NDS & DHHS Webinar: Safer and Stronger – accessible slides

# Slide 1

## NDS: Safer and Stronger – Disability Services and COVID-19 webinar

### Friday 9th October 2020, 10:00am – 11:00am



# Slide 2

## Welcome and Introductions

Sarah Fordyce – Victorian State Manager (Acting), NDS

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## Agenda

* DHHS update – James MacIsaac, Executive Director Disability, Disability and Communities Branch, DHHS
* Public Health update – Professor John Catford – Senior Medical Adviser, DHHS
* NDIA update – Toni van Hamond, Provider & Markets Engagement, NDIA
* Provider Perspective – Laura Green, General Manager Operations, ONCALL
* Q&A – Facilitated by Sarah Fordyce,NDS

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## DHHS Update

James MacIsaac

Executive Director Disability, Disability and Communities Branch

Department of Health and Human Services

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## NDSV Safer and Stronger Webinar COVID-19 and Disability

Disability Update 9 October 2020

James MacIsaac, Executive Director, Disability

Department of Health and Human Services

Visit [DHHS website](http://www.dhhs.vic.gov.au/coronavirus)

COVID-19 hotline 1800 675 398

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## Overview

**Key updates to provide in today’s presentation**

* Updating advice and guidance for sector and community on Victoria’s roadmap for recovery
* Worker mobility update

**Key priorities**

* Strengthening supports and outbreak responses via Victorian Disability Response Centre
* Building surge capacity and reducing workforce mobility
* Proactive supports for providers to prevent, prepare for and manage outbreaks
* Ensuring clinical in-reach along a care continuum for COVID positive residents

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## COVID-19 Outbreaks in disability settings

As at 8 October, there is 1 active case of COVID-19 in disability and community setting (including SRSs)

 0 cases in facility based settings

1 case is in community based settings (including SRSs)

* 1 participant

A total of 0 facility based sites are currently affected.

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## Roadmap to Re-opening

### Step 1 & 2 Heavily restricted

Metropolitan Melbourne currently Step 2

### Step 3 & Last Step Restricted

Regional Victoria currently Step 3

Open with COVID Safe plan

* The Victorian Government Coronavirus (COVID-19) roadmap to re-opening (the roadmap) sets out the steps and trigger points for easing of restrictions across metropolitan Melbourne and regional Victoria.
* The steps enable a safe, steady and sustainable path out of restrictions and into COVID Normal.

The roadmap outlines six principles that apply across all industries including disability services:

1. Ensure physical distancing
2. Wear a mask or face covering
3. Practise good hygiene
4. Keep good records and act quickly if staff become unwell
5. Avoid interaction in close spaces
6. Create workforce bubbles

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## Roadmap Disability Services

### Essential services are supports or services that are essential to a person’s health, safety, behaviour or well-being.

* During Step 1 and 2 of the roadmap disability services are considered **“heavily restricted”**. Only essential services will continue to be provided during Step 2 in metropolitan Melbourne.
* During Step 3 and the Last Step of the roadmap across metropolitan Melbourne and regional Victoria, disability services will be considered **“restricted”.**  For many types of disability services only essential services will continue to be provided.
* People who need support in their home or from essential site-based services will continue to receive these supports.

### As restrictions ease there will be increased opportunities for people with disability

* At all steps, people with disability, like the rest of the Victorian community, will have increased opportunity for social interaction and activities outside the home.
* The emphasis is on outdoor activities as coronavirus (COVID-19) does not transmit as easily outdoors.
* Indoor spaces with less ventilation are riskier and meeting people outdoors will be encouraged as will outdoor exercise and recreation.
* It is important that support providers are aware of these changes and support people to understand and implement the changes.

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## Prevention strategy overview

* A COVID-19 Disability response transition plan has been developed and agreed upon with the Commonwealth.
* The plan targets efforts more towards a preventive focus while positive cases are low as well as the capacity to rapidly scale-up case management responses to future outbreaks.
* DHHS’s [infection prevention control](https://www.dhhs.vic.gov.au/infection-prevention-control-resources-covid-19) cell has a range of new resources on the DHHS website.

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## Worker mobility update

* COVID-19 Workplace Directions oblige employers to restrict worker mobility and workers to declare where they are working at more than one site.
* Disability residential providers report anecdotally that they have made good progress in reducing mobility across their sites by cohorting workers and restructuring rosters.
* The joint State/Commonwealth $15m Disability Worker Mobility Reduction Payment scheme has rolled out to compensate providers and workers for financial impact of restricting workers to no more than two residential sites.
* NDIA and DHHS will make payments to NDIS/state funded providers respectively through existing funding mechanisms/contracts.
* NDIA advise that 66 out of 103 eligible service providers have registered for the payment scheme.
* Work is underway to monitor the impact of the scheme.
* [More information on the worker mobility scheme](https://www.dhhs.vic.gov.au/disability-worker-mobility-reduction-payment-factsheet-covid-19-doc)

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## Accessibility statement and publishing information

To find out more information about coronavirus and how to stay safe visit [DHHS Coronavirus (COVID-19) information](https://www.dhhs.vic.gov.au/coronavirus)

If you need an interpreter, call TIS National on 131450

For information in other languages, scan the QR code



or visit [DHHS Translated resources](https://www.dhhs.vic.gov.au/translated-resources-coronavirus-disease-covid-19)

For any questions call the Coronavirus hotline 1800 675 398 (24 hours).  
Please keep Triple Zero (000) for emergencies only.

To receive this presentation in another format email Disability Taskforce [disabilityf@dhhs.vic.gov.au](mailto:disabilityf@dhhs.vic.gov.au)

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## Public Health Update

Professor John Catford

Senior Medical Adviser

DHHS

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## NDIA update

Toni van Hamond

Director, Provider and Markets Engagement

NDIA

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## Provider Perspective

Laura Green

General Manager Operations

ONCALL

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## COVID-19 Lessons from the field

ONCALL Group

9 October 2020 to NDS

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## ONCALL COVID-19 response during stage 4 restrictions

ONCALL have a large workforce of qualified and experienced disability support workers. This meant we could manage COVID-19 in our own service provision, and create a dedicated surge workforce to support the sector over the last couple of months.

ONCALL surge workforce delivered around **2,000 hours in ‘high risk’ settings** including:

* Shared supported accommodation
* Dedicated COVID-19 houses (‘hot houses’)
* Large respite services
* Supported Residential Services
* Family homes that include NDIS participants

In addition, ONCALL supported several ‘suspected’ cases and increased emergency placements in out of home care for children (for example, where parents had COVID-19). We have also managed close contact scenarios within our own services and learnt from that experience.

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## Work-related factors

**Work-related factors** are anything in the **design or management of work** that increases the risk of **work-related mental injury.** These are some common work-related risk factors:

* Low job control
* High and low job demands
* Poor support
* Poor workplace relationships
* Low role clarity
* Poor organisational change management
* Low recognition and reward
* Poor organisational justice
* Poor environmental conditions
* Remote and isolated work
* Violent or traumatic events

ONCALL recognises the preparation and response efforts of other established providers. We also recognize the people with disability and families who took on extraordinary load over the last two months.

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## “Is this the model that works?”

At the start of an outbreak, Public Health will often ask “Is this the model that works?”. In our view, the model that works has the following features:

**Before it starts**

* Pre-qualified staff who meet the isolation requirements and know what they are likely to participate in.
* Understanding that referrals will come from providers, DHHS and NDIA. Each have risks and issues that need to be managed at the start.

**In delivery**

* Deliver extra hours of disability support workers wherever needed, including active overnights to address lack of available process and health monitoring.
* Have coordination and leadership onsite (either the provider or ONCALL).
* Partner with a strong health service to work side by side and oversight.
* Ensure routine Outbreak Management Team meeting with Victorian Government plus others.
* Ensure daily internal incident management meetings for management of team and making/communicating decisions.
* 24 hour ‘on call’ for workers and problems

**After care**

* Afterwards there is at least two weeks of ongoing monitoring and liaison of transition out, plus checking support workers stay in isolation (where relevant) and are supported.

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## Things we never knew we didn’t know

From the first request to now, we have learnt a lot and have adjusted the way we work. Here’s some interesting lessons we wouldn’t have known three months ago:

* **We can do this**. By committing to ensuring people with disability get support we can solve just about anything else.
* **Staff may be deemed close contact,** often at the most inconvenient times. You may need extra staff for continuity of service.
* We need to be agile and have fast and creative problem solving. **As a provider, we can solve problems that public health or NDIA don’t have answers to** and we need to be confident to do that.
* We need a **very strong network of contacts** in health services, public health, NDIA and providers. This assists with the response and problem solving.
* We need to **agree the service decisions upfront**, and along the way via email. Once all is said and done, you have the trail you need for follow up administration.
* F**amily homes present specific risks for transmission** and for COVID-19 outbreak challenges. They don’t have ‘green zones’ so even before staff de-mask in the home to eat or drink, and this creates an infection control issue.
* **COVID-19 evidence changes all the time,** public health update their guidelines but you only learn this in flight. For example, we heard that showering was a factor in spread in aged care in an incidental conversation, and then needed to adjust support accordingly.
* The **logistics** for immediate infection control, food, security and Occupational, Health and Safety that take around three days to settle. Then, if managed well, an outbreak becomes relatively routine.

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## Now we know, what comes next?

As COVID-19 restrictions ease, we will be:

### Controlling

We will continue to operate with controls in place, including:

* Maintaining restriction of workers to ONCALL as a single employer
* Ongoing monitoring of workforce
* Frequent reminders on the basic infection controls
* Restricting ONCALL accommodation services support workers to single sites
* Closer partnerships with our business customers to ‘bubble’ workforce to single accommodation sites

### Responding

* We will respond to the new requests from people with disability, including:
* Ad hoc ‘casual staff’ directly to NDIS participants where regular workers may be suddenly unavailable
* With day service providers exiting the market, designing new options for community participation
* Expanding housing options for people where other arrangements have broken down

### Communicating

* We will provide an industry view on key market risks, including:
* Decreased confidence reducing delivery of paid support and increasing distress / burnout for people with disability and their families
* The absence of essential supports due to business continuity issues or workforce availability
* Lack of workforce to due training restrictions for new workers and gaps arising for workforce restrictions

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## Q&A

Questions from Q&A box and those submitted in advance to NDS

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## Thank you

[NDS Coronavirus Hub](https://www.nds.org.au/covid-19-hub) - [Victorian COVID-19 Response](https://www.nds.org.au/index.php/covid-19-hub/victorian-covid-19-response)

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