



## **West Australian *Joint Solutions Cross Sector Collaboration Roundtable***

**Woodside Plaza, Perth**

**21 November 2014**

### **The Joint Solutions Roundtables**

The arrival of the National Disability Insurance Scheme (NDIS) and the ongoing imperative to progress the National Disability Strategy (NDS), have highlighted the pressing need for mainstream programs to participate in the reforms underway around services and supports for people with disability. While the issue of developing workable interfaces between specialist disability programs, mainstream programs and the NDIS has been discussed in many forums, little practical attention has been given to how this can be achieved and what outcomes are sought for governments, providers and people with disability.

The *Joint Solutions Roundtables* have been convened by the YPINH National Alliance in the jurisdictions to interrogate how these cross-program connections can be developed. The Perth Roundtable focussed on the imperatives around the NDS and the NDIS in Western Australia and included discussion about the *My Way* and NDIS trial sites.

### **Western Australian Roundtable**

Twenty participants from Western Australia's health, disability, mental health and education sectors as well as the public advocates office, convened in offices at Woodside Plaza to discuss the outcomes of research undertaken by the YPINH Alliance in collaboration with [Sydney University](#); and to examine key cross sector issues in WA brought to light by the emergence of the NDIS and the *My Way* trials.

The meeting began with participants giving their perspectives on the interface issues around disability services in Western Australia.

Fiona Payne opened the discussion with 4 key points about working across sectors that included

- The broad cultural change needed within and across programs to enable cross sector collaboration to occur. For example, drivers in health are focussed on rapid discharge to free up limited health resources. Yet without adequate planning and resources in place, discharge risks failing with detrimental consequences to the individual's health
- Recognition of the different languages used by programs that can be an impediment to improved understanding and collaboration



- The varied understandings of what 'care coordination' is and how it operates and
- The complexity of the human services system and the difficulty in successfully navigating this system.

Fiona's points were a concise summation of the challenges and opportunities that the meeting subsequently addressed.

Fiona also talked of the complexity involved in working across different sectors that are going through separate reform programs such as those underway in disability through the NDIS and those currently underway in aged care through the *Living Longer Living Better* aged care reforms. As a member of WA's Health Disability Network, Fiona made the comment that because the NDIS represents only a one sixth part of the National Disability Strategy (NDS), WA's Health Disability Network is focusing on implementing the NDS as integral to the success of the NDIS in WA.

Rather than something relevant only to the NDIS, Ron Chalmers saw the development of interfaces between disability services and mainstream programs as a long term project. He noted that while good cross program communication existed at the director general level in departments in WA, without community sector or consumer interaction, this was not going to be enough. Ron identified the challenge as integration of the different levels of activity to ensure that policy and programs lined up. Strategic decision making at this level is still very important to bring about the changes that are required.

Ron also commented that departments are aware that while value exists in better coordination of services, whether through assisting individuals or saving money through more efficient and timely service organisation, it remains a constant challenge to achieve both.

The point was well made by Fiona that while this was part of the folklore of program administration, it is time that health economists from government quantified these savings and put a value on the different types of cross sector coordination that can come into play. Rather than a marginal activity available only for high risk or problematic cohorts, this would enable cross sector coordination to be seen as a viable way of achieving program and budget outcomes. WA's CATCH initiative, although unfunded, did work to this end.

As WA's People with Exceptional and Complex Needs program (PECN) had done, participants also noted that the relative success of the coordination pilots studied in the cross-sector research project was due to their targeting, the design of the coordination role and the deliberate joining up of particular programs to meet the



identified needs of participants. One of the key questions the meeting raised was *“How can the proven success factors these coordination programs have identified be built into the interface arrangements currently being developed for people with needs for multiple program responses?”*

Richard Sanders gave an overview of his role liaising between the Education Department and the NDIS/My Way trials. As well as work at the policy or macro level, Richard believes that the interfaces themselves need to be flexible and that having people on the ground to coordinate and resolve practice issues is essential. Program leaders should be encouraging this kind of flexibility as a central part of their operation.

While bi-lateral agreements between the Commonwealth and the States set out splits of responsibilities, Richard Sanders assured the meeting that they are not defining all of the interface work for the Education Department. WA’s Education Department is also focused on implementing the provisions of the National Disability Strategy, seeing the interface with the NDIS as just a part of this work.

Pauline Bagdonavicius, WA’s Public Advocate, described the PECN program in more detail, highlighting that a great deal of goodwill existed towards the program from all the departments and programs involved. PECN demonstrated the importance of appreciating what can be delivered in collaboration with existing programs and before additional resources for particular groups of people needing support, are sought.

Jim Vanopolous agreed that getting a better cross sector service response starts with collaboration rather than going for more resources. If the system is not coordinated, however, any additional resources will remain captive to underlying system inefficiencies.

Nathan Gibson and Sam Jenkinson both talked about some structural and workforce issues that can be barriers to reform and good practice. By providing an easy referral pathway for people, outdated residual services still in operation, such as the Quad Centre in Perth, are now warping the transition to new and collaborative service responses. This means that while the imperative for change may be strong, entrenched practices are holding it back.

A key workforce constraint raised by Nathan is that many workers in particular sectors, including health and mental health, are not highly experienced in dealing with people with co-morbidities. This plays out in dominant service responses becoming inflexible for some people with more complex needs who require a



different or more collaborative service response. Nathan said that training and ongoing in servicing is essential.

Another structural issue is that diverse programs view 'outcomes' differently, meaning that there can be little consensus across programs about individual need – both expressed and unmet. Nathan thought that while active service 'wranglers' or coordinators within service systems provide significant value for individuals at one level, they can also act as 'irritants' to the status quo at another. This allows these wranglers to keep the focus on individuals and their needs in spite of practice norms in a particular program tending to a standard response.

Tracey Foulds reminded the meeting that different languages in different sectors could confuse the recognition of needs and prioritisation of responses to individuals. This also was seen as having an impact on how individuals with disability (and families) are involved in both the services they receive and the key decisions different programs make.

Eva Storey commented that emerging pressures in the hospital system are attached to episodic funding in health. The tolerance of long stay patients currently in the health system is already stretched. But as the funding system changes, there simply won't be the money available to support this into the future.

Participants also noted the very patchy appreciation and integration of outside factors in the hospital system for those patient groups with complex lifetime support needs. As these pressures become more visible, change will have to occur. The meeting agreed that the establishment of pathways out of acute and rehabilitation hospital settings; and the development of more community based health services in the community, will be driven in part by these funding changes.

One of the additional complications identified by Kim Gibson, is pressure in the health system to focus outpatient services on immediate post discharge care for the treatment episode, rather than on the long term needs of patients with complex needs. The lack of capacity to join up the hospital and disability systems to provide continuity of care for people across their lifetime was identified as a long standing issue that can now be formally addressed through the current reform programs.

The meeting agreed that a formalized approach to this at the policy and service system levels is needed to ensure that this cross sector connection forms an agreed objective in both the health and disability reform programs.

Alan Blackwood presented the outline of the highlights and key findings from the Cross-Sector Service Coordination research the Alliance had undertaken with Sydney



University. The key analysis framework for the research was discussed, with the identification of a matrix laying out the main coordination channels being the macro (policy), meso (service sector level) and micro (consumer and family) levels through which cross-sector work needs to take place. The project found that the best projects it studied had vertical integration of coordination activity within sectors in addition to horizontal integration at all levels into other sectors.

There was discussion about how the multi-level approach to cross sector coordination can take shape and embody the all important mandate and structural authority from the macro level. This is needed to allow the networks and capacities of the community sector to design and tailor solutions for individuals.

Another issue raised was that of ensuring that a systemic approach to maintaining and developing community capacity for cross sector coordination was developed, vis-à-vis the NDIS and *My Way* initiatives. While individualisation and choice are the major currencies in the disability sector, there are different structures, funding methods and imperatives in other sectors that need to be reconciled where individuals with complex needs are drawing down from multiple service programs.

The meeting agreed that the importance of having skilled coordinators or 'wranglers' that are conversant with the operations of more than one sector, have good networking skills and who have a 'can do' approach to finding solutions to problems/barriers around consumers, could not be overstated. A number of participants talked about local 'place based' reforms in WA (i.e. Armadale) and how vital the local connections and local knowledge (including within government programs) are in bringing these to life through local wrangling.

After the break, the meeting considered two key questions about how better cross-sector service coordination and collaboration could occur, and what needed to underpin its implementation.

These were:

1. How do we get beyond the 'who pays for what?' debate between government departments to achieve better collaboration?
2. Who takes the lead in generating specific service development imperatives that need to go across sectors (e.g. rehabilitation, school transition)? What is needed to underpin these joint developments? How can mainstream agencies be supported to build their own capacity to include people with disability in their programs?

Ron Chalmers said it was important to understand the principles of what works – and what contributes to good cross sector coordination, and ensure that there is a



practical way of implementing this at the local level. In the *My Way* trial, the director has been given the discretion to be flexible in the trial across the lower south west.

Sam Jenkinson pointed out that the introduction of a no-fault CTP scheme in WA would be undertaken in a different environment to that of other state schemes – where it could be designed to link with other programs rather than be an island scheme. This would provide a great impetus to bring a number of sectors together around the design and implementation of the scheme.

Eva Storey and a number of other participants mentioned the idea of creating KPIs for programs and executives to incentivise cross program collaboration. This may be more successful than forcing collaboration on unwilling or naïve parties. The key question is how these are integrated into the senior ranks of government, funding programs and funded organisations; and how we design incentives that can link program outcomes as well as individual outcomes. Eva thought that the introduction of case based funding in hospitals may be the key opportunity to look at other drivers of length of stay for particular patient groups with complex needs.

As much as anything it was agreed that these would be signals to have a go!

Rachel Skoss raised the issue of research and evaluation in programs, and the importance of comprehensive evaluation design. It was pointed out that there is currently not good data in the disability sector and that if we are going to pursue collaborations we will need to engage closely with research programs in other sectors, such as education and health, that have a stronger research and evaluation culture and can ensure that there is capacity for joined up evaluations. Some participants thought there should be an opportunity for the NDIS and *My Way* evaluations to pick these up.

Richard Sanders talked about the value of system wranglers and mentioned the roles of community partnership brokers working across schools in the Swan region. This and other models such as PECN and the pilots from the research all have used methodologies that are variations on a theme of using coordinators/wranglers at the meso level to implement program objectives and resolve individual issues at the margins of multiple programs.

DSC's Local Area Coordinators were held up as a working model of wranglers in local communities. In addition to working with individuals and families, LACs are recruited with this community linking role in mind.

Bronwyn talked about the Joint Action Plan in Queensland that the Premier instigated following the Public Advocate's inquiry into the number of people with



disability living in healthcare facilities. With approximately 300 being identified at a cost of \$80m per year, the Premier called for a joint initiative to be developed by the ministers of health, housing and disability (communities). This is now well underway and the cross-departmental work on a set of common objectives has seen practical collaborations statewide. The policy and implementation structures that have been established across the 3 departments have become a key part of Queensland's NDIS preparation.

The meeting did acknowledge that these issues are easy to talk about but difficult to address, given the array of personal, program and policy interests that need to be reconciled in any cross sector initiative. Tracey Foulds referred to a local government initiative in south west Perth that has taken over a year for the partners to come to terms with process issues. Even with strong goodwill, this type of work is complex. Strong leadership and clear agreement on outcomes were identified as prerequisites for success in such projects. Local Government can be key players in these moves, and champions are needed in each sector to keep the interest strong and the key decision makers at the table.

Further discussion occurred around the notion of sector champions and leadership, and both Fiona Payne and Nathan Gibson reiterated the importance of this leadership in translating recognition of the need for cross sector collaboration into action. Nathan recognised that the leaders required to initiate and drive this change were, in fact, in the room. People in key positions need to keep raising the importance of this reform and put things in place that encourage and require it to occur.

Ron Chalmers and Richard Sanders both talked about the kind of discussions that are currently underway in WA in regard to the emerging NDIS interface. Ron raised the example of WA Country Health discussions with DSC involving the future split of responsibilities as well as systemic and service level capacity across the two programs. He believed that there was a well articulated negotiation occurring about what the future may look like as the disability workforce is developed to potentially take over some WACH functions.

Bronwyn pointed out that if the NDIS is not funding health services then the key issue should be the capacity building within WACH to stay involved and to extend their service offerings for people with disability. This is one of many emerging discussions being held across sectors about the roles and responsibilities of agencies.

The point was made that while it was good that these discussions are occurring at the program (macro) level, it was essential to bring the community sector (meso level) and the consumer organisations (micro level) to ensure that there was proper



reform integration. If there is to be a new approach to sector interfaces in the future, there also needs to be new collaborative policy development structures established from the outset. The old ways may not deliver the new outcomes we have said we want.

Having gone over time, Bronwyn called the meeting to a close. Participants were keen to keep the connections and the conversation about this topic going to the future and asked for participant emails to be circulated. The contacts for participants have been included with this report.





## LIST OF PARTICIPANTS

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