



**NSW Special Commission of  
Inquiry into Healthcare  
Funding  
SUBMISSION**

## Contact

### **Dr Debbie Jagers**

State Manager - NSW

Level 3, 28 Foveaux Street

Sydney, 2000

[debbie.jagers@nds.org.au](mailto:debbie.jagers@nds.org.au)

Phone: 0455 592172



## About National Disability Services

National Disability Services (NDS) is the peak body in NSW and Australia for non-government disability service providers. NDS has more than 350 members in NSW and over 1,200 members nationally. NDS provides information and networking opportunities to its members and policy advice to State, Territory and Commonwealth governments. We have a diverse and vibrant membership, comprised of small, medium, and larger service providers, supporting thousands of people with disability. Our members collectively provide the full range of disability services, from supported independent living and specialist disability accommodation, respite and therapy to community access and employment. Our platform of National Disability Practitioners has over 15,000 individual members across all aspects of the disability workforce.

NDS is committed to improving the disability service system to ensure it better supports people with disability and their families and carers, and to building a more inclusive community. NDS has a deep commitment to supporting the implementation of a successful NDIS and is supporting service providers across NSW as they work to thrive within the contemporary landscape.

We are grateful to the Special Commission of Inquiry for the opportunity to provide a submission.

## Contents

Contact.....	2
About National Disability Services .....	2
Executive Summary.....	4
Introduction .....	5
The context for people with disability and the disability sector in NSW .....	6
People with disability and their experiences in the health system .....	7
Current Evidence to support change. ....	7
Recommendations to assist NSW improve health outcomes for people with disability and streamline services.....	10
Conclusion .....	10

## Executive Summary

National Disability Services (NDS) is the peak body in NSW and Australia for non-government disability service providers. NDS has more than 350 members in NSW and over 1,100 members nationally. NDS provides information and networking opportunities to its members and policy advice to State, Territory and Commonwealth governments. We have a diverse and vibrant membership, comprised of small, medium, and larger service providers, supporting thousands of people with disability. Our members collectively provide the full range of disability services, from supported independent living and specialist disability accommodation, respite and therapy to community access and employment. Our platform of National Disability Practitioners has over 15,000 individual members across all aspects of the disability workforce.

NDS is committed to improving the disability service system to ensure it better supports people with disability and their families and carers, and to building a more inclusive community. Almost 17% of the New South Wales (NSW) community live with disabilities. This equates to over 1.3 million people.

The NSW Special Commission of Inquiry into Healthcare Funding is an important opportunity for NSW to consider improvements in the system interfaces between health services and disability services and improving the experience and outcomes for people with disability in NSW.

NDS specifically notes the following terms of reference and seek consideration of opportunities to improve the health outcomes of people with disability through considering this submission specifically in relation to clauses:

- 'A. The funding of health services provided in NSW and how the funding can be most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future;'*
- 'B. i. the balance between central oversight and locally devolved decision making (including the current operating model of Local Health Districts);*
- B. ii. the engagement and involvement of local communities in health service development and delivery;*
- C. The way NSW Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for people across NSW;*
- F. The current capacity and capability of the NSW Health workforce to meet the current needs of patients and staff, and its sustainability to meet future demands and deliver efficient, equitable and effective health services, including:*
  - vi. the skill mix... of the health workforce;*
- H. New models of care and technical and clinical innovations to improve health outcomes for the people of NSW, including but not limited to technical and clinical innovation, changes to scope of practice, workforce innovation, and funding innovation;*

People with disability face a range of challenges in accessing both general and specialised health services. The barriers and issues with the health journey for people with disability are particularly evident at this time of health system stress, post pandemic, workforce shortages and disability sector review. The disability-health interface has also received recent political attention with the delays in moving people with disability into National Disability Insurance Scheme (NDIS) accommodation, and in consideration by the NDIS Quality and Safeguards Commission.

This paper outlines our priority concerns for discussion and recommended areas of improvement. The recommendations align with the terms of reference clauses identified above. NDS makes the following recommendations:

## **Outcome 1: Improve access and accessibility to health services**

### **1.1 Strengthening and improving the accessibility of services for people with disability through adaptations**

Low sensory environments were implemented across many vaccination clinics during COVID-19. The positive changes and implementation seen during COVID, and vaccination clinics appears to have dissipated as the pandemic risks reduced.

### **1.2 Improving access to services in regional and remote areas**

Investment in telehealth, mobile services, and other such solutions.

## **Outcome 2: Improved disability inclusive training and support across all LHDs**

### **2.1 Expand Disability strategy services**

These services are currently only funded for 6 Local Health Districts (LHDs). This initiative should be expanded to all LHDs.

### **2.2 Disability inclusive training for all health staff.**

Expansion of the program currently occurring in 10 health services.

## **Introduction**

NDS is the Australian peak body for disability service providers and has approximately 350 members in NSW, and over 1,100 members nationally. Our diverse membership, comprised of small, medium, and larger service providers, supports thousands of people with disability. Our members collectively provide the full range of disability services, from supported independent living and specialist disability accommodation, respite and therapy to community access and employment.

People with disability face a range of challenges in accessing both general and specialised health services. The barriers and issues with the health journey for people with disability are particularly evident at this time of health system stress, post pandemic, workforce shortages and disability sector review. The disability-health interface has also received recent political attention with the delays in moving people with disability into National Disability Insurance Scheme (NDIS) accommodation, and in consideration by the NDIS Quality and Safeguards Commission.

The NSW Special Commission of Inquiry into Healthcare Funding is an important opportunity for NSW to consider improvements in the system interfaces between health services and disability services and improving the experience and outcomes for people with disability in NSW.

NDS specifically notes the following terms of reference and provides a submission highlighting

opportunities to improve the health outcomes of people with disability. The submission specifically in relation to clauses:

*'A. The funding of health services provided in NSW and how the funding can be most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future;'*

*'B. i. the balance between central oversight and locally devolved decision making (including the current operating model of Local Health Districts);*

*B. ii. the engagement and involvement of local communities in health service development and delivery;*

*C. The way Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for people across NSW;*

*F. The current capacity and capability of the NSW Health workforce to meet the current needs of patients and staff, and its sustainability to meet future demands and deliver efficient, equitable and effective health services, including:*

*vi. the skill mix... of the health workforce;*

*H. New models of care and technical and clinical innovations to improve health outcomes for the people of NSW, including but not limited to technical and clinical innovation, changes to scope of practice, workforce innovation, and funding innovation;*

This paper outlines our priority concerns for discussion and action.

## **The context for people with disability and the disability sector in NSW**

Almost 17% of the New South Wales (NSW) community live with disabilities. This equates to over 1.3 million people.

Since 2020 COVID-19 has highlighted the complex intersection between disability and health. Disability providers have always been engaged with the health sector through their support for people with disability and welcomed the collaborative approaches that developed during COVID-19. These enabled easier access to support for people with complex health and disability needs, especially those in residential accommodation settings. These approaches included the vaccination pathways supported through the State government, increased Disability services support in some Local Health Districts (where funded), and representation on working groups to address the emerging COVID-19 issues and needs. Now that the COVID-19 systems and supports between government and the disability sector have mostly ceased the concern is that former siloed approaches are resuming, and the disability population will again become invisible, or all needs expected to be resolved within the NDIS.

NDS recommends that the Special Commission of Inquiry examine several key recent reports that highlight the issues currently faced by people with disability including their interactions with the health system. There reports include the [Royal Commission into Violence, Abuse, Neglect, and exploitation of people with disability](#) which has recently published its report after 4.5 years of inquiry. Additionally the NDIS Review will be published in 2023 during the period of this inquiry. In NSW the Ageing and Disability Advisory Council published a report on '[Preparing for the future: learning from the impacts of COVID-19 response on older people, people with disability and carers in NSW.](#)' the themes and learnings for older people and people with disability. NDS supports the NSW Government strategies and collaborates with several key

bodies including the NSW Ageing and Disability Commission to strengthen disability service provision.

This Inquiry provides a significant opportunity in NSW to build on this past and existing collaborative work to now tackle the range of other pressing issues impacting people with disability, as outlined below. NDS stands ready to assist and support NSW Government and Departments across the range of initiatives that might be developed out of this Special Commission of Inquiry.

## People with disability and their experiences in the health system

There are several aspects that are driving the issues for the health of people with disability and pressures on the health system. These include:

- **Access to Primary Care General Practitioners:** is challenging and further limited for people with disability especially with complex conditions. Often the only option for a support worker is to refer to emergency care via an ambulance or to be present at the accident and emergency department. Alternative options for people with disability for appropriate care in a non-hospital setting would reduce the pressure on the health system. Earlier identification and treatment of preventable health conditions also reduces the burden on the secondary and tertiary health system.
- **Accessibility, communication, and support in health services:** Providers report significant concerns regarding the way in which people with disability particularly with complex and behavioural concerns are treated in health services.
- **Discharge delays:** Providers report concerns when individuals with complex needs are admitted to hospital. These reports include discharge delays due to the type of support required within the individual's home, including residential accommodation and level of worker capabilities. The bed blockages are problematic for the health service and distressing for the individual who is in an unfamiliar environment when they could potentially transfer to home if the level of support could be provided by their known workers in conjunction with specialist supports involvement.
- **Increasing health complexities of an ageing disability population:** puts further pressure on the system and priority need for disability inclusive practices that span the full spectrum of health service delivery including to dementia care support, palliative care, and end of life care for death at home.

The Australian Institute of Health and Welfare (AIHW) 2022 report on [People with disability in Australia](#), also noted the complex intersection between disability and health. Health needs were recognized as both a potential cause of a disability and an impact on an existing disability. Complexity is increased when the person's disability also impacts the individual's level of understanding of their health needs and how best to manage these. This is a complex environment involving individuals with disability who have varied levels of understanding of the relationship between their health conditions and how good or poor management can impact short- and long-term quality of life. In turn this requires disability workers to have sufficient health knowledge and skills to support the individual's health management within the rights and choices context.

## Current Evidence to support change.

Several recent and important reports on the disability sector in the Australian context provided significant evidence is of relevance to this Special Commission of Inquiry and provides evidence-based recommendations for change.

The NDIS Quality and Safeguards Commission [Own Motion Inquiry into Aspects of Supported Accommodation in the NDIS](#) , completed in late December 2022, identifies the need for an improved health and disability sector interface specifically for people with disability in supported residential accommodation. This was identified through an analysis of over 7000 reportable incidents, reviews of seven key providers risk management systems and feedback from individuals who living in supported residential accommodation cross Australia. The Commission's recommendations included the health system as a key focus area noting:

*'The interface with health and the supported accommodation services is not effective for many people and is reflected in high levels of incidents and complaints. Incidents arise in relation to the transition of participants from the health system to the disability support system, from inadequate access to health care resulting in accelerated deterioration where a person has a chronic condition, and poor-quality end of life support. Providers are trying new approaches to address these interface issues; however, it is apparent that a system level approach would be beneficial.'*

The NDIS Commission's Own Motion Inquiry analysis of incident reports also adds further weight to this already provider identified concern with the sector identifying the need to address workforce capability. There were many other recommendations identified in this report directed at improvements needed within the disability sector, each of which NDS is discussing with providers to support improvement. This paper focuses on areas of need and opportunity for improvement that intersect with health.

This intersection and areas for improvement identified in each of the reports were not surprising to NDS as they reflect what providers and people with disability have shared with us prior to and during COVID-19. With a return to a mostly pre COVID-19 government day-to-day relationship with the disability sector there is a concern that the health needs of people with disability will once again become less visible, or that all needs will be expected to be resolved within the NDIS funding system. Instead, this paper offers potential for gains within both sectors through further collaboration to address intersecting issues.

The Australian Royal Commission into Violence, Abuse, Neglect and exploitation of people with disability has recently published its [final report](#) , in October 2023, after 4.5 years of inquiry. Volume 6 of the report 'Enabling autonomy and access' included chapter focusing on the health system. The report noted the findings that people with disability receive poor care, the wrong care, or sometimes no care at all. The Royal Commission report identifies data stating that an estimated 400 deaths each year of people with intellectual disability aged 20 years and over are considered potentially avoidable. This is of relevance to terms of reference clauses A, and C. The report states that *'significant change [is] needed in service system design and delivery, and the treatment of people with disability by health professionals.'* Whilst Governments are considering the Royal Commission recommendations, the weight of evidence and recommendations does provide a significant opportunity for this NSW Inquiry to consider appropriate recommendation under its terms of reference. The Royal Commission for example made recommendations regarding strengthening health professionals training, developing specialized health and mental health services for people with cognitive disability. A recommendation in relation to disability health navigators to support people with cognitive disability and complex health needs access health services and to embed safe, accessible, and inclusive practice in everyday health service provision. Service providers and particularly frontline support staff in supported independent living frequently bear the brunt of advocating for people with disability in emergency departments and other health settings.

Quality health care is an essential service and a human right. Data shows people with disability have worse health outcomes and lower life expectancy than people without disability.



The report highlights systemic neglect in the healthcare system for those with cognitive disability. Recommendations aim to make healthcare "person-centered," improve treatment, and encourage relevant education and training for healthcare professionals.

NDS recommendations below seek to improve accessible and adjustment options for people with disability and further investment in technology and mobile options to support regional and remote service delivery (*relevant to terms of reference clause A, C and H*). There is a significant opportunity for NSW Health to strengthen its co-design and inclusive approach to health service development and delivery by increasing its involvement of people with disability and representative advocacy groups in the design and implementation of services. NSW Health currently has

The current capacity and capability of the NSW Health workforce needs to be strengthened to meet the current needs of patients and staff; this includes the skill mix (*Terms of reference clause F*). NDS supports the commitment from the incoming NSW Labor Government in March 2023 to disability inclusive health training in 10 hospitals in NSW. However much more needs to be done – NSW Health operates more than 220 public hospitals and provides community health and other public health services across NSW.

[NSW health website \(accessed on 20 October 2023\)](#) states that NSW Health is currently developing its next DIAP (Disability Inclusion Action plan) for 2023-2028. This development would provide an opportunity to co-design an inclusive plan with people with disability representation and provider representation at the table. NDS would welcome the opportunity to assist and support this process. Disability service providers and specifically frontline support workers bear the brunt of supporting and advocating for people with disability in health settings when there is not disability inclusive practice.

A key NSW report in 2023 highlights key themes for NSW Government from learnings from the COVID-19 pandemic. In 2023 Carers NSW prepared a paper on behalf of the NSW Ageing and Disability Advisory Board that drew together the public evidence on the impact of COVID-19 response in NSW on older people, people with disability and carers. The final paper [Preparing for the Future: Learning from the impacts of the COVID-19 response on older people with disability and carers in NSW](#), looks at the experience of these target groups in light of their increased risks of adverse outcomes. The paper highlights issues to be addressed and opportunities to improved planning for future pandemics. NDS urges the Special Commission of Inquiry to consider these recommendations as they relate to NSW Health, Local Health Districts, and other relevant bodies. There are significant opportunities to implement measures to improve health outcomes for people with disability. Additionally the balance between central oversight and devolved decision-making was particularly challenging for providers working across multiple Local Health Districts and wanting to keep staff informed of updated processes and procedures. There were many cases highlights where Local Health Districts took different approaches making it extremely difficult for the service provider to keep staff informed and updated in a timely manner with the resultant risk to timely and effective processes for people with disability at risk of or with COVID-19. Another example relates to the multiple projects in different LHDS looking at improving the hospital and discharge experience for people with disability and service providers. Different processes in different hospitals/LHDs reduces the ability for disability service providers to train support staff effectively. A consistent single process would increase the outcomes and quality of these activities and benefit people with disability, service providers, primary care staff and NSW Health staff. These matters are of relevance for consideration under *terms of reference clause Bi*. The Disability Strategy units funded in 6 LHDs is an important area of investment. These units established in each LHD would play a significant role in strengthening each LHD's activities in supporting and caring for people with disability (*Terms of reference A, C, F*).

## **Recommendations to assist NSW improve health outcomes for people with disability and streamline services.**

In summary NDS has identified key recommendations based on the recent evidence highlighted in this paper, from NSW NDS Key priorities and is aligned with consistent ongoing direct provider feedback. There are some significant opportunities through this Special Commission of Inquiry to improve health outcomes for people with disability interacting with NSW Health services. These opportunities were again highlighted at NSW Disability Royal Commission Stakeholder forum on 23 October 2023 convened by the Minister of Disability Inclusion Kate Washington and attended by the Parliamentary Secretary Liesl Tesch. Key opportunities for improvements in the health system were highlighted by attendees.

NDS recommendations for consideration by the Special Commission of Inquiry are below.

### **Outcome 1: Improve access and accessibility to health services**

#### **1.1 Strengthening and improving the accessibility of services for people with disability through adaptations**

Low sensory environments were implemented across many vaccination clinics during COVID-19. The positive changes and implementation seen during COVID, and vaccination clinics appears to have dissipated as the pandemic risks reduced.

#### **1.2 Improving access to services in regional and remote areas**

Investment in telehealth, mobile services, and other such solutions.

### **Outcome 2: Improved disability inclusive training and support across all LHDs**

#### **2.1 Expand Disability strategy services.**

These services are currently only funded for 6 LHDs. This initiative should be expanded to all LHDs.

#### **2.2 Disability inclusive training for all health staff.**

Expansion of the program currently occurring in 10 health services.

## **Conclusion**

This paper identifies opportunities at system, direct service, and workforce levels with potential benefits to the disability and health sector while improving the healthcare and disability support for people with disability. Collaboration to increase the baseline capabilities of disability workers regarding the health need identification, early intervention and prevention strategies, end of life planning, and how to assist with access to health system supports, are proposed as more effective use of limited health resources and to ensure health system access when needed for

people with disability.

NDS recognizes the opportunities for improvement in health outcomes for people with disability is the responsibility of all those involved. This includes disability providers, individual workers, state and federal governments, the health sector and the NDIA and NDIS Quality and Safeguards Commission.

This paper provides evidence for the Inquiry to consider in its deliberations and ultimately recommendations relating to NSW Health funding. This is a significant opportunity to consider the evidence enclosed and provide recommendations that change the NSW health system and ultimately improve health outcomes for people in NSW with disability.

