related health supports
 - active overnight support
 - flexible respite options
 - care that accounts for the effect of intellectual disability on participants' overall health
 - increased care required as participants age.
- Establish an NDIA team with specialist expertise in intellectual disability and complex needs to assist with planning and reviews.

Outcomes

- This approach will help create plans that support participants' goals and quality of life, particularly those with complex and acute needs.

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