Hospital Discharge for Participants of the National Disability Insurance Scheme (NDIS)

Ministerial Roundtable

Final Report
August 2022

Think Human

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Executive Summary

Background

South Australia's Human Services and Health Ministers hosted more than 20 industry and government stakeholders for a two-hour roundtable on 25th July to provide an opportunity to express their ideas about ways to address the current issue of NDIS participants' delayed discharge from South Australian hospitals.

Outcomes from the roundtable support consistent messaging about what South Australia needs to support better health outcomes for people with disability to inform upcoming national Disability and Health Ministers' meetings.

Opportunities across the Client Journey

The following options were put forward for consideration by Roundtable attendees and were referenced in a Discussion Paper on Hospital Discharge (Appendix 1) circulated by the Department of Human Services.

Pre-hospital Stage

There is a clear need for improved care coordination and expansion of Specialist Care Coordination Roles. The roundtable commented that additional measures are required for the most complex care group and these needs are not being met currently.

Access to Positive Behaviour Support Planning and behaviour support intervention in times of crisis should be considered as a priority action. Significant delays in access to these assessments and supports are contributing to escalations to the public health system, particularly acute mental health services.

Roundtable attendees wished to see the expansion of access to state-run hospital avoidance services such as:

- Extended Care Paramedics
- Hospital Avoidance Teams
- SA Virtual Care Service

Hospital Stage

Roundtable attendees were of the view that current rules for accessing medium term accommodation (MTA) need to be relaxed to allow access to this service without having long term accommodation in place.

Access to home modifications, equipment and transition accommodation in times of crisis should be considered as a priority action. Delays in these services directly impact timely hospital discharge.

Post hospital discharge Stage

Consideration should be given to the expansion of eligibility for and capacity of existing state-funded services to prevent hospital admission and fast-track discharge for those NDIS participants already in the system, including:

- Rehab in the Home
- Centre for Disability Health
- Mental Health Community Teams

Securing appropriate disability accommodation was also seen as an area requiring immediate attention. Attendees expressed benefit of centralised coordination of disability accommodation vacancies, and the potential to explore vacancy funding to protect an NDIS participant's place in a shared accommodation setting once they discharge from hospital.

Minister Cook addresses the Roundtable

System Design or Policy Considerations

Regulation and compliance regimes are critical to assure the public of the quality of disability support services and to drive improvement. However, service providers at the Roundtable felt that these systems are overly punitive and not adequately focused on a continuous quality improvement approach, leading to risk-averse organisational behaviours and stifling innovation.

Workforce Planning should be considered at state level across the disability (and aged care) sector. There is interest in how parents, carers and people living with disability and university students could be included in the care team in new ways, with priority given to the development of new lived experience roles within the workforce, and fast tracking those completing their studies.

At a national level, pooled funding and strategic commissioning mechanisms should be considered to support the planning and provision of improved services between State and Commonwealth. While this is not a quick fix, it may lead to more sustainable and equitable service provision.

Conclusion

The Ministerial Roundtable provided an opportunity for existing issues and opportunities outlined in the discussion paper to be confirmed and new solutions to be considered ahead of the Disability Reform Ministers' Meeting on 29th July.

In additional to the key options above, there was strong support at the Roundtable for new approaches to State and Commonwealth collaboration on the NDIS. Roundtable attendees suggested that this could be co-designed and piloted in South Australia due to the high levels of collaboration and the relatively compact size of the industry in South Australia.

Despite the significant challenges, the Roundtable still expressed strong optimism and confidence that new Governments at State and Commonwealth levels represent new opportunities for improving the care provided via the NDIS and consequent improvements to State hospital and health systems.

Introduction

On Monday 25th July a joint Ministerial roundtable brought together more than twenty health and disability service and industry leaders to discuss opportunities for addressing delayed discharges for NDIS participants currently in South Australian public hospitals.

The issues in the following report were identified by the attendees as requiring urgent action by both State and Commonwealth Governments in order to rapidly resolve the current issues and deliver better outcomes for people living with disability in South Australia as well as lead to improvements in the health and disability sectors in South Australia. Opportunities have been proposed that range from short-term responses to longer-term systemic shifts in the disability eco-system.

Here follows documentation and thematic grouping of gaps, issues and solutions as proposed by Roundtable attendees.

Process

A round-table format was adopted using external facilitators from Think Human, to ensure a coordinated approach where relevant Departmental representatives were able to participate on an equal basis with sector and industry representatives.

A discussion paper (Appendix 1) was circulated prior to the event with three main sections designed for the event focusing on:

1. Pre-hospital (preventing admission)
2. Hospital (assessment process and delays)
3. Post-hospital (securing appropriate accommodation and supports).

The workshop format used a combination of individual, small group and whole group activity to ensure that all views present could be captured and contribute to the Roundtable outcomes. All attendees voted on their highest priority actions towards the end of the session. An agenda for the Roundtable is appended (Appendix 2) and invitee list is included in Appendix 3.

Session 1: Supporting Hospital Discharge for NDIS Participants

This first session focused on the transition of NDIS participants between hospital and their short, medium and long term accommodation options. Given the acute issue faced by participants stranded in SA public hospital beds and the impact on overall hospital demand, this phase was considered first.

Roundtable attendees were asked to work in small groups and build on the background from the Discussion Paper and:

1. Identify gaps to existing services or processes
2. Identify initiatives that could be amplified, extended or consolidated
3. Propose solutions based on their understanding of the highest impact for this phase of the patient journey

1. Gaps in Services to support discharge

Attendees identified a range of gaps in services at this stage in the NDIS participant experience, many of which were highlighted in the Discussion Paper and can be broadly grouped as following:

- Accommodation coordination, availability or flexibility. Availability of supported disability accommodation was a particular issue as well as flexibility to adapt to changes in care needs as part of transition out of hospital
- Disability support coordination was highlighted as a major gap, with requirements for this increasing for NDIS participants with more complex needs. This included timeliness of access to assessment
- Health-focused support services on discharge were identified as a gap, notably mental health, restorative care, rehabilitation at home and palliative care

- Workforce issues in disability, including availability of suitable staff with adequate training, access to specialist medical teams and the need to review the current base (Cert III) qualification
- System, funding or policy issues were raised, including disability accreditation processes and clarity on responsibilities between State and Commonwealth for access to health services.

2.Initiatives that could be amplified, extended or consolidated to support discharge

In response to identified gaps, attendees were asked to identify current initiatives that could be amplified, extended or consolidated to provide a rapid impact. Several key themes emerged to support hospital discharge:

Accommodation related initiatives

- Availability of transition or medium-term accommodation option without the need for a longer-term option being secured would support more rapid discharge and can be obtained currently, but only with excessive escalation.
- Equipment and modifications: increasing the speed and reactivity of these services could play a major role in facilitating discharge.

Disability Support Coordination

- Support (and Specialist Support) Coordination Roles were seen by many to support participants right across their journey in and out of hospital.
- Roundtable attendees believed that these functions needed to be expanded and play a much more prominent role across the journey in and out of hospital

Expanding access to existing health services

- SA Virtual Care Service: enabling providers to reliably access specialist medical assessment or advice following hospital discharge could support more rapid discharge
- Banka Strait Ward at Repat is seen as a scalable model to support transition and restorative care
- The role of General Practice and other primary health care services arose as an area that could be amplified to aid transition back into accommodation or home settings, with a more explicit role for GPs and primary health services.

Family, Carer and Community Networks

- Any measures that can bolster these networks (formally or informally) would support a return to accommodation as well as preventing admission. “Circles of Support” models were highlighted as a model to investigate.
- Roundtable attendees called for priority to be given to the creation of lived experience roles to draw on the unique knowledge and skills of this group and to rapidly strengthen and bolster the workforce

System, funding or policy issues

- Pooled and joint funding models such as those supported by Wellbeing SA were highlighted as examples of initiatives that needed to be expanded and made mainstream rather than just “project based” funding.

Opportunity: Further analysis should be undertaken to determine which of these existing initiatives can be further strengthened to immediately impact NDIS participants delayed in hospital.

3. Solutions to Facilitate Hospital Discharge

Following the identification of gaps and opportunities to expand current initiatives, Roundtable attendees were invited to put forward their proposed solutions to address the challenge of delayed hospital discharge for NDIS participants. A number of these reiterated the expansion of existing services as above but attendees were also encouraged to consider new solutions.

More than 20 proposals were put forward and were voted on by attendees. The prioritised proposals to support hospital discharge from the Roundtable are outlined below with the full list of proposals in Appendix 4.

Accommodation Coordination

Develop a mechanism (central team or digital platform) that coordinates vacancies across the sector using all accommodation types including short term stays (7 votes).

Disability Support Coordination

State and Commonwealth agencies need to expand the focus of the current approach to Support Coordination for the most complex NDIS participants to integrate housing, and move consumers through public hospital systems and back to their accommodation.

Health Services Access or Transition

Create structured pathways to escalate people being discharged. This needs to be proactive ahead of admission where possible and with measures to ensure that accommodation is kept open during their admission.

Workforce

Disability services' workforce requires urgent attention to ensure that there are enough appropriately qualified worker to support disability, aged care and health services. Commonwealth government should be further encouraged to prioritise these workers for skilled migration

System, Funding or Policy Issues

Increase speed of Change of Circumstance reviews to ensure that providers are not providing services that are not funded

Minister Picton addresses the Roundtable

Session 2: Preventing Hospital Admissions

This second session focused on preventing the admission of NDIS participants from their place of residence to hospital.

Roundtable attendees were asked to work in small groups and build on the background from the Discussion Paper and:

1. Identify gaps to existing services or processes
2. Identify initiatives that could be amplified, extended or consolidated
3. Propose solutions based on their understanding of the highest impact for this phase of the patient journey

1. Gaps in Services to Prevent Admission

Attendees identified a range of gaps in services at this stage, many of which were highlighted in the Discussion Paper and can be broadly grouped as following:

- Accommodation availability or flexibility for this stage focused on availability of Supported Disability Accommodation (SDA) but also on changes to accommodation as a result of changes in care needs. This assessment needs to be timely and available in the community, with support from specialist health care input as necessary
- Disability support coordination was identified for this phase but not as strongly as for hospital discharge. The focus was on ensuring continuity of care and interfaces with health systems
- Access to health-focused support services was the main gap identified for this stage with the ability for providers and families to access the health services they required in order to keep clients at home. This may be GP support, community mental health services or other primary care services. Access to virtual care was also thought to be a gap

- Workforce issues focused on ensuring continuity of care teams as well as acknowledging that disability workforces have different levels of skill, experience and expertise to address complex and/or psychosocial needs of people with disability, and require both training and support from health services. This is in addition to continuity of services.
- System, funding or policy issues were raised including disability accreditation processes and clarity on responsibilities between State and Commonwealth for access to health services.

2. Initiatives that could be amplified, extended or consolidated to prevent hospital admission

In response to identified gaps, attendees were asked to identify current initiatives that could be amplified, extended or consolidated to provide a rapid impact. Several key themes emerged to support clients to remain at home but far fewer than for the previous hospital discharge stage.

Disability Support Coordination

- Support (and Specialist Support) Coordination Roles were seen by many to support NDIS participants right across their journey in and out of hospital. Restrictions in available hours and scarcity of workforce were considered barriers
- Initiatives which supported rapid assessment and changes in required care levels were highlighted as key areas to amplify. Mechanisms within NDIS do not deal well with crises, requiring escalation to state acute health services
- Improved access to Positive Behaviour Support Plans in a timely way, supported by Behaviour Support Crisis Team would allow providers to maintain clients at home for longer.

Access to existing health services

There are range of state-funded health services that are seen to be effective and that could be immediately expanded or broadened to include NDIS participants. These include:

- Extended Care Paramedic – these roles have demonstrated value in providing rapid and available acute assessment and stabilisation and preventing hospital admission

- SA Virtual Care Service – the ability for providers to reliably access specialist medical assessment or advice was thought to support delivery of care at home
- Adapt interstate models for Disability Outreach Clinics to provide services for people living with disabilities

Workforce and Training

Increase the training available to care and support teams (including parent, carers, etc.) to manage challenging behaviour and knowledge of acute conditions.

Opportunity: Further analysis could be undertaken to determine which of these existing initiatives can be further strengthened to immediately impact NDIS participants delayed in hospital.

3. Solutions to Prevent Hospital Admission

Following the identification of gaps and opportunities to expand current initiatives, Roundtable attendees were invited to put forward their proposed solutions to address the challenge of preventing hospital admission for NDIS participants. A number of these repeated or reiterated expansion of existing services as above but attendees were encouraged to consider new solutions.

Sixteen proposals were put forward and were voted on by attendees. The prioritised proposals to support hospital discharge from the Roundtable are outlined below with the full list of proposals in Appendix 4.

Disability Support Coordination and Planning

Support capacity in organisations that can provide specialist care-coordination at the intersection between health and housing. More broadly the specialist support coordinator (SSC) role needs to be reviewed to ensure the funding models are sustainable and support positive client outcomes across their health and care journey. Current funding models based on “hours per plan” do not allow for best outcomes.

Greater focus on and planning for predictable changes in needs, such as degenerative conditions or as people age and transition from the adolescent to adult system or into older age. (3 votes)

Access and Expansion to Health Services

Roundtable attendees felt that State and Commonwealth Governments need to agree on a model for funding and expanding the current SA Virtual Care Service to include support for NDIS providers and prevent transfer to hospital. This may include expansion of the current Extended Care Paramedic Model which has also been effective in places. Virtual Care services should be supported by mobile community teams (nursing, allied health, mental health, rehabilitation) to ensure that hospital admission can be avoided by provision of appropriate specialist support (11 votes).

Consider establishing the Disability Clinic model in order to get a multidisciplinary assessment for a person's changing needs associated with ageing, health and disability as used in other states.

Workforce Training and Capacity Building

Ensure that there is adequate training and support available for care teams, parents/carers and people living with disabilities. There was considerable interest in ways to redesign disability workforce using carers, family members, and people living with disability as part of the disability workforce. Fast tracking university students into the workforce was also discussed, in addition to placement opportunities while still studying.

System Design, Funding or Policy Issues

Roundtable attendees suggested there should be a review of the current compliance regime for disability providers and move towards quality improvement approach that builds capacity in the sectors and builds on the lesson from public health. They feel that the current approach is driving risk aversion and inappropriate escalation to state public hospitals.

Session 3: System design, policy or whole of system considerations

Attendees were asked to provide feedback on whole of system or policy areas that needed to be urgently addressed in order to improve the current circumstances of NDIS participants becoming stranded in public hospitals.

Regulation and Compliance

Attendees suggested that a review be undertaken of the regulation regime for disability sector and move towards quality improvement approaches seen in best practice systems. The current approaches are seen to be driving risk-averse approaches and unnecessary transfers of NDIS participants to hospitals.

Partnership, Planning and Commissioning

Roundtable attendees discussed the following concepts and ideas under this theme:

- Consider strategic commissioning approaches across State and Commonwealth to ensure sufficient appropriate services are available. There could be pooling of resources across sectors to focus on needs and to have clear care pathways to maximise outcomes and get better value for the taxpayer.
- The current NDIS system seems to be failing the most complex clients and consideration needs to be given to the boundary between State and Commonwealth responsibility. Attendees asked if there should be a greater role for state-based services.
- Review and potentially renegotiate the existing NDIS principles between State and Commonwealth.

- Build on the work for the Summer Foundation in establishing common language between health and disability providers to ensure best outcomes.
- Establish plans based on known progression of a person's condition where possible rather than waiting for delay or deterioration and thus crisis.
- Enhance information and data sharing from NDIA for more transparent services.

Workforce Models and Sustainability

Roundtable attendees discussed the following concepts and ideas under this theme:

- Develop a State workforce plan for disability. This needs to consider capacity, capability and workforce model to encourage meaning professional pathways and intersections with aged care and health pathways.
- Consider how people living with disability and their allies (e.g. carers and families) can become part of the paid disability workforce.
- Review specialist support coordinators roles and include funding for transition support.
- Disability workforce in-reach to hospitals needs to be undertaken routinely.

Housing and Accommodation

Roundtable attendees discussed the following concepts and ideas under this theme:

- SA needs a state-wide housing plan of which disability housing will be only one part. Ideally this should be informed by the Commonwealth plan but attendees were of the view that it was too urgent to wait for the Commonwealth and that they wished to see action at a State level.
- Build an investment profile for SDA providers to provide certainty for these investments and de-risk the future construction of SDA for example to ensure initial capital may be offset by guaranteed occupancy with relevant funding.

Session 4: Messages to the Minister

Each Participant was invited to provide a message to the Minister for Human Services ahead of the meeting with the Commonwealth, reflecting on the content of the Roundtable. Where possible, these have been transcribed verbatim.

- Think bold: be prepared to offer SA as a pilot site nationally for coming up with a better way of managing the disability/health interface
- Ability to support industry/agency in building housing options specific for customer needs. Supply is not meeting demand or customer needs
- Resolve funding of NDIS plans. Timeframes for change of circumstance or plan review takes too long. We need more control at State level on decision that will deliver a new model for NDIS participants. Regional/Remote needs resourcing property
- NDIS- Complexity is not accommodated
  - too fragmented
  - case management needed
  - Short and medium term accommodation needed to be available now when longer term housing not available
- NDIA needs to be responsive to urgent changing needs of participants. Waiting in hospital for NDIA review and funding is far too long.
- Agreed framework and funding model between State and Commonwealth to address the complex cohort of disability and behaviourally-challenged people who are stuck [in hospitals] due to different support elements working at different speeds across the person and systems, including rapid response crisis response case management

- Too much system complexity for staff and customers across heath/ housing/NDIA sectors.
  - Integrating functions at operational level for key positions
  - Place health/NDIA workers in key housing allocation teams
- We have an opportunity now to come together as a State and lead the way in how we can coordinate our services and systems to improve outcomes for people with disability
- Many families and others believe that the State Government should take back responsibility for running disability services, with the Commonwealth just responsible for funding provision.
- We are really looking for clear collaboration between State and Federal [Governments] when it comes to support design and funding. There is so much push back from state and federal funding bodies that the consequence is PWD staying in our hospital systems or dying at home. As a sector, we are ready to work with federal and state government to be part of the solution. Thank you for having us involved. Please invest in quality SSC (specialist SCs) to support improved outcomes for participants. Increased and different funding models needs to be considered to reduce risk and improve outcomes.

Down to work, Minister Cook joins the discussion

- Incentivise and understand opportunity-costs of care coordination and health support for the participants most at risk of hospitalisation. There is not dignity in sitting in a hospital bed for 100+ days.
- The State needs to invest in the health and care coordination for people with complex disabilities.
- State Based:
  - Co-ordination for people with complex support needs.
  - Vacancies
  - Workforce recruitment
- Funding in SIL is at risk due to individuals having adjustments down which impacts the sustainability if the SIL within a shared support environment.
- Those with complex disability need a new approach. Get some funds to pilot a new approach between health and disabilities.
- Shared funding, shared governance and shared risk provides better support for participants.
- Fund transitional options; crisis respite or short term facility (they don't have to be run as institutions). Then fund dedicated case management to "transition out"
- Choice is critical for consumer but currently providers have the most control on who they will take.
- Develop a State-wide housing plan to grow community housing

Conclusion

The Ministerial Roundtable provided an opportunity for existing proposals to be discussed and confirmed and new solutions to be considered ahead of the Disability Reform Minister's Meeting on 29th July.

In addition to the key options above, there was strong support at the Roundtable for new approaches to State and Commonwealth collaboration on the NDIS. These could be co-designed and piloted in South Australia due to the high levels of collaboration and the relatively compact size of the industry in South Australia.

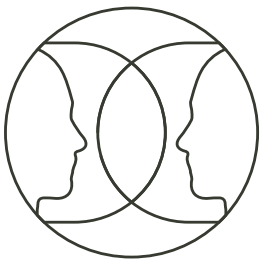
Despite the significant challenges, the Roundtable still expressed strong optimism and confidence that new Governments at State and Commonwealth levels, as well as a new Disability Commissioner, represent new opportunities for improving the care provided via the NDIS and consequent improvements to State hospital and health systems.

About Think Human

Think Human is an Adelaide-based consultancy bringing together strategy, dialogue and design to create more human experiences and more effective organisations and systems.

Our business was established in 2016 to realise a vision to bridge the divide between what human services aspire to do and how they actually operate. Agencies rarely have a blank canvas when it comes to developing services and systems. Nor do they always have the time or the skill-sets to think differently about what they do every day in human-facing systems. That's why we often use the word 'redesign' to capture the value we offer. The hardest work is not to imagine something new, but to translate what we already do day-to-day into something that can create breakthrough change for individuals and communities. We start, always, by 'thinking human'.

With deep experience in health and human services, at Think Human we bring a bespoke approach to all our work. To do this we draw on our team's experience and qualifications in co-design, change management, health and human services leadership and lived experience of living with disability.



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Appendices

Appendix 1: Hospital Discharge | Discussion paper

Appendix 2: Hospital Discharge | Run-sheet

Appendix 3: Hospital Discharge Roundtable Invitees

Appendix 4: Hospital Discharge Initiatives

Appendix 5: Proposals and Actions to Facilitate Hospital Discharge

Appendix 6: Proposals and Actions to Prevent Hospital Admission

Government of South Australia

human services

Hospital Discharge | Discussion paper

Background

National Disability Insurance Scheme (NDIS) participants are continuing to experience delays where they are discharge-ready but are awaiting disability supports or appropriate accommodation. This is significantly impacting on choice and control, and increasing demands on the South Australian hospital system.

This paper explores issues across three key points in time; pre-hospital (preventing admission), hospital (assessment process and delays), and post-hospital (securing appropriate accommodation and supports). Options for resolution are included for discussion at the Hospital Discharge Roundtable on 25 July 2022, which outline potential short-term and long-term solutions which may require either a State, Commonwealth or joint response.

The outcomes of this work will support the Minister for Human Services in advocating with the Commonwealth and other jurisdictions at the Disability Reform Ministers' meeting (DRMM) and support a consistent approach with Health Ministers' meetings to ensure critical improvements in hospital discharge.

1. Pre-hospital

Key issues

There is an increasing number of NDIS participants presenting to hospital for admission for non-health related reasons, such as a breakdown in disability supports. Local Health Networks reported that at least 71 NDIS participants presented to a public hospital for a non-health related admission between 1 January 2021 to 30 June 2022, with 38 of these presenting in 2021-22. There are a significant number of other participants that present to ED or require a SA Ambulance Service response for non-health related needs that don't progress to an admission.

Non-health related admissions

The majority of non-health related admissions in South Australia are due to providers relinquishing care. This has occurred where an NDIS participant has escalating behaviours of concern, and their provider does not have support workers with the appropriate skills, experiences or resources to safely and sustainability continue care. There is a clear need for proactive implementation of Positive Behaviour Support Plans and early application of an NDIS participant's change of circumstances to ensure adequate funding in their plan to support escalating care needs. This is the responsibility of the provider and the NDIS participant's support coordinator to action, and requires enhanced training and skills development.

Consultation on South Australia's Restrictive Practices Authorisation Scheme resulted in consistent feedback that it was difficult to access behaviour support practitioners to develop and review behaviour support plans in a timely manner. A national internal audit by the NDIS Quality and Safeguards Commission (NDIS Commission) in November 2021 also found that behaviour support plans in South Australia were consistently assessed as weak and under-

developed, indicating that the regulation of behaviour support practitioners requires urgent consideration by the NDIS Commission to improve the quality of behaviour support plans.

In addition to non-health related admissions, people with disability are at greater risk of entering the hospital system for conditions that could have been prevented through appropriately individualised preventative health care or early disease management, as well as for mental health and other psychosocial conditions. Currently, over half of NDIS participants in hospital are occupying mental health beds. The intersect between the disability, hospital and aged care systems must be appropriately considered in order to address potentially preventable admissions into these settings.

Cost Reduction Measures

Cost reduction measures introduced by the former Commonwealth Government to Supported Independent Living (SIL) are seen by disability service providers to be increasing breakdowns in disability supports. One of the key concerns shared by disability organisations delivering SIL is the change in rules regarding the application of high intensity pricing, which is a price control linked to the skill level of the worker delivering supports. Considering this change, some NDIS participants with complex needs who were previously receiving supports under the high intensity pricing have had their needs reassessed and are now receiving standard support.

SIL providers have raised that in many cases, there have been no changes to a participant's complexity warranting a decrease in this type of funding, leaving providers unable to deliver safe supports. This is leading to the increased risk of withdrawal of provider services, and subsequently, an increased risk of non-medical hospital admissions of people with disability.

Proposed solutions

Short-term

Short-term, rapid responses are required to support a person's changing needs in their home to avoid unnecessary admissions to hospital. This could be achieved through a hospital avoidance support program, providing a rapid in-home response to determine if existing care arrangements can be sustained by providing specialist staffing to mentor and support the existing workforce, streamline care pathways and build skills in managing complex care needs, including challenging behaviours associated with a person's disability.

The Commonwealth Government has committed to pausing the current changes to SIL introduced by the previous government, which will hopefully lead to a reduction in appeals processes. While this is a short-term solution to address the impact of cost reduction measures, longer-term solutions are required. Other short-term solutions could include disincentive payments for non-health related hospital admissions, or an expanded 'virtual care service' specific to people with disability.

Long-term

A long-term solution to address inequities in SIL funding could include strategies to increase transparency and openness with respect to how funding decisions are made, including a quarterly report of learnings and improvements being made as a result of AAT decisions. Additionally, there is an opportunity for the NDIA and state and territory governments to work with the sector and participants to develop SIL models that integrate clinical support needs for NDIS participants with disability and complex care needs.

The Coordination and Assessment Team (CAT) trial could be expanded into a preventative model to operate within community settings and connect up with mainstream service

systems and the NDIS. The CAT Trial is a collaborative 12-month pilot between DHS and Wellbeing SA. The CAT supports timely hospital discharge by providing Specialist Support Coordination, completing assessments required for NDIS plans and transitional accommodation, writing support letters and recommendations to the National Disability Insurance Agency (NDIA), and providing assistance to secure housing.

Additionally, a service providing expanded crisis referral services could be developed with a specific focus on hospital avoidance. This could be a joint collaborative approach between the Commonwealth Government and states and territories, and could be likened to the current Marathon Health Service funded by the National Disability Insurance Agency (NDIA).

Other long-term solutions could be:

- early engagement with people with disability through preventative and early intervention measures
- staff training to identify and appropriately respond to people with disability at risk of hospital admissions with the ability to divert to other services
- incentives within the NDIS Rules to build NDIS provider capacities and system improvements
- regular monitoring and reporting of key themes leading to non-health related admissions
- market and provider development.

Questions for Roundtable discussion

- Are there any key issues regarding pre-hospital admission that have not been captured above?
- What barriers/opportunities are there to support improvements in the short term?
- What do we need to consider now to facilitate longer term solutions?

2. Hospital

Key issues

As at 24 June 2022, there were 249 NDIS participants in hospital across South Australia; 132 of which are ready to be discharged (27 mental health acute, 42 mental health rehab, and 63 general health). Of these 132, 66 have been discharge ready for over 100 days.

Psychosocial Disability

People with disability continue to experience difficulties in accessing the NDIS to access critical supports, particularly for people with complex needs or low levels of support.

The NDIS Quarterly Report for Quarter 3, 2021-22 states that 63% of people with psychosocial disability in South Australia had their NDIS access met, compared with 71% nationally. This indicates that additional assessment support is required to assist people with psychosocial disability to be assessed, apply for, and successfully access the NDIS. For people with psychosocial disability who are already NDIS participants and who are occupying mental health beds, a greater focus on early intervention is required.

Specialist Disability Accommodation (SDA)

A critical issue affecting timely discharge is the assessment and decision-making process for people with disability requiring SDA. This requires functional assessments to be undertaken by allied health professionals within the hospital. Where a patient has an existing NDIS plan with funds to pay for this assessment, then an external therapist is involved, potentially creating further delays. Delays in participants receiving assessments SDA can be due to:

- critical workforce shortages for allied health professionals
- inconsistencies in the skills and experience of existing staff in completing high quality assessments with a comprehensive understanding of NDIS eligibility and processes
- delays in the NDIA reviewing and approving completed SDA assessments
- inconsistency in decisions made by the NDIA for when SDA is approved or declined.

Further delays can be due to NDIS participants requesting an internal review of a decision where they are deemed ineligible for SDA, and in some cases, escalation to an external review via the Administrative Appeals Tribunal (AAT).

Expertise Shortage

Additionally, hospital staff are experiencing increased pressures to provide a range of disability-related health supports to NDIS participants due to a lack of appropriate expertise among specialist care services and inconsistent availability and support from NDIS providers. This includes support for nutrition assistance, wound care, allied health, continence care and delivery of other supports by registered nurses. A lack of appropriate expertise to care for people with disability outside of a hospital setting is resulting in further delays in timely hospital discharge, and additional cost pressures on hospital systems.

Proposed solutions

Short-term

Due to the significant costs pressures on the hospital system to care for NDIS participants in hospital past their discharge date, one short-term solution could be the introduction of cost recovery arrangements with the Commonwealth Government that create incentives to reduce incidence of long-stay patients awaiting NDIS decisions on services, underpinned by agreed key performance indicators. Additionally, this could require funded NDIS supports during a participant's hospital stay.

Another short-term solution could include seeking compensation from the Commonwealth Government for long-stay patients who are ready for discharge but are awaiting disability supports, including a flat-fee option.

Long-term

At the 17 June 2022 DRMM, Ministers agreed on the need to address the high numbers of NDIS cases going through the AAT by working together to develop alternative dispute resolutions. This will be explored further at the next DRMM on 29 July 2022. A potential long-term solution could be the development of a mechanism between an internal NDIS review and an external AAT review. This would assist in managing delays in reviewing decisions regarding SDA eligibility.

Other long-term solutions could include:

- agreement to publicly report on social care performance

- market development to address timeliness of access to disability supports such as disability accommodation and positive behaviour support
- development of funding approaches to ensure the viability of regional and remote disability service providers, and people with disability's access to services e.g. multi-year funding arrangements, or block-funding based on average funded package per person
- securing legislated standards in relation to assessment, prescription and funding decisions for disability-related health supports
- staff training on psychosocial assessments and advocacy supports specific to people with psychosocial disability.

Questions for Roundtable discussion

- Are there any key issues regarding hospital admission/stay that have not been captured above?
- What barriers/opportunities are there to support improvements in the short term?
- What do we need to consider now to facilitate longer term solutions?

3. Post-hospital

Key issues

SDA availability
Once SDA has been confirmed in a participant's plan, this requires the identification of a suitable, available accommodation option, as well as the identification of a service provider. However, there are significant challenges in accessing SDA due to thin markets, particularly in rural and remote areas. The NDIA has estimated that 6 per cent of NDIS participants require SDA and the number of places available indicate a significant shortfall.

As at 31 March 2022, there were 1,209 SDA dwellings in South Australia, and 1,834 NDIS participants with SDA supports included in their NDIS plan. Of these, 192 were currently in SDA seeking an alternative dwelling, and 236 were not currently in SDA seeking a dwelling. This means that almost a quarter of all NDIS participants in South Australia with SDA in their plan were actively seeking an SDA dwelling. It is unclear how many are awaiting assessment for SDA.

There continues to be an undersupply of robust SDA for people with disability with complex needs. The state government continues to address mainstream public and community housing availability for people with disability, however, the issue regarding specialist housing availability remains. While DHS and Wellbeing SA have partnered to deliver the Transition to Home program (T2H) to support NDIS participants to discharge from hospital and transition back into the community, this is not an appropriate long-term solution.

Cost pressures
Where an NDIS participant does not have SIL approval in their plan, the State Government organises and funds their access to the T2H program or the Patient Support Initiative, which provides access to short-term supports, equipment or minor home modifications to facilitate their discharge from hospital while awaiting longer-term arrangements from the NDIS. Both of these initiatives are a significant cost pressure on the state directly resulting from NDIS delays. Currently, there is no Commonwealth reimbursement for discharge supports funded

by the state. This disincentivises the ability to discharge an NDIS participant back into the community because there are inadvertent incentives for them to remain admitted.

Medium-term accommodation (MTA)

The NDIA fund MTA when an NDIS participant is waiting for disability-related health supports, including after leaving hospital. This is funded by the NDIA for a period of 90 days. To access this funding, the NDIS participant must have a confirmed long-term housing solution, which in many circumstances is not possible. Beyond SDA, work is required to address the lack of appropriate affordable housing options for people with disability.

Support Coordination

NDIS participants in hospital continue to experience difficulty in accessing high quality and effective support coordination. Many support coordinators are ill-equipped to work with matters arising from the complex interface between the health system, housing and NDIS. Additionally, there is no fit-for-purpose formal qualification for support coordinators and inadequate training and professional development opportunities available, particularly relating to supporting people with high and complex needs in hospital.

This means that there are varying degrees of knowledge and expertise to explore suitable housing options that meet the needs and preferences of participants and take into account the complex and evolving housing market. Additionally, many NDIS participants in hospital are not receiving support coordination at an appropriate level to meet their needs i.e. specialist support coordination.

Proposed solutions

Short-term

A short-term solution could be the temporary relaxation of NDIS MTA rules to allow 90 days of this type of accommodation, without a participant having a confirmed long-term arrangement in place. This is similar to what occurred in early 2020 during the first wave of the pandemic and allowed for participants to move out of hospital more effectively. This would alleviate the pressures on the hospital system due to the impact of both COVID-19 and influenza in the winter season. This is currently being investigated.

Long-term

A long-term solution could be exploring a co-funding arrangement with the Commonwealth Government to continue the CAT trial beyond 12 months.
This could include an evaluation for its potential for long-term funding or expansion across all states and territories, addressing the need for better coordination, governance and shared principles to address hospital discharge at state and national levels.

The Commonwealth Government currently funds three Health Liaison Officers (HLOs) in South Australian hospitals to support timely hospital discharge. The HLO role could be expanded to be a multidisciplinary model, or a hybrid of the proposed CAT approach to ensure mainstream supports are included within its scope. Additionally, a Complex Case Review Panel could be established to triage NDIS participants with complex needs and approve short-term or long-term funding arrangements to assist in timely hospital discharge.

Additionally, work is currently occurring via DRMM to set out an approach to policy development addressing the housing needs of people with disability. This is an important opportunity to embed strong governance arrangements and address critical interface issues across disability, health and housing systems. A whole-of-system approach is required with

clear roles and responsibilities, information sharing mechanisms, and better coordination of information regarding the availability of housing options.

Other long-term solutions could include:

- central coordination of accommodation vacancies
- documented best practice approaches for support coordination
- development of an overarching framework for the provision of transitional/interim accommodation to establish minimum standards and eligibility conditions
- development of strategies to minimise risks for SDA providers where accommodation remains vacant for long periods of time, particularly in rural and remote areas
- reviewing the pricing structure of SDA in rural and remote locations, and for robust SDA
- using special disability trusts to build capital for SDA.

Questions for Roundtable discussion

- Are there any key issues regarding hospital discharge that have not been captured above?
- What barriers/opportunities are there to support improvements in the short term (including rehabilitation support)?
- What do we need to consider now to facilitate longer term solutions?

Government of South Australia

human services

Hospital discharge | Run-sheet – Final

Meeting:	Hospital discharge roundtable
When:	Monday 25 July 2022, 9.00am – 11.30am
Where:	Odessa Room, Office for Design and Architecture, 28 Leigh St, Adelaide SA 5000

Acknowledgement

"We would like to acknowledge this land that we meet on today is the traditional lands for the Kaurna people and we respect their spiritual relationship with their country. We also acknowledge the Kaurna people as the custodians of the greater Adelaide region and that their cultural and heritage beliefs are still as important to the living Kaurna people today."

Items for discussion

No.	Item	Lead		Time
1	Welcome and acknowledgement	Paul Lambert	Fast paced and lot of ground to cover COVID mindful – we will move around the room	5 mins

2	Introduction by Hon Nat Cook MP, Minister for Human Services	Minister Cook		15 mins
3	Session overview and discussion paper outline: 1. How do we make the right thing the easy thing? 2. Urgent focus on current hospital delays 3. Opportunity for long term change	Paul Lambert	Session designed around transitions (three sections in paper but only 2 discussed here 2 facilitators for first 90 mins – Mel to depart	10 mins
4	Part 1: Hospital Discharge Enablers • Focus on hospital to home transitions • What are current gaps? Services? Workforce? Funding? • What exists that could be grown, expanded, consolidated?	Mel Individual 3-4 small groups	What are the current gaps in transition from hospital to home for NDIS recipients? What is working (here, elsewhere) that we need to amplify? Small groups – discuss and note on post it Stick onto A3 per group and consolidate on Board – 10 mins What new solutions can we propose? Whole group: Share back ideas and discuss Short and long term	8 mins 10 mins 12 mins
5	Part 2: Supporting People at Home • What are current gaps? Services? Workforce? Funding?	Mel Individual	What are the current gaps in services, workforce, funding etc for keeping NDIS recipients in their residences? What is working (here, elsewhere) that we need to amplify?	30 mins

	• What exists that could be grown, expanded, consolidated?	3-4 small groups Whole group	Small groups – discuss and note on post it Stick onto A3 per group and consolidate on Board – 10 mins What new solutions can we propose? Share back ideas and discuss	
6	Part 3: System issues and bigger picture • What are the issues which require whole of system or policy approach? • What is the take-away for Minister for Commonwealth meeting?	Paul Full Group	Reflect on content above and determine whether much focus on system design/policy issue – if so focus on a couple of examples, if not prompt with: Commonwealth, State, system design and prompts for group discussion Document with post-its on a new board (maybe Hannah's team)	20 mins
7	Part 4: Blue Sky • What are we missing? What are the radical solutions or elephants in the room we are not talking about? • Write your most important solution on a post-it note	Paul Full Group	Document with post-its on a new board (maybe Hannah's team) In the last 5 minutes, write down you one most important issue. If you only had one "vote" on the most important thing we need to do today, as a system, to improve the experience of NDIS recipients in the hospital system what would it be?	10 mins
8	Other business and close	Paul		5 mins
9	Morning tea	All		30 mins

Appendix 3: Hospital Discharge Roundtable Invitees

Organisation	Name	Position	Email	
NDIA	Melissa Flanagan	State Manager, SA		
DPC	Jon Gorvett	Executive Director, Intergovernmental relations		✓
DPC	Dylan Jones	Director, Strategic Projects and Social Policy		✓
SA Health	Carolyn Guterres	A/Executive Director, Strategy and Intergovernmental Relations		
Wellbeing SA	Jeanette Walters	Executive Director, Integrated Care Systems		✓
Office of the Chief Psychiatrist	John Brayley	Chief Psychiatrist		
Central Adelaide Local Health Network	Lesley Dwyer	CEO		
Northern Adelaide Local Health Network	Maree Geraghty	CEO		
Southern Adelaide Local Health Network	Wayne Gadd	Interim CEO		
Barossa Hills Fleurieu LHN	Brett Webster	Executive Director Community and Allied Health		✓
Office of the Public Advocate	Anne Gale	Public Advocate		✓
SA Housing Authority	Bronwyn Dodd	Executive Director, Customers and Services		✓
SA Housing Authority	Suraya Naidoo	Director Customer Services		✓

Transition to Home West	Ian Jose	Consumer		
The Growing Space	Sam Paior	CEO		
The Carers Place	Cassie Day	Managing Director		✓
National Disability Services	Janine Lenigas	SA State Manager		✓
Community Housing Council SA (CHCSA)	Geoff Slack	Chair, CHCSA CEO, YourPlace Housing		✓
Minda	David Panter	CEO		✓
CARA	Todd Williams for Liz Cohen	CEO		✓
InComPro	Darrien Bromley	CEO		
KWY	Craig Rigney	CEO		
Lighthouse Disability	Bev Barber	A/CEO		✓
Baptist Care	Megan McNaughton	Senior Manager, Disability Pathways		
Community Living Options	Mel Kubisa	CEO		✓
Hendercare	Amanda Blight	CEO		
Community Living Australia	Mark Kulinski	CEO		✓
SA Health	Dr Craig Whitehead	Regional Clinical Director of Rehabilitation, Aged and Palliative Care		✓
Australasian Rehabilitation Outcomes Centre	Prof Maria Crotty	Clinical Lead		✓
Independent Disability Advocate	Prof Richard Bruggemann	Independent Disability Advocate		✓
Housing SA	David Moody	DEC		✓

Access4U	Cathy Miller	CEO		✓

DHS representatives

Name	Position	Email	Phone
Joe Young	Executive Director, Disability Services		
Ksharmra Brandon	Director, Social Inclusion		
Hannah White	Senior Manager, Strategy		
Katie Bezzoubov	Manager, Strategic Policy		

Appendix 4 –Hospital Discharge Initiatives to amplified, extended or consolidated to provide a rapid impact - full transcription

Several key themes emerged to support hospital discharge:

Expanding access to existing roles or services

There are range of state-funded health services that are seen to be effective and that could be immediately expanded or broadened to include NDIS participants. These include:

- SA Virtual Care Service – enabling providers to reliably access specialist medical assessment or advice following hospital discharge was thought to support more rapid discharge
- Support (and Specialist Support) Coordination Roles were seen by many to support participants right across their journey in and out of hospital. Restrictions in available hours and scarcity of workforce were considered barriers
- Banka Strait Ward at Repat is seen as a scalable model if appropriately funded
- Community Mental Health support would enable providers to increase support levels as part of a transition back to accommodation
- Role of General Practice and other primary health care services arose as an area that could be amplified to aid transition back into accommodated or home with a more explicit role for GPs and primary health services in SA.
- Any measures that can bolster these networks (formally or informally) would support a return to accommodation as well as preventing admission.
- "Circles of Support" models were highlighted as a model to consider
- Pooled and joint funding models such as those supported by Wellbeing SA were highlighted as examples of initiatives that needed to be expanded as this model
- Where relationships have developed between health, disability and housing, these were highlighted as important to facilitating positive outcomes but tended to be person-dependent not systematic
- True cost of discharge delays calculated and investment made in equivalent transition care
- Where local understanding of accommodation options could be developed and shared, this was highlighted as assisting placement and hospital discharge.
- Equipment and modifications – increasing the speed and reactivity of these services could play a major role in facilitating discharge
- Availability of transition or medium-term accommodation option without the need for longer term option being secured would support more rapid discharge

Appendix 5: Proposals and Actions to Facilitate Hospital Discharge – Full Transcription

Following identification of gaps and areas needing amplified, participants were invited to put forward their proposed solutions to address the challenge of delayed hospital discharge for NDIS recipients. These have been themed and were **voted** on by participants. The prioritised actions from the Roundtable are outlined below with the full list of proposals in Appendix 4.

1. **State and Commonwealth agencies need to rapidly implement a case management approach for the most complex NDIS participants to integrate housing and move consumers through public hospital systems and back to their accommodation**
2. **Create structured pathways to escalate people being discharged. This needs to be proactive ahead of admission where possible and with measures to ensure that accommodation is kept open during their admission (10 votes)**
3. Renewed focus and attention on individualised support:
    a. Holistic case management with individualised support
    b. Step down sub-acute care in regional and metro
4. Individualised focus for each of the following: case management, MTA/SDA.
5. Regenerate the bilateral agreements between state and commonwealth and revisit the existing NDIS principles between same.
6. **Develop a mechanism (central team or digital platform) that coordinates vacancies across the sector using all accommodation types including short term stays (7 votes)**
7. Stop relinquishment of care because of reduced or inappropriate funding.
8. Expand SAIDH and improve responsiveness.
9. Consider modular housing options to rapidly build step down capacity.
10. Provision more land for development of SDA construction.
11. **Increase speed of Change of Circumstance reviews to ensure that providers are not providing services that are not funded (4 votes).**
12. NDIA agreement to use MTA funding without long term accommodation identified. Temporary housing whilst locating long term option is logical and sensible. Need to build a better picture of demand vs supply of house for disability and more broadly.
13. NDIA buy-in to fund/review. Delegate to speed up process and fast-track response.

14. **Disability services' workforce requires urgent attention to ensure that there are enough appropriately qualified worker to support disability, aged care and health services. Commonwealth government should be further encouraged to prioritise these workers for skilled migration (5 votes).**

15. Keep disability staff engaged when clients are in hospital.

16. Expand Centre for Disability Health (CDH) at Modbury Hospital to provide capacity for demand and crisis response.

17. Transition plans and funding to enable time for assessments, reviews etc in community settings.

18. Safeguarding essential NDIA services such as support coordination and specialist support coordination. This role can facilitate favorable transition to home and discharge. Collaboration between disability liaison, support coordination and medial and community teams. SC must be involved early to mitigate long admissions and increase participant outcomes.

19. Step-down model (not a home) with dedicated clear pathway for transition out. T2H (strong service delivery model, non-institutional)

20. Break down the boundaries between parts of health system by developing one, multidisciplinary care-team which follows the client across the hospital journey.

21. Discharge teams that are appropriately trained, skilled and resources with a focus on long term outcomes.

22. National discussion about the limitation and rules about NDIS. State needs to "health system" for people with disabilities.

23. Clear ownership of clients by NDIA. Transition people out of the larger hospitals as a first step.

Appendix 6: Proposals and Actions to Prevent Hospital Admission – Full Transcription

1. **State and Commonwealth Governments need to agree on a model for funding and expanding the current SA Virtual Care Service to include support for NDIS providers and prevent transfer to hospital. This may include expansion of the current Extended Care Paramedic Model which has also been effective in places. Virtual Care service must be supported by mobile community teams (nursing, allied health, mental health, rehabilitation) to ensure that hospital admission can be avoided by provision of appropriate specialist support (11 votes).**
2. Find a way to get a multidisciplinary assessment for medical problems associated with ageing such as the Disability Clinic model used in other states. (2 votes)
3. Community mental health investment for short term mental health restorative care (1 votes)
4. Expand current rehabilitation in the home for NDIS recipients irrespective of funder. Currently active rehab status is a barrier for continuing or recommencing NDIS funding. (1 vote)
5. Expand eligibility for state Hospital Avoidance and Discharge Programs for NDIS recipients where this relates to known diagnosis e.g cardiac care, COAD, mental health. Disability status per se should not exclude from these programs.
6. **Review the current compliance regime for disability providers and move towards quality improvement approach that builds capacity in the sectors and builds on the lesson from public health. The current approach is driving risk aversion and inappropriate escalation to state public hospitals (9 votes)**
7. **Support capacity in organisations that can provide specialist care-coordination at the intersection between health and housing. More broadly the specialist support coordinator (SSC) role needs to be reviewed to ensure the funding models are sustainable and support positive client outcomes across their health and care journey. Current funding models based on "hours per plan" do not allow for best outcomes (7 votes).**
8. Specialist Support Coordination for deteriorating consumer (1 vote)
9. Specialist/responsive response for Positive Behaviour Support Plans is required to impact on crisis care and rapid deterioration.
10. **Ensure that there is adequate training and support available for care-teams, parents/carers and people living with disabilities. There was considerable interest in ways to redesign disability workforce using carers, family members, and People living with disability as part of the disability workforce (4 votes).**
11. Widespread need for education for health professionals, providers and the broader community on disability issues and the NDIS more broadly.
12. Plans for predictable changes in needs such as degenerative conditions or as people age and transition adolescent to adult system or into older age. (3 votes)

13. Develop improved supports for family, carers, substitute decision makers including ability to access crisis care. Breakdown of family support arrangements sand family dynamics can lead to unchecked demand on the hospital system.
14. Proactive health assessment funded – health coupons i.e. CHAP
15. Ensure appropriate capacity for supported accommodation is in place which includes skilled service providers, correct staff plans and funded plans resulting in stable tenancy. This prevents service failure and if service provider is housing provider, person loses support and home. Some kind of “vacancy funding” could ensure provider stability.
16. Build medium term accommodation as modular housing to support and to get out of hospital quickly.