

National Disability Insurance Scheme (NDIS)

Scheme overview and implementation update

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Delivered by the
National Disability
Insurance Agency

NDIS and the NDIA



The National Disability Insurance Agency (NDIA) administers the National Disability Insurance Scheme (NDIS).

The Agency's job is to:

- Deliver the NDIS
- Build community awareness of disability
- Ensure financial sustainability of the NDIS
- Develop and enhance the disability sector

The NDIA Board governs the NDIS

A new way



- Supports tailored to individual needs
- Insurance approach for sustainable costs
- Choice and control is central
- Needs driven
- Delivered in local communities
- National coverage



NDIS principles

- People with disability have the same right as other members of the community to realise their potential
- People with disability, their families and carers should have certainty they will receive the care and support they need
- People with disability should be supported to exercise choice in the pursuit of their goals and the planning and delivery of their supports
- The role of families and carers in the lives of people with disability is to be acknowledged and respected

The NDIS principles align with *the United Nations Convention on the Rights of Persons with Disabilities* and the *National Disability Strategy*

Three key pillars

- Insurance approach
- Choice and control
- Community and mainstream



Building the NDIA

- Significant growth in employees since 2013
- Over 16% of staff identify as having a disability
- Philosophy of Listen, Learn, Build, Deliver
- Building an evidence base within the sector

Scheme achievements



Quarter 3, 2015–16 Report

31 MARCH 2016

NDIS trial sites



- 1 Hunter area, New South Wales
- 2 Nepean Blue Mountains area, New South Wales (age 0-17 years)
- 3 Australian Capital Territory
- 4 Tasmania (age 15-24 years)
- 5 Barwon area, Victoria
- 6 South Australia (age 0-13 years)
- 7 Perth Hills area, Western Australia
- 8 Barkly region, Northern Territory

✓ On time

29,769 people

have become participants in the NDIS.

24,866 people

have received individualised plans, helping them change their lives by accessing the supports and services they need to live more independently and engage with their community.

✓ Within budget

\$1.96b

has been committed for participant support to date.

✓ High satisfaction



Participant satisfaction remains high with

95%

rating their planning process as “good” or “very good”.

Participants with approved plans by state and territory

NSW Hunter	NSW Nepean Blue Mountains	SA	TAS	VIC	ACT	NT	WA
6,510	1,083	5,825	1,135	4,867	3,429	135	1,882

The transition to NDIS in Victoria



- The NDIS will be made available progressively across the state over the next three years.
- The NDIS is being introduced in stages, because it's a big change and it is important to get it right and make it sustainable.
- By July 2019, it is estimated that 105,000 people will transition to the NDIS.

Year 1 2016-2017

- North East Melbourne
- Central Highlands
- Loddon

Year 2 2017-2018

- Inner Gippsland
- Ovens Murray
- Western District
- Inner East Melbourne
- Outer East Melbourne
- Hume Moreland
- Bayside Peninsula

Year 3 2018-2019

- Southern Melbourne
- Brimbank Melton
- Western Melbourne
- Goulburn
- Mallee
- Outer Gippsland

Local Area Coordination will be delivered with Partners



- Local Area Coordinators (LACs) will support some participants and their families to join in and contribute to the life of their community and assist with the planning process, plan implementation and community participation
- LACs will also deliver some activities to people who are not eligible for the Scheme and in building community capacity.
- The three successful tenderers for LAC services for the first year of roll out in Victoria are:
 - **Brotherhood of St Laurence** in North East Melbourne (July 2016)
 - **Latrobe Community Health Service** in Central Highlands (Pre-phasing from August 2016 then services commence in January 2017)
 - **Intereach** in Loddon (Pre-phasing from November 2016 then services commence in May 2017)
- Information about the arrangements for sourcing LACs for Year 2 and 3 roll out areas in Victoria will available in the coming months

Information, Linkages and Capacity Building (ILC)



At the end of 2015 the Agency released a consultation draft of the ILC Commissioning Framework. The Framework outlines how the Agency will fund and manage ILC activities in the future.

ILC will be a big change for the individuals and organisations.

Consultation and co-design are critical to successful implementations of ILC.

Three consultation streams over Feb to April:

1. Face-to-face sessions
2. Written submissions
3. Targeted consultations

Key Themes from Consultation

- Outcomes require re-shaping
- Relationship between ILC and LAC
- Engaging with hard-to-reach population groups
- Interaction between ILC and mainstream services, and supports funded through NDIS plans
- Delivery in rural and remote areas
- Intersecting policy areas

Psychosocial disability in context of the NDIS



- Productivity Commission estimated 56,880 people with a primary psychosocial disability would be eligible for individual support packages, out of a total of 411,850 estimated scheme participants (13.8%)
- At 31 March 2016 there were 1602 participants in the scheme with psychosocial disability with an approved plan. There are 659 participants with psychosocial disability in Victoria (Barwon).
- The Barwon trial site has the most comprehensive data and the current proportion of participants with a psychosocial disability is 14.2% which compares favourably to the Productivity Commission estimates of 13.8%.
- A further 55,000 people with a primary psychosocial disability are projected to be included at full Scheme. Data from the NDIS Barwon trial site continues to be the most complete, and access rates for people with a primary psychosocial disability generally align with the Productivity Commission estimates.
- Scheme Actuary tracks all data for participants in the Scheme including eligibility decisions, mental health conditions and associated disabilities, types of funded supports, and will increasingly focus on outcomes: this drives continual improvement.

Some key issues around Psychosocial disability



- Eligibility and access
- Language
- Holistic support
- Preplanning and planning processes
- Involvement families, carers, friends and informal supports
- Sector readiness
- Local Area Coordination (LAC) role
- Information, Linkages and Capacity Building (ILC)
- Mainstream interfaces
- Pricing
- Continuity of support



Accessing the NDIS

- People with disability who meet the access requirements will become participants
- People with disability enter the NDIS through multiple channels
- There will be a gradual intake of participants around Australia
- People in areas where the NDIS is active can contact the NDIA to ask questions and request an Access Request Form

Disability requirements

Accessing assistance from the scheme requires that a person must:

- Have a disability that is likely to be permanent
- The disability must have a substantial impact on areas of day to day life and/or on the person's ability to participate in the community
- Extent of impact on functioning may fluctuate and may improve
- The person will likely need supports for the rest of their life (even if it is not needed everyday)



What can the NDIS support?

- The NDIS pays for different supports for different people. The type of support depends on what different people want to achieve and what areas of their life they need help with
- Funding for supports may include:
 - Help with household tasks and personal activities
 - Vehicle and home modifications
 - Mobility equipment and assistive technology
 - Transport to be involved in community, social and employment activities
 - Therapies related to the disability

What can't the NDIS be used for?



- There are rules for the NDIS that mean some supports cannot be funded in an NDIS plan
- The NDIS will not fund:
 - Supports that are not related to a person's disability
 - Supports that are funded by a different mechanism or system, such as Medicare or the Health system
 - Day-to-day living costs that everyone pays for such as food, electricity and water
 - Things that may cause harm

NDIS and mainstream systems



- The NDIS is not intended to replace the supports or services provided by other mainstream systems
- Wherever possible we assist participants to access mainstream systems
- Key principles determine whether the NDIS or another system is more appropriate to fund particular supports
- A participant's plan may include a range of supports provided by informal, mainstream and community networks. Some of these may be funded by the NDIS.



Interface with Mainstream Health Services – Health responsibilities



The health or mental health system will be responsible for:

- Treatment* of mental illness, including acute inpatient, ambulatory, rehabilitation/recovery and early intervention, including clinical support for child and adolescent developmental needs;
 - residential care where the primary purpose is for time limited follow-up linked to treatment or diversion from acute hospital treatment; and
 - the operation of mental health facilities.
- *Treatment is defined as activities associated with stabilisation and management of mental illness (including crisis, symptom and medication management) and establishment of pathways for longer term recovery.

Interface with Mainstream Health Services – NDIA responsibilities



- The NDIS will be responsible for ongoing psychosocial recovery supports that focus on a person's functional ability, including those that enable people with mental illness or a psychiatric condition to undertake activities of daily living and participate in the community and in social and economic life.
- This may also include provision of family and carer supports to support them in their carer role, and family therapy, as they may facilitate the person's ability to participate in the community and in social and economic life.

Interface with Mainstream Health Services – Co-morbidity



Where a person has a co-morbidity with a psychiatric condition:

- The health or mental health system will be responsible for supports relating to a co-morbidity with a psychiatric condition where such supports, in their own right, are the responsibility of that system (e.g. treatment for a drug or alcohol issue).
- The NDIS will be responsible for additional ongoing functional supports associated with the co-morbidity to the extent that the co-morbidity impacts on the participant's overall functional capacity. This applies equally where the impairment is attributable to a psychiatric condition and/or is the co-morbidity to another impairment.

Moving forward

- National Mental Health Sector Reference Group
- NDIA Annual Mental Health work plan
 - Major projects
 - Data
 - Community of practice
- Sector Engagement
- Embedding psychosocial disability into the Scheme
- Listen, Learn, Build, Deliver – the start of an exciting journey

Summary: Psychosocial disability in context of the NDIS



- Strong examples emerging such as people leaving hospital or transitional accommodation into their own home and building their own life in a community of their choice, re-engaging with family and friends and training/employment.
- NDIS presents enormous opportunities for people with a psychosocial disability on a national scale as well as significant challenges related to scale and quality/consistency related to varying context around the country.
- Scheme overall is going through stages of Trial, Transition and Development leading to maturity over a significant period.



Questions?

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