



Tasmanian *Joint Solutions Leaders Summit*
The Long Room, Parliament House, Hobart
26 June 2012

Senior representatives from Tasmanian health, disability and aged care programs as well as representatives from peak organisations, met in the Long Room, Parliament House Hobart at the Tasmanian ***Joint Solutions Leaders Summit*** convened by the Young People In Nursing Homes National Alliance on June 26.

The Summit provided an opportunity for participants to discuss the need for improved collaboration and partnership; and development of coordinated care pathways for young people with complex support needs. It also provided opportunity for participants to:

- Hear of the issues confronted by other program areas and contribute their own experiences
- Consider real life scenarios and collaborate with colleagues from other program areas on delivery of joined up service responses in these instances
- Commit to continued collaborative effort in these three areas as part of the implementation of a National Disability Insurance Scheme (NDIS).

Tasmanian Minister for Disability Services, Hon. Cassy O'Connor, opened the Summit and welcomed those present, offering the apologies of Tasmanian Health Minister, Hon. Michelle O'Byrne, who was unable to attend as planned.

Minister O'Connor reiterated the Tasmanian Government's commitment to the Younger People in Residential Aged Care program (YPIRAC) program's objectives; and her desire to create viable pathways of care for Tasmanians in the Young People In Nursing Homes (YPINH) target group.

The Minister was keen to ensure that Tasmania's gains through the YPIRAC initiative were not eroded; and that the Tasmanian bid for the NDIS had good interfaces with other sectors. She further indicated that while getting the interfaces with health and aged care in place was essential for its own sake, it was also important in the context of the Tasmanian bid for a launch site and for other NDIS development work also.

Following the Minister's address, the Alliance's Bronwyn Morkham and Alan Blackwood summarised the YPIRAC initiative and its achievements; as well as the key learnings that emerged from this five year Council of Australian Governments (COAG) program.

The dominant fact proffered was that despite the learnings of the YPIRAC program and the proven need for closer collaboration and effort between health, disability



and aged care, targeted work on the YPINH cohort has all but stalled, despite the fact that the need for this work is greater than ever in advance of the NDIS. ²

As a lead in to general discussion with Summit participants, Bronwyn and Alan highlighted key learnings from the YPIRAC initiative including the fact that no one area of the service system can respond effectively to the health and other support needs of those with impairment by itself. It was contended that a whole of life or life time care approach to service development and delivery would deliver better outcomes for program areas and individuals with impairment alike.

Comment was also made that while health contributes a large amount in funding and expertise via its acute care and other settings, disability services simply does not have the capacity or expertise to deliver the clinical supports often required by the YPINH cohort.

The specific types of health services required by the YPINH group include slow stream rehabilitation (highlighted by the YPIRAC Mid-term review); and clinical input into disease management for younger people with progressive neurological diseases. Both service areas are included in the core business of the larger Health portfolio in most states.

Bronwyn and Alan argued that while disability services are not substitutable for health services, disability programs are often called upon to respond to health needs and respond with the only thing they can: provision of additional personal care services. Yet additional personal support services cannot replace the clinical supports these young people require. That a range of health services continues to be required by individuals with complex health needs when under the mandate of disability services, was again one of the YPIRAC initiative's conclusions.

Summit participants were interested in exploring the design and outcomes of the two Continuous Care Pilots run under the YPIRAC banner that tested a care coordination risk management model, aimed at keeping people with progressive neurological disease out of aged care services and at home in the community. The approach of combining clinical and community expertise in a dynamic coordination model was highly successful, resulting in 100% success rates across both Pilots undertaken in Victoria and NSW.

Similarities to the Gateway system in Tasmania were noted although, given that the CCPs were small and highly targeted initiatives in the YPIRAC context,¹ the difference in intensity of support on offer in the different programs was acknowledged.

¹ Both CCPs were independently evaluated. The evaluation reports can be viewed at: http://www.mssociety.org.au/media-advocacy.asp#Continuous_Care



Bronwyn and Alan concluded the discussion by linking the YPIRAC objectives to the building of the NDIS. In the urgency of present moves to an NDIS, it is important to remember that the NDIS is about much more than disability services packages. Without the embrace of a whole of life approach to supporting individuals with complex disability that the NDIS must address, ineffective and inefficient systems of care will persist.

Whether or not it is embedded in the working structure of the NDIS initially, the interface between disability and health remains a key imperative for all jurisdictions in their continued work on the YPIRAC objectives. The Summit reaffirmed that the development of solid interface arrangements must be a key building block of the NDIS.

Following Bronwyn and Alan's address, the meeting canvassed a range of health, disability and aged care program issues and acknowledged the complexity of the policy and practice challenges in building effective care pathways across these areas. Not least of the challenges identified was that the health portfolio covers a large number of discrete programs; and existing program boundaries and policy settings do not generally encourage co-funding or collaboration. As a result, participants agreed that deliberate and specific targeting will be needed to achieve the integrated responses YPINH individuals require.

Participants made the general point that while the front end in acute health is good, as is the shape of disability services, a lack of coordinated care and the availability/timeliness of disability services were key and continuing issues needing resolution.

Despite universal agreement by Summit participants on the need for improved collaboration and development of integrated care pathways, the high degree of difficulty in achieving integrated service responses was also acknowledged.

Dr Yuan Chou from ACIL Tasman's Melbourne office presented results from a socio economic cost benefit analysis of the 'chain of care' an individual might access over the life course. Dr Chou's presentation revealed the benefits that can accrue to particular program areas, as well as the greater life expectancy an individual with disability might expect to have if coordinated service responses are delivered in a timely and effective manner.

Dr Chou's data also revealed the adverse financial and other impacts of not achieving coordination between the program areas, conclusions that will be more fully described in his forthcoming report for the Alliance.



In further discussion, participants identified serious constraints between existing program structures and funding arrangements as impediments to implementation of integrated service responses. Significant service gaps were also identified and included the need for: ⁴

- Clear definition of the concept of care coordination; locating responsibility for management of this crucial aspect of care delivery; and identifying the program area (or areas) responsible for funding it.
- Ongoing health management for people with dynamic health needs including those with progressive neurological diseases.
- Provision of slow stream rehabilitation for individuals with Acquired Brain Injuries (ABI).
- Delivery of habilitation services to slow disease progression and maintain crucial life skills for those with progressive diseases such as Multiple Sclerosis, Huntington's and Parkinson's Diseases.
- The lack of available funding and spare capacity in the disability and health sectors.
- Disability services' lack of clinical expertise that restricts capacity for those with complex health care needs and makes it almost impossible to deliver required service responses without collaboration between health and disability services.
- Aged Care as an interim or short-term placement option in concert with delivery of expertise and funding from disability and health programs; a clear exit strategy from aged care to the community; and ongoing review of the individual's situation.

Case Study Discussion

Following Summit participants' discussion of these issues, Natan Ayele, a Social Worker from the Royal Hobart Hospital, presented a 'live' case study involving a young man with an ABI unable to transition to the community from hospital. The following issues were raised and deliberated.

- Service responses must take a whole of life approach rather than the segmented approach currently in play between program areas.
- In the absence of better collaboration between services and program areas, the gains and learnings delivered by the YPIRAC program will be lost.
- Slow stream rehabilitation is a significant gap in the chain of care required by individuals with severe ABI.
- Integrated service responses can deliver improved outcomes to individuals with impairment that have capacity to deliver reduced care costs over the long term or life course.



- The Tasmanian Gateway model was raised as a good basis for further development of links between health, disability, aged care and community services. ⁵
- There was need for the Tasmanian MAIB's involvement in development of systemic responses in Tasmania.
- Life time care coordination methodologies are required to manage the involvement of all three sectors and their respective capacities.
- If truly individual pathways are to be created, our health funding model needs to be individualised also. Funding models for activity based care in the UK already make individualised allocations available that enable community pathways.
- Strong interest in trialling a case coordination methodology and provision of brokerage funding similar to the CCP was indicated, with an accompanying mandate to work with hospitals and disability services and locate/coordinate rehabilitation services.
- The need for integrated service responses is valuable in and of itself, but is also crucial to the successful delivery of an NDIS.

The Summit concluded with participants discussing ways forward for the YPINH cohort generally, as well as particular commitment to inform Tasmania's Ministerial YPIRAC workplan.

There was strong support for key recommendations arising from the Summit and their communication to the Tasmanian Health and Disability Ministers. These recommendations centred on development of strategic approaches to proactively link disability and health program areas and included:

- Trialling, costing and evaluation of targeted approaches by existing programs with the aim of developing articulated pathways for individuals in the YPINH target group (particularly with ABI and progressive neurological diseases). This will clearly need to involve clinical redesign of current practices.
- Programs involving coordinated approaches to service design and delivery, can be submitted to Treasury as joint budget bids by health and disability portfolios with the deliberate aim of joining up the two sectors; and ensuring joined up programming is built into future budget allocations for Health and Disability portfolios.
- Strengthening the capacity of Gateway and local advocacy services to assist in the building of individual solutions.
- Creation of a cross-portfolio working group, including the MAIB and Federal Department of Health and Ageing, to investigate options to develop slow stream rehabilitation services, care coordination methodologies and cross



program service pathways for Tasmanians in the YPINH target group. ⁶
Development of these integrated options would benefit all Tasmanians with disability and are an important aspect of pre-planning for development of the NDIS.

In concluding the day's proceedings, Dr Morkham thanked participants for their insight and their contributions to the rich discussion that had been a hallmark of the Summit's deliberations.

Dr Morkham further indicated that the Alliance would be pursuing further discussion on the issues raised at the Summit with Tasmanian Disability and Health Ministers, Hon. Cassy O'Connor and Hon. Michelle O'Byrne, as well as the Federal Minister for Aged Care, Hon Mark Butler.