



Sustainable Health Review Submission

General

National Disability Services (NDS) WA welcomes the opportunity to provide comment to the McGowan Government's Sustainable Health Review (SHR) on what is needed to develop a more sustainable, patient centred health system in WA and in particular to provide good access to health care and deliver better health outcomes for people with disability.

NDS WA fully support the SHR which is intended to guide the strategic direction of the WA health system to deliver patient centred, integrated, high quality and financially sustainable healthcare across the State.

The disability sector is in the midst of a period massive change with the implementation of the NDIS across Western Australia that brings with it considerable challenges but also the prospect of a better future for people with disability and their families. Harnessing the opportunities and resolving the issues will require significant investment, resourcing and commitment to strengthen our community's capacity to assist people with disability. Of particular importance is to ensure that the SHR delivers a rethink on how the disability, aged care service and mental health systems work together with health and to improve consumer outcomes, in the context of the current reforms occurring in these sectors.

It is critical to ensure that sustainable health services are embedded into the State Budget while still ensuring that health service outcomes are improved and better integrated with other critical mainstream services such as mental health and justice. The SHR in exploring how to best deliver health services to Western Australians with disability in the context of the significant fiscal challenges faced by the State, must pay particular attention to the health disparities of people with disability and the failure of existing national and state systems to improve health outcomes of this marginalised group of people.

NDS WA highlights that customer-focused and outcomes-based service design and delivery are critical to the delivery of the broad health outcomes of the National Disability Strategy. They form part of the principles that underpin the NDIS and remain compelling. Both the strategy and the scheme require action by the State Government and innovative thinking to deliver better service health outcomes for people with disability in our State.

Specific comments

A priority must be to improve poor health outcomes of people with disability

Good access to health care and delivering better health outcomes for people with disability should be a priority focus of the SHR.

People with disability have poorer health outcomes than the general population, with higher prevalence of long-term health conditions and increased use of health services and hospitalisations. Those with severe or profound disability aged 15-64 years, are:

- 10 times more likely to have check-ups with general practitioners at least once a month;
- 3.5 times more likely to consult specialist doctors over a 12 month period;
- 5 times more likely to consult both specialist doctors and health professionals in the same period;¹
- 46% people with disability aged 15–64 years report poor or fair health compared with 5% of the general population aged 15–64 years; and
- People aged under 65 years with severe or profound disability have a higher prevalence of long-term health conditions than people without disability and 48% of people with severe or profound disability have mental health problems.²

Similarly, a Report on the WA Study of Health and Intellectual Disability indicates significant health disparities for this cohort of people including:

- Participants reported high rates of chronic and long-term conditions;
- Medication use was high, as was the use of multiple medications;
- Health services usage, including mental health and hospital-based services, was also high;
- Many participants lived a sedentary lifestyle;
- Substance use was low in the study group when compared to the general population; and
- There was generally insufficient health screening/prevention for participants.³

Many people with disability, particularly those with cognitive impairment, experience barriers when accessing mainstream services. Barriers can include high costs, limited availability of services specialising in disability and physical barriers to access.

¹ Australian Institute of Health and Welfare (AIHW), 2011, 'The use of health services among Australians with disability', AIHW Bulletin 21

² AIHW. Health status and risk factors of Australians with disability 2007-08 and 2011-12. Cat. No. DIS 65. 2016.

³ Cocks, E., Thomson, A., Thoresen, S., Parsons, R. & Rosenwax, L. The WA Study of Health and Intellectual Disability. Curtin University, 2013.

The SHR needs to be put these issues front and centre when developing recommendations from this review.

Delivering Person Centred Services in WA: better integration for disability, aged care and health care services

Through the NDIS there is state and national agreement on the legal principles for the interface between the health and disability service systems. These principles, agreed through COAG, require service systems to work together to plan and coordinate streamlined care for individuals requiring both services. The importance of this cannot be overstated.

NDS WA agrees that simultaneous reforms in health, aged care and disability services will have major repercussions for consumers, providers and governments. The NDIS national reform in disability services is already changing consumers' access to services and resulting in a changed environment for providers and funders. Similarly, this is the case with aged care (through the Living Longer Living Better reforms – LLLB), and related changes to the Home and Community Care (HACC) program.

These reforms provide an opportunity to shift the paradigm of how these service systems interact to achieve services that are more person-centred and integrated. NDS WA highlights that while the reforms share some common elements (such as increased consumer choice and control), they are not always consistent and coherent, creating complexity and mixed incentives for consumers and service providers.

Historically, consumers and service providers can find the service systems hard to navigate and as a result consumers can 'feel ill-informed and uncertain about the services available, their eligibility and the costs involved' and most importantly have difficulty in accessing appropriate services. This is particularly the case for people with complex needs where care and support needs to be coordinated across multiple service systems that have different eligibility criteria, different referral/assessment processes and often different technical language/jargon.

NDS WA has noted in our previous PBSs that the existing service systems operate in silos, where services are designed to best utilise the specific funding models and access funds that are available. This has led to sub optimal health outcomes for marginalised groups such as people with disability.

The challenges of accessing appropriate services are compounded in regional and remote WA, where distance, a dispersed population, high costs and workforce challenges combine to make it often unviable for health providers to offer services (so called "thin markets"). As a consequence, the State government (through the WA Country Health Service) has historically provided disability and aged care services as the 'provider of last resort'. This includes the Commonwealth and State funded Multi-Purpose Service program that provides integrated health and aged care services in regional and remote areas where stand-alone hospital or aged care facilities would not be viable. Creating sustainable provision of consumer-centred services in regional and remote areas is not straightforward and requires considered and continued market stewardship by governments across service systems.

NDS WA agrees with the Productivity Commission recent assessment for a 'more considered approach' to the issue of thin markets with regards to the roll out of the NDIS, including the use of more flexible funding and targeted measures.

Stronger accountability for health frameworks linked to a broader whole of government outcomes based framework

NDS believes that the SHR (and the State Government's Service Priority Review) should give consideration as a first priority to develop a framework to measure health outcomes and to influence funding allocations. This should be part of a broader whole of government outcomes framework. Through the NDIS there is state and national agreement on the legal principles for the interface between the health and disability service systems. These principles agreed through COAG require service systems to work together to plan and coordinate streamlined care for individuals requiring both services. The importance of this cannot be overstated.

NDS WA has strongly advocated that the National Disability Strategy requires a clear performance and accountability framework to ensure all sectors understand and do their part. Better implementation of the Strategy requires agreement to a common and robust reporting framework.

The 2010–20 National Disability Strategy Second Implementation Plan¹³ and Senate Community Affairs References Committee: National Disability Strategy 2010–2020 Inquiry are positive and provide the impetus to re-think how Governments report on progress across a range of sectors: from public transport to housing design; from education to employment; from justice to health. However, real progress requires clearly delegated responsibilities and measures of progress, dedicated funding and monitoring.

A common national reporting framework should be established to enable the tracking of key performance indicators (both quantitative and qualitative) over time. This report should be tabled in the national Parliament annually, reported by jurisdiction, as well as State Parliament. A rigorous mechanism providing real evidence of improvement should enable cross jurisdictional comparisons of progress and highlight outstanding initiatives. The establishment of this framework closely aligns with the reform directions of the WA Services Priority Review.

Examples of possible health indicators include:

- proportion of people with disability satisfied with their hospital stay compared with the general population; and
- proportion of people with severe or profound disability reporting poor or fair health outcomes compared with the general population.

NDS WA believes that the work of the SHR and Service Priority Review panel should also give consideration to the following in its deliberations on how to best shape the delivery of higher quality and more efficient services to people with disability in Western Australia.

- Collaborate and partner with the disability sector in the co-design and implementation of quality services including embedding a high-level mechanism to oversee reform in the sector and aligned sectors;

- Focus on developing service integration across key related portfolio areas of health, disability, justice, housing, education, training and employment;
- Invest in collaborative service models which must demonstrate service integration including the piloting of models in targeted priority areas;
- Invest in a workforce development strategy to meet projected need, particularly in relation to the delivery of the NDIS in WA;
- Develop a strong evidence base to support the delivery of better human services outcomes in Western Australia including investing in the development of a critical data mass (and data linkage policy) to inform decision making and drive efficient investment decisions; and
- Invest in building a strong disability sector that provides increasing and diverse choice for people with disability across WA, including regional and remote, and in particular a WA Disability Services Industry Plan that will provide a clear pathway outlining where the sector is now and how it can best make the transition to where it must be at full NDIS roll out.

Actions to improve health outcomes for people with disability

NDS WA's 2018-19 Pre Budget Submission has articulated a number of specific actions that the State Government should focus on as a priority to improve the health outcomes of people with disability. These focus on leveraging existing investment in Primary, Secondary and Tertiary healthcare for people with disability, as well as new initiatives to improve patient centred service delivery, pathways and transition.

– ***Investment to equip healthcare professionals to recognise health disparities and to provide high-quality health services to people with disability***

Of concern is that only minimal clinical training on working with people with disability is provided in nursing and allied health training. A national audit of the Australian nursing curriculum revealed that more than half of courses did not offer information about intellectual disability.⁴

Medical professionals, care staff and families need to be made aware of the importance of screening tests and preventive measures for people with ID. This was a major recommendation of the 2013 WA Study of Health and Intellectual Disability.⁵

⁴ Troller, J., Eagleson, C., Turner, B., Solomon, C., Cashin, A., Iacono, T., & Lennox, N., 2016, 'Intellectual disability health content within nursing curriculum: An audit of what our future nurses are taught', Nurse Education Today

⁵ AIHW, 2011, 'The use of health services among Australians with disability', AIHW Bulletin 21

– ***Funding for investment in targeted health promotion initiatives for people with disability***

Greater efforts need to be made to design and disseminate public health promotion materials and programs for people with disability, and in particular those with ID and/or living independently.

Even though people with disability are significantly more likely to live with complex health conditions they miss out on regular health screenings and are rarely targeted in health promotion campaigns. Additionally, few targeted preventative health care strategies and programs are available in WA for people with disability.

NDS WA members have highlighted the need for a coordinated online platform to bring together information regarding health information and services for people with disability, families, carers and disability service providers.

The need for a central hub to hold accessible health information emerged as a key learning from the Health and Wellbeing Project Reference Group, which provided the governance structure for two pilot projects from the WA Disability Health Network. It is well established that preventative and primary health care is more cost-effective compared to secondary and tertiary care and continued investment in health promotion and early intervention programs are critical to address the many health challenges people with disability face and will lead to substantial savings.

NDS WA recommends the State Government support the development of targeted initiatives that develop the health literacy of people with disability, their families and carers, to support people with disability to gain access to, understand and use information in ways which promote and maintain good health. These could be implemented through the non-government sector and make use of existing health promotion programs that have been developed focusing on obesity, diabetes, and oral health. In particular, greater efforts need to be made to design and disseminate accessible public health promotion materials and programs for people with ID in WA, particularly those living independently.

– ***Funding annual health checks for people with significant disability (such as the Queensland Comprehensive Health Assessment Program)***

NDS WA has advocated strongly for the State Government to invest in an annual health check program of this type for people with disability. The Program has been trialled extensively in Queensland over the past decade. Health service providers, usually general practitioners, work with people with disability, families and carers to conduct regular health checks. Findings from a systematic review found that not only did health checks lead to detection of both common and serious unmet health needs but also provided opportunities to deliver targeted actions to address health needs of people with intellectual disability.⁶ Health

⁶ Robertson, J., Hatton, C., Emerson, E., & Baines, S. The impact of health checks for people with intellectual disabilities: An updated systematic review of evidence. *Research in Developmental Disabilities*, 35(10). 2014.

checks also have the potential to increase knowledge of the health needs of people with disability amongst health professionals and support staff.

– ***A targeted health check for people with intellectual disability***

People with ID in WA would particularly benefit from an ID-specific targeted health check, such as the Comprehensive Health Assessment Program. This was a key recommendation from the 2013 WA Study of Health and Intellectual Disability.⁷ This reports highlights that there is evidence that the consistent use of an ID-specific health check has the potential to improve diagnostic accuracy and lead to better health outcomes for people with ID.

The introduction of the Comprehensive Health Assessment Program or a similar initiative could be introduced as the NDIS is rolled out across WA. One option is to roll out the program using non-government organisations in partnership with NDS WA. Embedding a monitoring and evaluation component of the health check program is important to support the implementation and quality assurance processes.

– ***More focus on disability within health networks***

This would improve workforce knowledge and promote good practices such as the WA Care Coordination Framework and related admission to discharge toolkits. There should also be greater commitment to support and resource the work of the Disability Health Network including the prioritising recommendations from the WA Disability Health Framework 2015–2025 for immediate action. This Framework and the Hospital Stay Guideline for Hospitals and Disability Service Organisations also need to be considered in the context of the roll out of the NDIS in WA.

– ***Stronger commitment to agency service integration for people with disability***

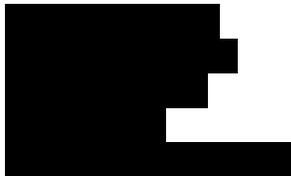
A well thought strategy should be developed that focusses on improving service integration between the Department of Health, and Communities (Disability Services) and the Mental Health Commission for people with disability, especially those who have complex health needs. This should include a range of health support interventions such as nursing support, better utilizing disability sector capacity to reduce unnecessary hospitalisation of people with disability, and coordinated service planning. This strategy should be supported by an implementation plan and appropriate funding to make it happen, potentially sourced from a re-prioritisation of funding to existing duplicate and/or non-effective services.

⁷ Cocks, E., Thomson, A., Thoresen, S., Parsons, R. & Rosenwax, L. The WA Study of Health and Intellectual Disability. Curtin University, 2013.

- ***Investigations into levels of unmet health service need for people with ID***
NDS WA supports this major recommendation of the 2013 WA Study of Health and Intellectual Disability report as an avenue to provide stronger guidance for health service planning, particularly in regional areas.⁸ This will require investment in research and data to support patient centred care and improved performance.

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National Disability Services (NDS) is Australia's peak body for nongovernment disability service organisations. In WA, NDS represents over 100 not-for-profit disability services organisations. It provides services to tens of thousands of people with disability, their families and carers in the state. Services range from home support, respite and therapy to community access, employment and more. NDS and its members in WA are committed to providing high standards of care and supports and better outcomes for people with disability. It is well recognised that to do this, service providers will have to completely adjust their operations and way in which they provide services to people with disability.

⁸ Ibid.