



Annual Public Forum 2021

Q & A resource

Health System

1. The health system is often the first point of support when a person acquires a disability. What can be done early to ensure the person has timely discharge and avoids a placement in aged care?

The Department of Social Services is working with the States and Territories to help health teams gain a better understanding of the NDIS process so they can intervene early and better support the patient with a newly acquired disability to have a timely and successful discharge.

It is important that the person has access to the NDIS as soon as possible. An early NDIS access request can begin the planning process for a timely discharge, importantly considering housing that will meet the person's needs and preferences.

Health teams can assist the person with an [NDIS access request](#) and provide evidence of permanent and significant disability. Health teams can provide a detailed Functional Capacity Assessment that talks about housing needs, support needs and housing history.

It is important health teams consider the language and logic of the NDIS. The Summer Foundation's resource "[Getting the language right](#)" can assist with this.

With an interim plan a person in hospital can appoint a support coordinator. It is a good idea to choose a support coordinator who has skills and experience in working at the health and NDIS interface and supporting participants in the hospital discharge process.

The Summer Foundation's UpSkill resource "[Choosing a support coordinator](#)" and the [Provider Directory](#) can help a person in hospital connect with a support coordinator with the right skills.

It is important that the support coordinator, health teams and the NIDA collaborate with the person. Having a good understanding of the responsibility of each party helps assist with a timely and successful discharge.

The NDIA has appointed Health Liaison Officers to assist health teams with hospital discharge planning, providing information and connection to the appropriate pathway, and support to existing and potential NDIS participants.

If a person with disability cannot be discharged home or to their previous housing, their health team and support coordinator need to work together to find new housing options. This might include interim housing or medium term accommodation until long-term housing becomes available.

The Summer Foundation has created 2 exemplar resources to assist with discharge from hospital to living well in the community.

[The Housing Needs and Preferences to Support Discharge](#) - This guide and template assists health teams to have a very important conversation with a person with disability in hospital. It is the first step in finding housing and moving patients along the discharge pathway more efficiently.

[The Collaborative discharge approach practice guide](#) details the steps involved in effective discharge planning for younger people under 65 with disability or complex support needs in hospital. It steps out collaborative actions between the NDIS, health, support coordination and housing to facilitate timely discharge through access to necessary NDIS supports. Links to resources that align with specific actions are embedded within this guide.

2. Hospitals are the largest referrers of younger people to aged care. What work is underway, or what needs to happen to shift this?

The Australian Government is committed to ensuring no younger person (under the age of 65) lives in aged care unless there are exceptional circumstances.

[The Younger People in Residential Aged Care Strategy 2020-2025](#) guides concrete actions to reduce the number of younger people entering aged care and support those already living in aged care to move into age-appropriate accommodation with the supports they need.

The Government has set targets to ensure:

- No people under the age of 65 entering aged care by 2022
- No people under the age of 45 living in aged care by 2022
- No people under the age of 65 living in aged care by 2025

To implement these targets the Government has established a Joint Agency Taskforce between the Department of Social Services, the Department of Health and the NDIA.

The system coordinator program run by Ability First Australia is nationally funded and designed to reduce the number of younger people at risk of entering and living in aged care.

System coordinators will work directly with younger people in aged care or at risk of entering aged care to ensure they have access to NDIS and/or other age-appropriate mainstream community support.

[Aged Care Assessment Supplementary Guidelines for Younger People](#) note that aged care should only be used as a last resort for younger people and only where there are no other care facilities or care services more appropriate to meet their needs.

These strategies have led to a decrease in the number of younger people entering aged care.

Improving the way hospitals and the NDIS work together to support people with disability to leave hospital and return to their community is key to keeping people with disability out of aged care. The Summer Foundation has produced resources for health professionals who are assisting patients with disability along the hospital discharge pathway. [The Housing Needs and Preferences to Support Discharge](#) resource is designed for health professionals to support a person with disability to describe the housing and support they want and need so they can be discharged to suitable housing.

The NDIA has appointed Health Liaison Officers to assist health teams with hospital discharge planning, providing information and connection to the appropriate pathway, and support to existing and potential NDIS participants. The NDIA has recently centralised the hospital discharge team and YPIRAC team to ensure consistency and efficiencies for decision-making. NDIS planning conversations with participants include discussions about age-appropriate home and living options.