



# Roadmap Implementation Governance Group (RIGG)

## Meeting Summary – 27 November 2023

### Introduction

The Chair welcomed all members to the seventh Roadmap Implementation Governance Group (RIGG) meeting, gave an Acknowledgement of Country, and acknowledged disability self-advocates.

The Chair gave a verbal declaration about confidentiality and conflicts of interest. Members were asked to declare any conflicts of interest that were not declared at the previous meeting. No new conflicts of interest were declared.

### Previous meeting

The previous meeting summary was endorsed by members with no change.

### Following up on action items

Five action items from the previous meetings were marked as completed. Three action items from previous meetings remain underway.

## Inclusion of people with intellectual disability in health policy development

RIGG members spoke about the importance of including people with lived experience in policy development. They noted there had been steady improvement, however there were lessons to be learned from abroad about preventative health care. Members spoke about the importance of building structural mechanisms to ensure that governments and departments are actively considering the impact of policies on people with intellectual disability.

Members discussed specific co-design models that have been developed to include people with intellectual disability across state, territory and Commonwealth initiatives. This included the RIGG, an example from ACT Health and work undertaken by Inclusion Australia to educate people on inclusive practices. Members also discussed other models developed to consider the needs of other priority groups, including the Gender Impact Assessment and First Nations Impact Assessment prepared for government policy proposals and suggested a similar impact assessment could be implemented for disability.

The Department of Health and Aged Care (the Department) committed to drafting a summary of this discussion on the importance of including people with intellectual disability in all areas of health policy through co-design. Independent RIGG members were encouraged to leverage this paper in highlighting the issue with relevant government ministers. The National

Centre of Excellence in Intellectual Disability Health (NCoE) will conduct an audit of health policies to ensure issues are addressed and understood.

## Update from the Intellectual Disability Focus Group

A member from the Intellectual Disability Focus Group (Focus Group) and the Chair of the Focus Group provided a summary of the two most recent meetings held. These meetings focused on the Curriculum Development project and the Annual Health Assessment project.

The Focus Group member spoke about:

- the importance of educating health care workers about the treatment of people with intellectual disability
- how people with intellectual disability had been consulted and engaged on each project, and
- the importance of Focus Group members evaluating meetings to ensure that all voices are heard and adjustments can be made where necessary

Members of the RIGG briefly discussed appropriate promotional strategies to ensure broad uptake of the Comprehensive Health Assessment Program (CHAP), including workshops run with the National Disability Service.

The Department confirmed it was developing a version of the CHAP for people aged 12-18 years old. RIGG members expressed their support of this, noting it may support the transitional period between paediatric and adult settings.

## Update from the Australian Commission on Safety and Quality in Health Care

Representatives from the Australian Commission on Safety and Quality in Health Care (ACSQHC) presented to the RIGG on the:

- purpose and role of the ACSQHC
- development of the *National Safety and Quality Health Service (NSQHS) Standards User guide for the health care of people with intellectual disability* (User Guide), and
- the Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard.<sup>1</sup>

The representatives confirmed that people with intellectual disability are included on their advisory group involved across these projects, and that there will be an inclusive consultation process for the user guide. This will include developing an Easy Read guide and consulting with people with intellectual disability.

RIGG members committed to following up with the ACSQHC out of session to ensure effective cross-sector collaboration between the health and disability sectors, particularly with disability support workers.

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<sup>1</sup> **Element B4, Short term action 2.4:** DoHAC to collaborate with states and territories, experts and stakeholders, to lead work on the development of minimum and best practice quality standards for medical practitioners prescribing psychotropic medication to people with intellectual disability, and actions to ensure these standards are met (including where medication is being used as a chemical restraint in NDIS funded disability services)

## Disability Royal Commission recommendations relating to Roadmap projects and actions

The Chair opened the floor to RIGG members to discuss recommendations relating to Roadmap projects and actions, with a focus on the recommendations to expand the:

- remit of the NCoE to include autism and forms of cognitive impairment, and
- intellectual disability health capability framework to include cognitive disability.

RIGG members expressed:

- the feeling that people with intellectual disability are often left behind when projects or resources are expanded to include other disabilities
- the progress made under the Roadmap would be significantly slowed if the remits of these projects were broadened, which would be to the detriment of good work already undertaken and causing confusion and delay
- it may not be feasible to broaden the scope of the NCoE to also include people with autism and other forms of cognitive impairment, as this would dilute Government investment and impede the NCoE's ability to achieve its purpose
- there are commonality of some issues across disability cohorts and there is value in leveraging this commonality, however it would require significant consultation with the expanded cohorts
- before expanding focus of the current intellectual disability specific projects it is important to gain a clear understanding of initiatives and intersections with other work underway
- it is difficult to run truly inclusive processes with an increasingly broad cohort, and
- there are key learnings that can be shared from the RIGG and Focus Group to showcase how to run an inclusive process which may aid other groups in developing policy.

The Department committed to communicating these views to the Government to inform their response to the Disability Royal Commission recommendations.

## Other business

A representative of the Royal Australian College of General Practitioners noted that the college has developed:

1. a process for recognising GPs with advanced skills of management of people with developmental disability. They hope that this will result in a register of GPs with interest and expertise in this area.
2. two learning modules for GPs, focused on:
  - Everyday care strategies for people with intellectual disability
  - Recognising and managing behaviours in the health care of people with intellectual disability

A RIGG member queried if it would be possible to involve people with intellectual disability in these learning modules to highlight their capabilities to GPs.

## Meeting close

The Chair noted the next meeting will be held in March 2024.

## Next steps

The Department will:

- develop a summary of the discussion on the importance of including people with intellectual disability through co-design processes, and
- communicate the views of the RIGG to the government to inform their response to the Disability Royal Commission recommendations.