



Psychiatric Disability Services
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Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

28 July 2017

Dear Committee Secretary

RE: National Disability Insurance Scheme Amendment (Quality and Safeguards Commission and Other Measures) Bill 2017

We would like to thank the Senate Standing Committees on Community Affairs Legislation Committee for the opportunity to make a submission to the *National Disability Insurance Scheme (NDIS) Amendment (Quality and Safeguards Commission and Other Measures) Bill 2017* (the Bill) inquiry.

VICSERV is the peak body representing community managed mental health services in Victoria. Our Vision is a society where everyone has access to high quality mental health treatment, rehabilitation and disability support when they need it. VICSERV works closely with consumer and carer peak bodies within Victoria.

The services provided by VICSERV members include programs funded through the Victorian Government's Mental Health Community Support Services (MHCSS), and Commonwealth mental health programs such as Partners in Recovery.

Overall, our concerns are centered on the need to undertake considerable examination before any changes are made to the Bill.

There has been limited opportunity for us to understand the implications of the proposed amendments to the Bill and, as highlighted in our submission, there will likely be varied interpretation across a number of the amendments which may lead to unacceptable outcomes for participants into the future.

There are a number of other significant reform processes in train at the moment that will impact on the regulatory framework of the NDIS, including the NDIS Code of Conduct and the Productivity Commission's Inquiry into NDIS Costs. It would be remiss if the process to amend the Bill failed to utilise the outcomes and learnings coming out of those other processes.

We would also like to note our endorsement of the submission of our national peak body, Community Mental Health Australia (CMHA), which is a coalition of the eight state and territory peak community mental health organisations. CMHA, through its state and territory bodies,

has a direct link and contact to mental health organisations delivering services at the coalface across Australia.

Please contact me, or Debra Parnell, Manager, Policy and Communications or 03 9519700, if you have any queries in relation to this matter.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'A Clelland', with a horizontal line underneath.

Angus Clelland

CEO

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National Disability Insurance Scheme Amendment (Quality and Safeguards Commission and Other Measures) Bill 2017

VICSERV comments on specific proposed amendments:

Item 12 Section 9 - references to 'review' being changed to 'reassessment'

- The explanation states this amendment reflects a change in terminology only and does not change the rights of participants, however VICSERV is concerned that interpretation of this term may vary and create unintended outcomes.

Subsection 4(15) - use of the word 'sustainable' in relation to people accessing innovation etc. to have a 'normal life'.

- It would seem that the amendment to directly refer to a diverse and sustainable market and sector in which innovation, quality, continuous improvement, contemporary best practice and effectiveness in the provision of those supports is promoted, is appropriate on face value. However, we echo CMHA's concerns that the significant issues that are occurring around what is 'reasonable and necessary' and the addition of a focus on sustainability may cause further complications, especially if the main driver is a cost factor.

Item 3 after subsection 4(9) – insertion of a new general principle into section 4, being that people with disability are central to the NDIS and should therefore be included in a co-design capacity.

- VICSERV endorses the underlying principle that promotes the centrality of people with disability and their inclusion in the NDIS decision-making framework as integral to the NDIS.
- Whilst we understand and support the intent of the insertion of the word 'co-design', there is no agreed process with people with lived experience on how this should be applied, and we are concerned that the amendments being proposed actually contradict principles of co-design.
- Further, in some cases, the use of the term varies across jurisdictions and in some cases the term 'co-production' is used.
- Co-production goes beyond traditional methods of consultation by forming authentic partnerships with consumers, carers and service providers at all levels within services, and in interactions with government. It utilises their knowledge and experience in the planning, design, resourcing, delivery and evaluation of mental health policies and services. The methodology is underpinned by principles of early engagement, inclusivity, transparency, shared power, and equity of knowledge and responsibility.

Item 16 (subsection 24(1)) and item 17 (s 27(c)) – insertion relating to chronic illness

- It has been proposed that the following words be inserted into the legislation (as per the Bill's Explanatory Statement, this relates primarily to chronic illness):

'support that a person is likely to require must be appropriately funded or provided through the NDIS and not more appropriately funded or provided through other mainstream general systems of service delivery or supports such as health or education'

- It is understood that the intent of these words is to ensure that a disability and chronic illness or condition be considered as part of the disability; and subsequently that support would be provided to a person with mental illness and a chronic illness where the mental illness impacted their ability to manage the chronic illness.
- We are concerned however that there is a significant lack of clarity around how co-morbidity fits within the NDIS, particularly the word changes being proposed through the Bill.

- VICSERV draws to your attention the inclusion of case studies in CMHA's submission, which illustrate how interpretation of this clause in the Act may vary and create unacceptable outcomes for participants with chronic illness.
- These outcomes highlight why considerable examination is required before any changes are made to the Bill, including understanding where supports are accessed and what funding states and territories have transferred to the NDIS that provided chronic disease support for people with disability.
- VICSERV joins with CMHA in asserting that there must be ways of providing coordinated support to people with psychosocial disability and co-morbidity, including chronic illness, who are NDIS participants, without them having to navigate more than one service system.
- Coordinated, wrap-around support – regardless of what the support needs are – is the crucial part of a psychosocial approach to addressing mental illness and this will be lost if people are required to seek help in more than one service system. Many people with psychosocial disability may not be able to do this, potentially putting them at risk. The Federal Government and the State and Territory Governments must be able to determine with confidence where there is service crossover, and come to payment arrangements where that is required, so that NDIS participants receive the support they need through one package.

New section 181L – Appointment of the Commissioner

- VICSERV endorses the appointment of a Commissioner. We recommend that the Commissioner should be accountable to Parliament and be regularly required to report to parliament.