



Part 2 – Our Progress

Major Initiatives for 2009–2010	34
Health	34
Human Services	46
Children	50
Agency Wide Services	54
Towards Tasmania <i>Together</i>	57



Major Initiatives for 2009-2010

The major initiatives for 2009-2010 implemented by the Department of Health and Human Services (the Agency) are listed under the key headings of Health, Human Services, Children and Agency wide. Further noteworthy activities that directly relate to Tasmania *Together* benchmarks for which the Agency is the lead and support, are also listed in the tables at the end of Part 2.



Health

The health portfolio within the Agency covers a range of public health services and health promotion programs. These services include (but are not limited to) hospital, ambulance, primary and community health, mental health, alcohol and drugs, cancer screening and control, oral health, population health (such as health promotion and disease prevention), and public and environmental health (such as immunisation and tobacco control).

The Agency also liaises closely with the Australian Government on programs and services that are jointly funded, and with other Tasmanian Government agencies on collaborative projects.

Elective Surgery Waiting List Improvement Plan



Tasmania Together 2020
TT Goal 4.4.2

The Tasmanian Elective Surgery Improvement Plan (the Plan), which was announced in 2008, continues to work in conjunction with the Australian Government Elective Surgery Initiative and Tasmania's Health Plan for the purpose of improving elective surgery management.

The Plan has targeted seven priority areas for action designed to improve access to elective surgery, and draws upon strategies successfully implemented in other states. Under the Plan, the Tasmanian Government has committed additional funding for elective surgery, totalling \$8.4 million until the end of 2009-2010, which complements the \$11.2 million of additional funding the State received from the Australian Government.

During 2009-2010, this funding has led to improvements in the management of elective surgery, and enabled hospitals to:

- implement statewide "Improving Time to Treatment: Tasmania's Elective Surgery Access Policy" to improve access for elective surgery patients
- establish an elective surgery coordination unit to strengthen the management and coordination of elective surgery within hospitals across the State
- implement statewide "Guidelines for Procedures Not Routinely Performed in Tasmania's Public Hospitals" to target surgery to patients with a clinical need and
- clinically review 1 300 patients waiting for extended periods for surgery to facilitate access to surgery.

In 2009-2010, this funding has supported improvement in the performance of Tasmania's public hospitals with the Median Waiting Time for patients admitted for surgery falling from 54 days in June 2009 to 34 days in June 2010.

Improvements in elective surgery performance will assist Tasmania's public health system secure reward payments for elective surgery performance from the Australian Government under the National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan.



New Ambulance Stations at Nubeena, Triabunna, Scottsdale and Improved Facilities in Queenstown



Tasmania Together 2020

TT Goal 4.6

During 2009-2010, the Government funded the building of new ambulance facilities at Nubeena, Triabunna and Scottsdale as well as an upgrade of the premises at Queenstown.

Ambulance Tasmania has introduced paramedic services at all of these locations. Previously these areas were serviced by either volunteer ambulance officers or hospital staff, with paramedic assistance from distant ambulance stations. The new staffing arrangements, whereby a paramedic is on duty daily followed by an on call period, means that the communities benefit from the availability of the most highly qualified ambulance staff in a more timely manner which is essential in acute emergency situations. The volunteer ambulance officers will continue to play a vital role by assisting these paramedics in the delivery of ambulance services in these communities.

Clinical Engagement Model



Tasmania Together 2020

TT Goal 4.4

Clinical Engagement is the active involvement of health service providers of all multi-disciplinary health professions, together with those who use health services and interested community stakeholders, in the planning, purchasing, management, delivery and evaluation of health and community service provision.

The Clinical Engagement Model within the Agency has three components:

- a suite of 10 clinical networks
- the Tasmanian Clinical Advisory Council and
- a clinical advisory mechanism.

Currently there is commencement of activity in eight out of the 10 clinical networks including:

- continued support for the three existing clinical networks (Cancer Care, Aged Care and Rehabilitation and Palliative Care)
- provision of support in conjunction with Care Reform to establish the Chronic Conditions Clinical Network including the appointment of Clinical Leaders and establishment of the Steering Committee, planning and priority setting
- provision of support for the establishment phase of the Women's and Children's Services Clinical Network, including the appointment of Clinical Leaders and formation of an Establishment Steering Committee
- basic support for establishment of the Surgical Services, Emergency Care and Primary Mental Health Clinical Networks and
- development of a publicly accessible interactive Website Platform, including registration capability allowing Agency members to use a single sign in process and external members to create user profiles. Phase one and two have been completed. Phase three is currently underway and will be completed by early October.

The Tasmanian Clinical Advisory Council leads and coordinates the work of individual clinical networks and is the principal vehicle for clinical advice to the Agency about the structure and performance of the service systems as a whole.

The Clinical Engagement Model undertakes the need for a review and further development of a clinical advisory system with facilitation and/or provision of clinical advice on issues and requests.



Management of the 2009 Influenza Pandemic “Swine Flu”



TT Goal 4.4

In April 2009, with the worldwide spread of the H1N1 Influenza virus “Swine Flu”, the Office of the Chief Health Officer and Population Health, through their involvement with the Australian Health Protection Committee, moved swiftly to implement arrangements to manage the effects of the Pandemic in Tasmania. During the period April to September 2009 the Office of the Chief Health Officer, with assistance from other areas of the Agency, activated and maintained on a seven day per week basis, the Agency’s Emergency Coordination Centre to:

- coordinate the Health response within Tasmania
- interact with the Australian Government on national issues and priorities and
- provide advice and assistance to other State Service Agencies, general practitioners, pharmacists, other health professionals, private hospitals and other non-government agencies.

In addition, Population Health activated the Public Health Emergency Operations Centre. Major Agency activities included the:

- public health surveillance including rapid increase in testing capacity
- disease control measures including home isolation of cases and active contact management
- public communications and education regarding ways to reduce transmission
- operation of health information telephone services for the general public (1800 Flu Doc), and specific services for general practitioners and other health professionals
- acquisition and distribution of anti-viral drugs and personal protection equipment to hospitals and community pharmacies and
- establishment of “Flu Clinics” and coordination of related activities.

Panvax Vaccination Program



TT Goal 4.4

In response to the threat posed by a second wave of H1N1 Influenza “Swine Flu” in Tasmania, the Agency coordinated an extensive statewide vaccination program. This resulted in over 163 000, or 33 per cent of the Tasmanian population being vaccinated between 30 September 2009 and 30 June 2010.

Panvax® H1N1 vaccination was the largest vaccination program ever undertaken in Tasmania. The Agency worked closely with General Practice Tasmania, Local Governments, the Pharmaceutical Society of Tasmania, and private vaccination providers. Innovative methods of providing vaccination were utilised, including vaccinating at significant community festivals such as AGFEST Tasmania, and taking vaccination clinics to pharmacies in areas where vaccine uptake at a general practice had been low.

These community clinics received very good feedback from consumers, especially due to their easy access. Encouraging vaccination of as many Tasmanians as possible prior to the 2010 winter flu season, particularly those in high risk groups, has reduced the likelihood of deaths, the impact on health sector services and the general business community.

Medical Specialist Outreach Assistance Program (MSOAP) - Indigenous Chronic Disease



TT Goal 4.4

The Care Reform Group has recently signed a three year contract with the Australian Government. The \$3 million contract is to provide multi-disciplinary teams of allied health professionals to address chronic disease affecting Indigenous Australians in Tasmania, as part of the ‘Closing the Gap’ strategy. Services will specifically target diabetes, cancer, renal disease, respiratory disease and cardiovascular disease. A three year business and annual project plan is currently with the Australian Government awaiting approval. Broad consultation about services and needs has been undertaken with the Tasmanian Aboriginal Centre and the Tasmanian Aboriginal Health Reference Group, each of which now has representatives sitting on the MSOAP Advisory Forum. The Advisory Forum also has a representative from Allied Health Services within the Agency.



The first services to be implemented will include a diabetes team to Flinders Island, an ophthalmology team to Flinders Island and a diabetes and podiatry team to the Huon Valley. Excellent stakeholder management, active recruitment and careful service coordination will be essential to the success of this initiative.

Pharmaceutical Reform Program



Tasmania Together 2020

TT Goal 4.3

On 21 December 2009, the Departmental Executive together with Area Health Services Chief Executive Officers and the Chief Executive Officer, Statewide and Mental Health Services agreed to implement a Pharmaceutical Reform Program. This Program is to be implemented in Tasmania's acute hospitals and eligible mental health facilities. The Program consists of two elements:

- access to medications on the Pharmaceutical Benefits Scheme for patients returning home from hospital and those attending outpatient clinics and
- the implementation of improved medication safety practices for patients staying in hospital.

Implementation of the reforms will ensure that when patients are admitted to hospital they will receive a series of reviews and checks of their medications by a pharmacist throughout their stay. They will also receive counselling on new and existing medications and information on medicines to take home. A patient's general practitioner will also be provided with improved information about their patient's medications on leaving hospital to ensure medications are continued after the hospital visit. The Tasmanian Government will provide \$3 million in increased clinical pharmacist staffing to support this initiative. Preparations for implementing the reforms commenced in January 2010. The Pharmaceutical Reform Program is scheduled to commence in acute public hospitals in January 2011.

Statewide Rural Emergency Response Framework Project



Tasmania Together 2020

TT Goal 2.2,
4.1 and 4.2

The Care Reform Group in collaboration with Ambulance Tasmania and the Area Health Services has embarked upon an important project, which aims to improve the management of medical emergencies in rural and remote areas throughout Tasmania. This project is the Statewide Rural Emergency Response Framework Project (the Project).

Timeliness of effective emergency response remains the most important factor in patient morbidity and mortality in rural areas. Providing an effective emergency response particularly in rural and remote areas is challenging.

The Project has a number of key deliverables which include:

- a framework for determining the roles and responsibilities of nurses, rural doctors, ambulance officers and retrieval personnel when responding to a medical emergency in a rural area
- a program of professional education and training for each rural site
- linkages between rural facilities and regional departments of emergency medicine to support management of rural emergency presentations and
- enhanced utilisation of telehealth for patient management and professional education.

This Project is progressing well after a statewide audit of rural facilities. The next stage will be a draft emergency response classification system that will determine the level of response for which each rural site is capable and identify their equipment and training requirements. Close consultation with stakeholders and an effective communication strategy are key features of this project.



Tasmanian Access Point - TasCarepoint



Tasmania Together 2020

TT Goal 4.4
and 5.1

TasCarepoint is a centralised contact, information, referral and screening access point to community care services.

TasCarepoint commenced on 2 February 2009 in the southern region of Tasmania. After a successful demonstration period, the service expanded to both the northern and north western regions of Tasmania on 25 May 2010. This means the service is now available to all Tasmanian clients and referrers. This exciting new service will support better access to a range of Home and Community Care (HACC) services (non-government and Department of Health and Human Services), as well as link people to other services, assessment or agencies.

Consistent with national community care reforms and the Tasmanian Future Health Plan, the Australian and Tasmanian Governments are working together to improve access and equity to a simpler, streamlined and better coordinated community care system. This will strengthen the system to help frail older Tasmanians, people with a disability and their carers to remain living in their own homes for as long as is reasonably possible and to prevent their premature progression to residential care.

Anyone can contact TasCarepoint including members from the public, hospitals, general practitioners, health professionals, service providers, community members, carers, and clients. Referrers can benefit from the service by only having to send one referral to a single point to access a range of HACC Services.

TasCarepoint can be contacted on 1300 769 699.

Home and Community Care (HACC) Program and the HACC Home Independence Program (HHIP)



Tasmania Together 2020

TT Goal 4.1

The Home and Community Care (HACC) Program is jointly funded by the Australian and Tasmanian Governments.

The HAAC Home Independence Program (HHIP) is a short-term program targeting individual clients with the aim of reducing the client's current and future need for formal services by equipping them with the skills; the motivation and the equipment, to enable them to live as independently as possible – and with as little formal support as possible. Once equipped with the right skills, people can reduce their need for, and become less dependent on regular access to community services.

The HHIP uses a multi-disciplinary team approach and offers an early intervention service with a focus on optimising functioning, promoting healthy ageing, and encouraging self management. Each participant is supported through the program for a period of up to three months and may receive services such as podiatry, dietetics, physiotherapy, occupational therapy, exercise physiology and tai chi.

The HHIP assisted 247 clients in 2009-2010 with 110 in the South, 64 in the North and 73 in the North West. The success of the HHIP program is measured by the number of clients who complete the program and subsequently require no further, or limited, formal services. Overall, there were 147 clients in this category with 65 per cent from the South, 70 per cent from the North and 44 per cent from the North West.

The Royal Hobart Hospital Redevelopment



Tasmania Together 2020

TT Goal 4.4

Over the next five years, \$100 million will be allocated to the Royal Hobart Hospital (RHH) to enable the Agency to undertake strategic redevelopment works to meet current and future demand. These funds will be progressively allocated to works identified in the RHH Strategic Asset Management Plan, to improve accessibility and patient flow in clinic areas and wards, upgrade fire and engineering services across many areas of the RHH and also redevelop educational facilities, staff and patient amenity areas.



The identified high priority projects having the greatest impact on throughput are being progressed immediately and concurrently as the first phase. These projects are:

- redevelopment of the Day Procedures Unit including creation of a 23 hour unit
- Women's and Children's Services including expansion of the Maternity Unit
- creation of a 10 bed Adolescent Unit and minor upgrade to the Paediatric Unit
- redevelopment of the Department of Medical Imaging including an upgrade to the Nuclear Medicine area
- the installation of the new PET-CT scanner and additional space for a second MRI machine
- expansion of bed capacity in the Intensive Care Unit
- creation of a Central Coordination Unit on the ground floor
- relocation of the Cath Lab
- development of a Central Equipment Store and
- redevelopment of parts of the Repatriation Centre.

To enable these works to proceed, the Agency has leased 2 000 m² of nearby office space to decant staff from the RHH site.

Establishment of the Nell Williams Unit in the Emergency Department at the Royal Hobart Hospital



Tasmania Together 2020

TT Goal 4.4

The Royal Hobart Hospital (RHH) is constantly improving models of care due to changes in consumer demands and expectations, financial and resource constraints, an ageing population, increasing chronic disease and the changing cultural diversity of the community.

In January 2010, the then Minister for Health opened the Nell Williams Unit at the RHH. Responding to community needs, the RHH dedicated a section of the Emergency Department as a specialised care unit to treat both older patients and those with cognitive impairment.

The unit was developed in response to Tasmania's ageing population, who have a greater chance of developing a cognitive impairment, presenting to the Emergency Department with both acute and chronic illness. Literature shows that patients with cognitive impairment respond better and recover much faster when cared for in an environment in which they feel safe and comfortable. Monitors and medical equipment used in the Emergency Department cubicles can appear frightening to persons with cognitive impairment. To overcome this, equipment is hidden by built in cupboards. The unit is less clinical, looks more homelike, has less noisy or flashing equipment and better beds.

The seating ensures that our older patients feel safe and less exposed to major change when they come to the Emergency Department. It also endeavours to reduce the level of disorientation for patients, providing a more comforting atmosphere, with more familiar furnishings and surroundings, therefore diminishing the potential feeling of alienation. The unit is a unique concept for aged care incorporating the principles of design and care without compromising the functioning of the Emergency Department. The Emergency Department at the RHH is the first Emergency Department in the country to set up such a unit which allows RHH staff to provide the best care for older patients, in the best possible environment.

Acquisition of the North West Regional Hospital



Tasmania Together 2020

TT Goal 4.4

Late in 2009, the Tasmanian Government entered into negotiations to acquire the North West Regional Hospital from private owners. The completion of this contract will enable the Agency to undertake capital works to meet the service delivery requirements of the North West community and will save rental costs of over \$5 million annually.



North West Area Health Service – Capital Redevelopments



Tasmania Together 2020

TT Goal 4.4

The North West Area Health Service undertook a number of major capital redevelopments during 2009-2010.

At the Mersey Community Hospital, the High Dependency Unit (HDU) was relocated and upgraded to provide a more spacious and contemporary facility for patients.

The \$1 million redevelopment also created additional space for a planned \$5.3 million expansion of the Mersey's Emergency Department.

The features of the new HDU include:

- a four bed unit, with capacity to expand to six beds if needed
- increased patient privacy
- improved visibility for nursing staff to enhance patient monitoring
- an isolation room for better management of infectious cases and
- close connection to the existing Emergency Department via a lift.

At the North West Regional Hospital, a \$2 million redevelopment of the Operating Theatre and Day Surgery Units was undertaken. The project will allow for an increase in elective surgery of up to 15 per cent and also enable more emergency surgery to be undertaken within working hours.

The redevelopment includes:

- opening a fourth Operating Theatre
- the expansion of the Day Surgery Ward from six to 12 chairs
- the expansion of the Recovery Ward from six to 10 beds, including an additional three second stage recovery beds and
- the construction of a new Special Care Dental Unit with access to two dental surgeries.

The expansion to the Day Surgery and Recovery Wards will reduce pressure on the existing restricted space and also increase patient privacy through the creation of separate consulting cubicles.

North West Diabetes Centre



Tasmania Together 2020

TT Goal 4.1
and 4.4

The North West Diabetes Centre achieved some exceptional outcomes through the provision of a range of high quality and well coordinated services including multi-disciplinary clinics for children with diabetes.

Multi-disciplinary clinics include professionals from related fields who meet at a combined appointment with children with diabetes and their parents to teach them how to self manage their condition.

A psychologist, a dietitian and a podiatrist were recruited to the North West Area Health Service (NWAHS) to facilitate this innovative approach.

This has resulted in the risk of visual impairment and loss of kidney function being reduced by 30 per cent. It has also decreased the number of children being admitted to hospital with acute diabetic complications from 15 per cent to 3 per cent.

The multi-disciplinary team approach has also been implemented for women with gestational diabetes during pregnancy. Importantly all the patients' needs can be met on the spot and coordinated care can be given, while also reducing the number of appointments needed. This initiative won an Australian Nursing Federation Award.

The NWAHS also celebrated the recognition of its diabetes clinical data software program DiaBase, which was launched across Tasmania. The NWAHS designed program collects data about patients with diabetes which enables medical staff to monitor their condition and identify patterns of illness across the State.



Launceston General Hospital Interprofessional Learning (IPL) Program



Tasmania Together 2020

TT Goal 3

The Interprofessional Learning (IPL) Program facilitates informed, participatory and interactive learning opportunities which are clinically and practically relevant to health professionals and support staff of the Launceston General Hospital (LGH).

Established in 2007, the IPL Program activities incorporate immersive simulated scenarios, clinical simulation workshops and communication workshops to support and enhance teamwork and communication, clinical and practical skills and the understanding of other health professional roles and responsibilities.

In 2009-2010 approximately 220 health professionals participated in interprofessional clinical simulation and communication workshops, reporting 100 per cent satisfaction with the program content, debrief session and the relevance to collaborative clinical practice. In addition, 98 per cent of communication workshop participants identified a range of ways for improving their communication within and across professions and with patients and clients.

The LGH IPL Program Team also extended its networking and collaborative relationships by sharing and exchanging knowledge and experiences regarding Interprofessional Learning in the acute care setting at a range of conferences in 2009-2010 including: the All Together Better Health 5 International Interprofessional Conference in Sydney (April 2010), the National Leadership and Practice Development in Health: Quality and Safety through Workplace Learning in Hobart (March 2010) and the ANZAME09 Bridging Professional Islands Conference in Launceston (July 2009).

Electronic Perinatal Database



Tasmania Together 2020

TT Goal 4.4

Commencing in March 2010, an electronic perinatal database known as ObstetrixTas was implemented in all public birthing hospitals throughout Tasmania. The purpose of the system is to collect clinical data about all births including antenatal information, birth and baby information as well as postnatal information.

This fully electronic system provides a central data repository to enable better management of data collection and also reduce the need for pre-printed stationery. The system is allowing more detailed, accurate and timely management of information through an automated process. The perinatal database will also allow the maternity facilities in Tasmanian public hospitals and public contracted private hospitals to access a common longitudinal obstetric database for all birthing women and will be used to support the Agency's perinatal data collection requirements.

The system is being used by all midwives and obstetric medical practitioners to record pertinent information regarding the mother's maternal record. The system is important in providing appropriate care to the mother and the baby. A history of pregnancies will build up in the system to provide trending information as well as a history of the mother.

Reporting from the system will satisfy the Agency's various reporting requirements. The information will also be able to be provided to general practitioners and Child Health and Parenting Services as well as assist better management in the wards.

Patient Administration System (PAS) Project



Tasmania Together 2020

TT Goal 4.4

In 2009-2010 the Patient Administration System Project replaced three separate patient administration systems, that had been used in acute and rural hospitals for over 22 years, with a single system called iPatient Manager.

Implementation was phased with the Northern Area Health Service operational in October 2009, the North West Area Health Service operational in November 2009 and the Southern Tasmania Area Health Service operational in June 2010. A total of four Statewide and Mental Health Services inpatient units also use the new system.

To support implementation of this initiative over 4 500 participants attended training making this one of the largest ever training endeavours by the Agency. In addition, the PAS project introduced consistent statewide business flows, reports and letters; integrated with 11 other hospital and Agency systems and implemented the unique statewide client/patient identifier.



New Guidelines Regarding the Use of Solariums



In August 2009, the Acting Director of Public Health issued legally enforceable Guidelines in regards to solarium use in Tasmania. These Guidelines regulate the operation of cosmetic solarium use throughout Tasmania. These are issued pursuant to section 184 of the *Public Health Act 1997*. It is a legal requirement to comply with these Guidelines.

Provisions include a:

- prohibition on persons under the age of 18 years using solariums for cosmetic purposes
- requirements for the mandatory training for solarium operators and
- the display of health warning notices.

These Guidelines not only improve the safe management of these solaria but also serve to raise awareness of the risks involved in using these apparatus.

Since the Guidelines inception, regional Environmental Health Officers from the Agency's Public and Environmental Health Services have carried out inspections of all known solarium operators. These inspections revealed a high level of compliance with the Guidelines. Accredited online training of solarium operators will also be required when the course is made available by the national regulator of radiation later in 2010.

Increased regulation of solarium use and community awareness of health risks has also encouraged a significant proportion of businesses to move from operating solariums to spray tanning services, thereby reducing the risk to the public.

Implementation of Tasmania's First Nurse Practitioner



The Nurse Practitioner functions within a model of care, to improve access and service delivery to the aged, or people with age related illnesses across acute care, community health services and aged care facilities.

Tasmania's first Nurse Practitioner has commenced duties at the Royal Hobart Hospital (RHH) in aged care. This appointment is the culmination of six years of preparatory work through the Nurse Practitioner Scoping Project and the Mental Health Services Nurse Practitioner Implementation Committee. The implementation framework developed by Mental Health was adapted in 2009 by the Nurse Practitioner (Aged Care) Implementation Project. The framework now forms the basis of a generic Nurse Practitioner toolkit of documents to guide the implementation of Nurse Practitioners in Tasmania under the direction of a project governance framework.

Funding in 2009-2010 led to the establishment of a number of Nurse Practitioner positions in Tasmania. Funding now supports Nurse Practitioner positions in Primary Health (South), Burns (statewide), Emergency (LGH and RHH), Palliative Care (North West) and Community/Forensic Mental Health. Several of these positions will be filled in the latter part of 2010.

Innovations in Practice Awards



In 2009 the then Minister for Health, launched the Leading the Way initiative. The Innovations in Practice Awards form part of the Leading the Way initiative, with \$30 000 allocated to the establishment of the awards system. The Awards were designed to acknowledge and celebrate the innovations in practice currently underway throughout the Agency. Agency staff were encouraged to submit their projects and a total of 69 submissions were received from a variety of settings and geographical locations. From these, 22 finalists were selected and six winners of \$4 000 each were announced at the Awards Ceremony held in Launceston on 21 June 2010.



The judging panel for the awards included:

- Karen Murphy, Principal Allied Health Advisor, Australian Capital Territory
- Rosemary Bryant, Chief Nurse, Australian Capital Territory
- Jim McGinty, Health Workforce Australia
- Alice Burchill, Deputy Secretary Care Reform, DHHS and
- Fiona Stoker, Chief Nursing Advisor, DHHS (chairperson).

The winners in various categories are detailed below:

Client/Patient Care

Statewide Bone Marrow Transplant Service – Gil Sheldon-Collins, Rachel Prall, Scott Ragg, John Berttram (RHH, LGH and WP Holman Clinic)

Amazing Mates – Rosemarie Baker (Disability Services)

Client/Patient Safety

Cardiac Rehabilitation in the Community – Helen Courtney-Pratt (RHH)

Balance Group – Lauren Richardson (North West Area Health Service)

New Ways of Working

Momentum-Mobile Phone Telehealth Solution – Kathy Kirby, Sandy Carmichael (Southern Tasmania Area Health Service and Central Highlands Community Health Service)

Improving Aged Care within the Emergency Department (the Nell Williams Unit) – Ian Nethery (RHH)

Launch of *Building the Foundations for Mental Health and Wellbeing in Tasmania - Tasmania's First Mental Health Promotion, Prevention and Early Intervention Framework*

On 10 October 2009, World Mental Health Day, the then Minister for Health launched Building the Foundations for Mental Health and Wellbeing, A Strategic Framework and Action Plan for Implementing Promotion, Prevention and Early Intervention (PPEI) approaches in Tasmania.

The Framework takes a whole-of-government and community approach to enhancing positive mental health for Tasmanians as well as reducing the prevalence of mental disorders.

Through five priority areas, the Framework articulates how a positive concept of mental health and mental health promotion fits within the full range of promotion, prevention and early intervention activity, noting that mental health is more than merely the absence of symptoms of mental ill health.



Tasmania Together 2020

TT Goal 4.1

Smoking Cessation Program

In a Tasmanian first, the Smoking Cessation Program (the Program), a joint initiative of the Agency's Alcohol and Drug Service and Population Health, was established to further work towards improving the health of many Tasmanians in reducing the State's unchanging and unacceptably high smoking rate. Throughout 2009-2010 the program has been formally established in each region of Tasmania.

The Program is centred on bringing about a cultural change within the healthcare sector so that the provision of a brief smoking cessation intervention is provided to all patients as a routine component of care. This is being achieved by providing education to all health professionals on applying the ABC brief smoking cessation intervention with all of their patients who smoke.

The Program is statewide with a clinical nurse specialist position established within each of the major acute care hospitals. This provides all Tasmanians with the same access to and advice on quitting smoking. Critical to the Program is the recruitment to the three Clinical Nurse Specialist positions, which has been challenging since the Program's inception.

Clinical Nurse Specialists are now placed and embedded into the acute care sector in the Southern Tasmania and North West Area Health Services. Health professional education is well established within each of these regions as well as a consultation liaison service providing specialist smoking cessation interventions. The imminent commencement of the appointed northern based Clinical Nurse Specialist will see the Smoking Cessation Program provide a full statewide service.





A snapshot of our services

Bruny Island Community Health Centre

Opened on Monday 1 February 2010, the new Bruny Island Community Health Centre is designed to be the first energy neutral building constructed in Tasmania by the Department of Health and Human Services. The Centre is located on the picturesque but exposed and windy site at Alonnah on Bruny Island (South Bruny). Given this location, it was an ideal candidate for the inclusion of a 10 kilowatt (kw) wind turbine, which will be a net energy generator that will feed back into the local electricity grid.

The extensive use of passive solar design, building orientation, energy efficient external fabric and double glazing contribute to this incredibly energy efficient building which is also supplemented with a 1.5 kw photovoltaic solar array, evacuated tube solar hot water, energy efficient lighting and the wind turbine. These features have created the most energy efficient building in the Agency's property portfolio, with no loss of service functionality and which will be utilised as a learning tool across the Agency.

With the new building being over 700 m² or nearly four times the scale of the previous centre, the Agency wanted to avoid a corresponding four fold increase in operating costs in respect of energy, particularly as energy costs are predicted to increase significantly over the next few years.

Energy consumption over the first four months (119 days) of operation has been measured at 17 307 kWhrs which if extrapolated for the full year will see a building that consumes approximately 53 100 kWhrs per annum. This equates to only 73 kWhrs per m² per annum, even during the initial commissioning stages, in which energy consumption would be expected to be higher than the norm, compared to the nominal minimum benchmark energy consumption figure on existing premises that the Agency is looking at of 175 kWhrs per m² per annum. Through excellent building design alone, energy consumption is down to 42 per cent of the Agency's average.

On 4 June 2010, the Bruny Island Community Health Centre won the Leadership on Climate Change Action Award category in the Tasmanian Environmental Awards. Winning such an award demonstrates this project is achieving a positive result for both the environment and community on Bruny Island.



Human Services

The Human Services portfolio includes services aimed at improving the wellbeing and safety of Tasmanian individuals, families and communities, with a focus on early intervention wherever possible. These services cover (but are not limited to) housing, disability services, family services and gambling support.

The Agency collaborates with other government agencies and the community sector to provide integrated, client-focused services.

Programs and services specific to children are included in a separate section below.

Gateway and Integrated Family Support Services

New Gateway and Integrated Family Support Services (IFSS) commenced operation in August 2009. These services were developed as a result of "New Directions for Child Protection in Tasmania: an Integrated Strategic Framework" which was published in January 2008.

The aim of the Gateway Service is to provide a single well publicised access point for individuals, agencies, services and other professionals such as teachers, community workers and general practitioners to refer clients for services and to obtain information and advice in relation to family support and specialist disability services in each of the four Disability, Child, Youth and Family Services regions.

Gateway Services assess families' needs using a common assessment framework and manage a case allocation process with senior caseworkers from IFSS and other services to ensure coordination and the best fit of services with families' needs.

The IFSS provide active engagement with families through assertive outreach with the capacity to work with vulnerable families. Focus is directed on working with parents to address their children's needs, and where required sustained, enduring support is provided to families experiencing chronic long-term needs. Gateway and IFSS Service providers include Baptistcare in the northern and south western regions and Mission Australia in the north western and south eastern regions.





Since service commencement in August 2009 until 30 June 2010, Gateway Services has recorded 6 062 cases of services being provided to families in need of support and the new IFSS have recorded 1 536 cases of intensive support provided to families.

It is pleasing that during this period a total of 611 children have been referred to Gateway Services by Child Protection Services for family support. This is achieving the intention of improving access to family support, rather than having families unnecessarily engage with statutory services.

Gateway for Disability Services



Tasmania Together 2020

TT Goal 2

A significant milestone for the reforms in disability services in Tasmania is the establishment of the disability component of the Gateway Service. During 2009-2010 significant planning occurred with key stakeholders to develop the model. Gateway Services are engaged by the Department of Health and Human Services (the Agency) from within the community sector to provide a single point of access at the regional level for people with a disability, their families and carers.

The Gateway Service aims to make the disability service system more accessible and to provide opportunities for greater self determination to individuals and families.

An important function of the Gateway Service is to aid system navigation and coordination. As such the Gateway Service has responsibility for:

- providing information about available services
- undertaking initial eligibility assessments and determining what services are needed by the person
- making decisions about relative priority for access by different clients
- maintaining an overview of clients and monitoring service needs and
- monitoring demand.

The Gateway Services opened on 3 August 2009 in order to provide access to Family Support Services. The Disability Services component commenced on 1 July 2010.

Nation Building Economic Stimulus Plan – Social Housing Initiative



Tasmania Together 2020

TT Goal 1
and 5.1

In February 2009, the Australian Government announced the implementation of a \$6.4 billion Social Housing Initiative under the Nation Building Economic Stimulus Plan (the Plan). Under this Plan, Tasmania will receive \$134 million (\$125 million for new dwelling construction and \$9 million to upgrade existing dwellings). The new construction will increase the social housing stock in Tasmania by over 530 dwellings and the upgrade program will enable 172 properties to be upgraded and about 350 dwellings to receive an energy efficiency upgrade.

The new housing stock will also assist not-for-profit social housing providers to expand their stock of housing. Approximately 200 dwellings are being built by the not-for-profit sector and approximately 140 will be transferred to the not-for-profit sector to meet the Australian Government's requirements that 75 per cent of the dwellings constructed under Nation Building Economic Stimulus Plan be managed by the not-for-profit sector.

To 30 June 2010 upgrades to 172 dwellings and an energy efficiency upgrade to 350 properties had been completed. Construction works had also commenced on 354 dwellings and been completed on 76 dwellings.

Construction of the remaining dwellings will commence before the end of October 2010 and all units should be completed by mid 2011.



Reducing Homelessness



Tasmania Together 2020

TT Goal 1

A National Partnership Agreement on Homelessness came into effect on 1 January 2009, which details a number of new initiatives. Two of those initiatives are the Specialist Intervention Tenancy Service and the Same House Different Landlord Program.

The Specialist Intervention Tenancy Service provides intensive specialist interventions to people who are at risk of homelessness due to multiple and complex needs. Clients may be exiting statutory or institutional care or experiencing chronic homelessness. The primary aim of the service is that clients develop skills, which enable them to sustain their tenancies, live independently and connect with family, the community and social and economic networks. Centacare Tasmania in partnership with the Australian Red Cross are funded to provide the service throughout Tasmania.

Clients of the Specialist Intervention Tenancy Service will be housed in Same House Different Landlord Program properties. Colony 47 will provide property and tenancy management to the 100 properties across Tasmania. The properties will enable people experiencing homelessness to move directly into accommodation that can ultimately become their long-term home. They will also prevent repeat episodes of homelessness by enabling people to remain in the property at the end of the support period as their tenancy stabilises.

Quality and Safety Standards Framework for Tasmania's Agency Funded Community Sector Organisations




Tasmania Together 2020

TT Goal 4.4

For the first time in Tasmania, one Quality and Safety Standards Framework (the Standards Framework) has been implemented across all 243 Agency funded community sector organisations.

The Standards Framework was implemented on 1 July 2009 after 15 months of intensive and extensive consultation with the community sector, Department of Health and Human Services (the Agency) operational units and other stakeholders. The Standards Framework focuses on improved outcomes for consumers through the requirement for continuous quality improvement across six generic standards, along with evidence of compliance against one standard every six months.

Community sector organisations are now in the third reporting period of the Standards Framework. A large part of the sector has worked very hard to meet "gaps" in compliance with several legal requirements relating to the Building Code of Australia 2000 and the *Food Act 2003*. Organisations are continuing to engage with the Agency's Community Sector Quality and Safety Team regarding continuous quality improvement activity.

A young girl with blonde hair in a ponytail and a woman looking at something together. The girl is in the foreground, looking down at something in her hands. The woman is partially visible on the right, also looking down. They appear to be engaged in a craft or gardening activity, with some greenery and orange flowers visible at the bottom.

A snapshot of our services

Family Support — Gateway Services

The Gateway Service has been established as an access point to family support services across Tasmania. Since implementation in August 2009, Gateway Services and the Integrated Family Support Services (IFSS) have enabled access to a broad range of support services, from both the government and non-government sectors.

The improved integration and coordination between services facilitates children and families obtaining service packages tailored to suit their individual needs, resulting in improved outcomes while also diverting children away from the statutory Child Protection System.

From July 2010, an additional service has been implemented within Gateway Services to specifically facilitate access to specialist disability services. This will ensure there is expanded community access to a broader range of services.

In terms of Gateway Services and IFSS, it is encouraging that families are already showing very positive results. In one story a Grandmother contacted Gateway Services to discuss her concerns about her son's struggle with drug abuse and the possible impact this may have on his responsibilities as a father. Gateway Services were able to highlight the father's many strengths as a caring parent, and identified a local community organisation that could offer support to the father for his drug problem. His son also received support from his school regarding his own behaviour in social situations.

This is an example of a family member feeling comfortable enough to notify Gateway Services of her concerns about her son and grandson, concerns which she may not have otherwise reported to Child Protection Services. That this family engaged in various support services and addressed many of their issues, provides an example of the significant benefits of this initiative to Tasmanian families.



Children

'Children' became a distinct portfolio within the Department of Health and Human Services (the Agency) in April 2010, following the appointment of a Minister for Children. Previously, Agency services relating specifically to children were the responsibility of the Minister for Human Services.

The Agency works closely with other agencies, particularly the Department of Education, to deliver programs and services to protect, support and improve the health and wellbeing of Tasmanian children. These services include (but are not limited to) child protection, foster care, adoption, child health, parenting and youth justice.

Kids Come First Project



Tasmania Together 2020
TT Goal 2.2.5
and 7

The Kids Come First Project is a whole-of-government initiative that provides an outcome based framework for children and young people with key indicators of health, wellbeing, safety, development and learning. This project helps provide an improved understanding of the health and wellbeing of Tasmanian children by mapping key outcomes data together with community profiles to demonstrate relative strengths and weaknesses in local areas.

In November 2009, the project released the Kids Come First Report 2009: Outcomes for Children and Young People in Tasmania as well as the Tasmanian Child Health and Wellbeing Survey Report. This information has been used across Government, local councils, and non-government organisations to assist with service delivery and planning at the local as well as regional level.

Ongoing collection and monitoring of data is being undertaken to ensure this extensive database is kept up to date and accessible to a wide range of users including Australian, Tasmanian and local government as well as non-government and community organisations.

This project provides Government with a comprehensive way of monitoring how well Tasmania's children and young people are faring. It will also more accurately identify where additional action and support are needed.





Therapeutic Support Services



Tasmania Together 2020
TT Goal 2

In 2009-2010 the Australian Childhood Foundation was the successful applicant in a tender to provide specialist therapeutic intervention for children and young people who are on, or at risk of being placed on, child protection orders. As a result, the Australian Childhood Foundation has established the Child Trauma Centre which is a statewide organisation based in Hobart.

In line with the overall objective to create better outcomes for the client, the service aims to stabilise the effects of trauma, support recovery and ensure protection from further abuse.

The focus of the service is to provide clinical assessments and interventions that assist children and young people who exhibit trauma and attachment issues to be cared for appropriately. Clinicians work directly with clients in collaboration with Child Protection staff and other key stakeholders.

Early Years Parenting Support Service



Tasmania Together 2020
TT Goal 2

The Early Years Parenting Support Service, which commenced in January 2010 provides intensive support to young parents (including expectant parents) of children who are 0 to 5 years of age. Support is provided in the form of mentoring and the sharing of skills so parents are empowered to provide effective nurturing to their young children.

The service providers include Anglicare Tasmania in the North West, and Uniting Care Family Services in the North, South East and South West. Families are referred for services through the Gateway Service. These services complement the Integrated Family Support Service, but provide a special focus that recognises the critical importance of the early years on childhood development, functioning and attainment.

These services work in partnership with the Child Health and Parenting Service and its CU@Home program, and will also work closely with the new Child and Family Centres as they are established. This service has also been implemented in consultation with the Tasmanian Early Years Foundation.

New Therapeutic Residential Care Services – Outsourcing Rostered Care



Tasmania Together 2020
TT Goal 2

In January 2008, "New Directions for Child Protection in Tasmania - An integrated Strategic Framework" recommended that the 'rostered care' service delivered by the Agency should be replaced with a service delivered by the community sector, as part of the wider reforms to the family support and child protection service systems.

Residential care is provided for children and young people who are not suitable for home based care placements either because they require specific, intensive or professional support, or because their needs are too complex to be managed in a home based environment. This requires a staffing model to provide coverage for up to 32 young Tasmanians 24 hours a day, seven days a week.

A process was initiated in late 2009, seeking applications from community sector organisations for funding to provide Therapeutic Residential Care Services. Key features of this reform are the development of structured placement plans for children in care, as well as recruitment of qualified carers who are able to provide therapeutic services to address the social, emotional and developmental needs of the young people in care.

Approval of the recommended applicants was given in May 2010. Anglicare Victoria along with Anglicare Tasmania have been appointed to provide the new service in the northern regions. The Salvation Army Tasmania in partnership with the Salvation Army Westcare will provide the service for the southern regions.

These providers bring immediate experience through prior service provision in Victoria. The Australian Childhood Foundation will provide additional mentoring and support to staff as required.

The services will commence on 1 September 2010.

Targeted Youth Support Services

Together with other government agencies and the community sector, the Agency has led development of a Youth at Risk Strategy for Tasmania. This is an important step towards supporting better outcomes for young people who face many challenges during their adolescent years. A targeted, coordinated and integrated approach to supporting youth at risk is one of the priority areas identified in the framework.

Responding to this need, a funding allocation process was initiated in late 2009 seeking applications from community sector organisations for provision of intensive, targeted support including case management and therapeutic interventions to young people. The funding allocated for this service is \$1.4 million and this amount will be equally divided across the northern and southern regions.

The client group for this service is young people aged 10 to 18 years of age, who are identified by the Agency, the Department of Education, community or social service professionals as having significant and/or multiple risk issues and for whom, entry and/or escalation within the child protection or youth justice service systems would be likely without intensive support. These services will work closely with the Gateway and Integrated Family Support Services.

The recommendation in relation to successful applicants was approved by the Minister in May 2010. Services will be delivered by Mission Australia and Anglicare Tasmania in the northern and southern regions respectively. Service delivery will commence in August 2010.





A snapshot of our services

Primary Health Chronic Disease Demonstration Service

The Primary Health Chronic Disease Demonstration Service is a joint venture between the Agency and General Practice North. It is a proof of concept project which seeks to demonstrate that a partnership approach to the funding and provision of chronic disease care in a non-government primary health care setting will result in better coordinated, one stop access to a range of essential allied health services, using funds from a variety of auspices of government and non-government sources.

The Service operates under the auspices of General Practice North's Allied Health program, and provides for multi-disciplinary, community-based primary care services for non-complex type 2 diabetes patients in the (63) telephone area code prefix. This includes both urban and rural service delivery locations.

A patient is referred to the service by their GP. They initially receive a comprehensive assessment and then access to a range of health professionals that can include a diabetic educator, dietician, exercise physiologist and a podiatrist, who all work together to develop an integrated treatment plan for the patient.

After discharge from the Service, the patient's GP receives a progress report. This information then enables the GP to better clinically manage their patient's diabetes.

The Agency contributed more than \$400 000 to the commencement of the Primary Health Chronic Disease Demonstration and currently provides funding of \$500 000 each year.

A review of the first nine months of operation of the Service revealed that:

- 431 clients were referred to the Service with referrals expected to increase over time
- the Service is well integrated in the Agency and with general practice
- more than two thirds of general practices in the region are referring to the Service
- communication and coordination between the allied health team and GPs is positive
- there is high satisfaction among staff with the organisational policies, training and professional development
- the range of services has expanded to include pre-diabetes services
- clients of the Service are highly motivated towards lifestyle change upon discharge from the Service and
- the Service is held in high regard by clients, providers, administrative staff and referring GPs and that the perceived quality of services is high.

In responding to questions about lifestyle changes they have made as a result of their participation in the Service, patients have commented:

"I realise regular meals are important as well as regular exercise."

"Continue exercise and walking."

"More exercise."

"Increased length of exercise periods – I have lost a significant amount of weight."

"I exercise more, eat more carefully and test more."

"Changes in diet and exercise more movement every hour from my chair at work." ¹

Similarly, GPs have indicated that the feedback from their patients had been positive and that even if the patients' clinical parameters had not improved, they still benefited in terms of increased knowledge and support of their chronic condition.

The Primary Health Chronic Disease Demonstration will be fully evaluated in 2011.

¹ (Source: Report into the Review of the Primary Health Chronic Disease Demonstration Service, February 2010)



Agency Wide Services

A number of areas of the Agency play an important 'behind the scenes' role in ensuring the safe and efficient delivery of high quality health and human services to Tasmanians.

These support services, provided on an Agency wide basis, include (but are not limited to) information technology (IT), finance, human resources, asset management (including buildings and vehicles), policy, performance and communications.

Establishment of a Car Pool Web Booking System



Tasmania Together 2020
TT Goal 12

On 1 September 2009, the Agency introduced a new web based vehicle booking system. In response to the whole-of-government requirement to reduce vehicle fleet costs, the Agency sought to reduce its fleet expenses by 10 per cent through the efficient use of motor vehicles, less car hire use and a reduction in the number of G-plated motor vehicles. The booking system continues to be monitored and managed to ensure that target efficiencies are being achieved.

Capital Planning – “Gateway” Investment and Review Process



Tasmania Together 2020
TT Goal 8

In August 2009, the Agency's Infrastructure Investment Committee introduced a comprehensive investment evaluation process, to be applied to all capital works bids submitted for inclusion in future capital works programs. This approach for evaluating capital works proposals ensures a sound business case underlies the progression from a proposal, through to endorsed project for inclusion in the annual Agency capital works program.

As projects progress a review process, based on the Gateway methodology, is implemented to guide the project's success. Gateway reviews are designed to ensure that the complexities of service planning, change management, financial sustainability and infrastructure development are considered holistically and that the chosen infrastructure solution will be beneficial.

Organisational Development



Tasmania Together 2020
TT Goal 3

In order to contribute towards the implementation of the Agency's Strategic Objective 5 “Shaping the workforce to be capable of meeting changing needs and future requirements”, the Agency continued its development of its managers and leaders. This included a consolidation and expansion of the graduate management and training scheme and the introduction of a Management and Leadership Development Program.

The Management and Leadership Development Program covers: knowledge and skills in strategic directions and reform; achieving results; safety and quality assurance; managing people and leadership.

Follow up activities are undertaken in the workplace, including shadowing, action learning, project management and coaching. These ensure that the benefits of the taught program learning are brought back to the service unit.

The program has been made available to a range of Agency Managers, including Directors of Nursing, Nurse Unit Managers, allied and community health managers, ambulance, housing, mental health and disability services managers, as well as policy, human resources and information support services managers.

To date three taught courses have been conducted and a total of 69 managers have commenced the Program.



A snapshot of our services

North West Regional Hospital (NWRH) Physiotherapy Unit – Balance Group

An innovative NWRH program aimed at falls prevention is leading the way in preventative patient care in Tasmania.

The NWRH Physiotherapy Department's Balance Group provides balance and strength training to clients who are at risk of falls.

The eight week program is aimed at clients aged 60 and over and instils confidence in them to continue their strength work and general exercise at home. It is the only program of its kind in Tasmania.

The program involves participants progressing through a circuit of activities which require them to balance in a range of ways. This may include standing on one leg, or standing on a piece of balance equipment. The group is led by two NWRH physiotherapists.

The weekly classes also offer a social support component to clients. Meeting other people who are at risk of having a fall allows clients to feel a sense of peer support and that they are not alone in dealing with their health problem. This also boosts their confidence levels.

The program is already generating fantastic results with those clients who have completed it recording a clinically significant change in their likelihood of having a fall.

The program won a 2010 Department of Health and Human Services Innovation in Practice Award for its innovative approach to patient care.

The Balance Group has been operating at the NWRH since February 2010. It recently began operating at the Devonport Community and Health Services Centre. Plans are also being developed to expand it to other North West Area Health Service sites.

A snapshot of our services

Mental Health Diversion List

The Mental Health Diversion List (MHDL) began operations as a pilot program in the Hobart Magistrates Court in May 2007. After a number of evaluations demonstrated the effectiveness of the List, the MHDL became a permanent listing in August 2009 and began operation in the Launceston Magistrates Court in March 2010.

The MHDL began as a cost-neutral, collaborative process between the courts (Department of Justice), Prosecution (Tasmania Police), Legal Aid and Forensic Mental Health Services (FMHS). It is based on the principles of therapeutic jurisprudence, which is the consideration of how the law can impact on emotional and psychological wellbeing. Specifically, the aim is to address the needs of offenders with a mental health problem who have been charged with summary offences.

Participation is voluntary and anyone can refer a defendant to the program. In essence, the Court Liaison Officer from FMHS assesses the defendant's eligibility for the program, identifies appropriate services to address their needs, negotiates a treatment plan with the defendant and their treatment provider and then monitors compliance during the period of bail. The treatment plan is often reflected in the bail conditions of the defendant. The defendant is then returned to court, usually on a monthly basis for up to six months, and a verbal report is given to the Magistrate on their progress. In the interim, meetings occur between the defendant's lawyer, FMHS and the dedicated police prosecutor. At the sentencing stage, the defendant can expect to get a more favourable outcome because of the efforts and progress made while on the program. This outcome is supported by all parties involved.

The MHDL takes a much less formal approach than traditional courts and this allows the defendants to have more input, to better understand the proceedings and to have greater participation in the outcome. A thorough evaluation in 2009 found that defendant's re-offending rates were reduced and stakeholders reported a high level of satisfaction from the program. There are now preliminary plans being discussed to take the model to the North and North West Coast of Tasmania.

The MHDL is an example of proactive collaboration between the Agency, the Department of Justice and Tasmania Police. It operates within existing resources and focuses on linking people with a mental illness before the courts into existing treatment structures.



Towards Tasmania Together

Tasmania *Together* is a pioneering project that allows the people of Tasmania to not only say what they want, but to work together to achieve their long-term social, economic and environmental future.

As a world leading system of community goal setting and measurement of progress it is enshrined in law and used to guide decision-making in the government, business and community sectors.

The 12 goals and 151 benchmarks in Tasmania *Together* provide Tasmania's pathway to the future. They will help shape government policy, service delivery and budgets into the future and are being adopted by local government, business and industry, and community groups.

The 28 indicators for which the Department of Health and Human Services (the Agency) is the lead Agency are organised into five goals and 10 standards. The target for 2020 and most recent data appear in the table below:

Goal 1 Lead Agency		A reasonable lifestyle and standard of living for all Tasmanians	Most recent data	Target 2020
Standard	1	Ensure that all Tasmanians have the economic capacity to enjoy a reasonable standard of living and access to basic services		
Indicators	1.4	Housing stress experienced by low income earners in Tasmania within the private rental market	29.2% (2007-2008)	10%
	1.5	Tasmanian house price to income ratio	5.7 (2009-2010)	1-3.4
	1.6	Public housing waiting times for priority applicants	21 wks (2009-2010)	20% reduction on 2015
Goal 2 Lead Agency		Confident, friendly and safe communities	Most recent data	Target 2020
Standard	1	Support safe and responsible behaviour and ensure that community facilities and spaces, transport systems, workplaces and private homes are, and are perceived to be, safe environments		
Indicator	1.1	Injuries and poisoning (as measured by hospital separations)	7 612 (2009)	5% reduction on 2015
Standard	2	Support young people who are at risk		
Indicators	2.1	Deaths due to external causes for people aged 0-24 years (per 1 000)	35% (2008)	15% reduction on 2015
	2.2	Children on care and protection orders (per 1 000)	9.7 (2009-2010)	20% reduction on 2015
	2.3	Proportion of 14-24 year olds at risk of short-term alcohol-related harm	42.3% (2007)	20% reduction on 2015
	2.4	Incidence of sexually transmissible infections in Tasmanians aged 15-24 years (note: calendar year reporting)	1 690 (2009)	10% reduction on 2015
Goal 4 Lead Agency		Active, healthy Tasmanians with access to quality and affordable health care services	Most recent data	Target 2020
Standard	1	Improve Tasmanians' health through promotion and support of healthy lifestyle choices		
Indicators	1.1	Avoidable mortality	191 per 100 000 (2005-2007)	achieve national rate 159.2 per 100 000 (2005-2007)
	1.2	Percentage of population who do not do enough exercise to avoid chronic disease	72.6% (2007-2008)	25%
	1.4	Proportion of Tasmanians over 18 years who eat at least 2 serves of fruit and 5 serves of vegetables a day	fruit 48.4%, vegetables 21.2% (2007-2008)	fruit 70%, vegetables 40%
	1.5	Proportion of Tasmanians over 18 years who are overweight or obese	overweight 37.2%, obese 26.7% (2007-2008)	overweight 20%, obese 10%
	1.6	Prevalence of type 2 diabetes in persons aged 25-64 years	3.5% (2009)	2.4%





Goal 4 Lead Agency		Active, healthy Tasmanians with access to quality and affordable health care services	Most recent data	Target 2020
Standard	2	To improve self-assessed physical and mental wellbeing		
Indicators	2.1	The proportion of Tasmanians 15 years and over reporting their health as very good or excellent	55% (2007-2008)	10% increase on 2015
	2.2	The proportion of Tasmanians 18 years and over who report their level of psychological distress as high/very high	11% (2007-2008)	10% reduction on 2015
Standard	3	Reduce levels of risk taking and addictive behaviour		
Indicators	3.1	Prevalence of problem gambling	1.4% (2007)	0.5%
	3.2	Proportion of Tasmanians who use illicit drugs	14.8% (2007)	9%
	3.3	Proportion of Tasmanians aged 18 years and over who are current smokers	24.9% (2007-2008)	10%
Standard	4	Improve the health and wellbeing of the Tasmanian community through the delivery of coordinated and timely services		
Indicators	4.1	Number of people on waiting lists for more than six months for full dentures	235 (30 June 2010)	0
	4.2	Public hospital waiting times for elective surgery	34 days (2009-2010)	25 days
	4.3	Proportion of persons with a serious mental illness whose needs are met by the Tasmanian Mental Health Service	35% (2009)	90%
	4.4	Proportion of people entering residential aged care within three months of assessment	high care 80.3% low care 67.5% (2008-2009)	best performing State
	4.5	Number of GPs per 100 000 people	73.2 FTE (2010)	86
	4.6	Number of qualified ambulance paramedics in rural and regional areas	109 FTE (30 June 2010)	120
Goal 5 Lead Agency		Vibrant, inclusive and growing communities where people feel valued and connected	Most recent data	Target 2020
Standard	1	Tasmania has inclusive and supportive communities		
Indicators	1.1	Supported living for older persons and people with a disability		
	(a)	Persons aged 60 or more needing assistance with one or more activity of everyday life who received assistance	65.9% (2003)	84%
	(b)	Disabled persons needing assistance	62.2% (2003)	77%
Standard	3	Recognise and value the many contributions that volunteers and unpaid workers can - and do - make to their community		
Indicator	3.2	Primary carers devoting more than 20 hours a week	54.4% (2003)	40%
Goal 12		Sustainable management of our natural resources	Most recent data	Target 2020
Standard	2	Improve soil, air and water quality		
Indicators	2.4	Breaches of Australian Drinking Water Standards	23 (2008-2009)	15
	2.5	Breaches of recreational water standards	4.3% (2008-2009)	6%



The following section identifies the main projects and activities that the Agency has progressed during 2009-2010 that contribute to Tasmania *Together* benchmarks for which the Agency is the lead or support Agency.

Goal I A reasonable lifestyle and standard of living for all Tasmanians

Supporting benchmark	Initiative	What has been achieved this year?
Standard	I	Ensure that all Tasmanians have the economic capacity to enjoy a reasonable standard of living
I.1.1	Increase in Aurora Electricity Concession	<p>To ease the impact of electricity prices for those Tasmanians most in need, the Government, through the Agency, provided funding to Aurora Energy (Aurora) for the purpose of providing a daily subsidy of 87.31 cents per day or \$319 per year, to eligible Tasmanian pensioners and Health Care Card holders on their electricity accounts.</p> <p>During 2009-2010, the Agency provided funding totalling \$25.3 million to Aurora to provide concessions to approximately 64 700 Tasmanian pensioners and 14 100 Tasmanians who hold a Health Care Card.</p> <p>The Government has in recent years increased the value of the concession to assist Tasmanian pensioners and Health Care Card holders meet rising electricity costs.</p> <p>In his State of the State address on 16 October 2007, the former Premier announced a 70 per cent increase in the concession rate from 48.4 cents to 82.3 cents effective from 1 January 2008. To avoid eroding the real value of the electricity concession, the concession is indexed annually for the impact of inflation.</p> <p>In December 2009, the Government went further and permanently indexed electricity concessions to electricity price rises.</p> <p>On 24 June 2010, the Tasmanian Economic Regulator determined that all Tasmanian residential customers will receive a price increase of 6 per cent effective from 1 July 2010. The Government will increase the rate of the concession from 1 July 2010 to 92.55 cents per day or \$338 per year.</p> <p>On 9 June 2010 the Government announced it will provide an additional one-off \$100 concession in 2010-2011 to all Health Care Card holders, to shield them from rising power costs. The Government has provided a budget allocation of \$7.9 million to the Agency in 2010-2011 to facilitate implementation of this initiative.</p>
	Housing Capital Program	The Housing Capital Program is delivered through the combined efforts of Housing Tasmania and the Housing Innovations Unit. This program delivers a number of projects to increase the supply of available social and affordable housing and therefore reduce the cost of housing for low income earners.
	Housing - Capital Investment Program	<p>As part of its Capital Investment Program (CIP), Housing Tasmania spent around \$31.2 million on capital projects for the 2009-2010 financial year. This included:</p> <ul style="list-style-type: none"> the construction of the new Orana Hostel at Newnham, Launceston at a cost of around \$3.3 million the construction of a four bedroom group home and two independent living units at Danina Street, Berriedale development of a 68 lot land subdivision at Danina/Coraki Streets, Chigwell at a cost of around \$3.5 million development of a 15 lot land subdivision at Inglis Street, Wynyard and the purchase and upgrade of the former Bayview Lodge at Rosny (a new supported residential facility).
	State Housing Fund	<p>In 2009-2010 the State Government's \$60 million Housing Fund had been allocated to the following projects:</p> <ul style="list-style-type: none"> acquisition of Levenbank nursing home at Ulverstone for development into a 20 unit residential facility acquisition of sites in Hobart and Launceston for residential developments completion of 49 units under the Quick Build program planning for land developments at Kingston, Rosny, Rokeby and Penguin \$20 million allocated to support over 700 new dwellings under the National Rental Affordability Scheme planning for renewal of communities at Bridgewater/Gagebrook and reform of social housing in Tasmania. <p>The Government committed an additional \$1.3 million to build seven new homes for elderly low income earners in Wynyard.</p>



Supporting benchmark	Initiative	What has been achieved this year?
	Housing - Nation Building Economic Stimulus Package	<p>Approximately \$45 million of the Nation Building Economic Stimulus Package funding was spent in 2009-2010. In excess of 510 new dwellings will be built from these funds.</p> <p>As at 30 June 2010:</p> <ul style="list-style-type: none">• most projects had completed the planning process• works had commenced on 280 dwellings and• 76 dwellings had been completed.
	Housing Affordability Fund	<p>Housing Tasmania has released new housing subdivisions in Chigwell and Wynyard for affordable housing developments.</p> <p>Funding of \$5 million was obtained towards the development of a new children and family centre and subdivision of 110 lots at Clarendon Vale. The lots will be released to the market for home buyers during 2010-2011.</p> <p>The Tasmanian Government is supporting a number of urban and community regeneration projects. \$200 000 has been allocated from the Housing Fund for a Housing Regeneration Master Plan for the suburbs of Bridgewater, Gagebrook and Herdsmans Cove.</p>
	Sustainable Ambulance Service	<p>During 2009, \$8.25 million from a \$48 million funding injection over four years into Ambulance Tasmania has strengthened emergency services around the State. This has provided the platform towards building a sustainable ambulance service whilst ensuring that Tasmanians remain the only Australians to receive quality ambulance services within Tasmania without the need for a fee or levy.</p> <p>In line with Tasmania's Health Plan reforms, ambulance services will be expanded over the next four years through this funding.</p>
I.1.4	Tasmanian Affordable Housing Limited (TAHL)	<p>TAHL's portfolio increased by 43 units to 101 units by 30 June 2010. All TAHL's tenants are allocated from the Housing Tasmania waiting list.</p>
	Private Rental Support Scheme and Private Rental Tenancy Support Service	<p>In 2009-2010 the Private Rental Support Scheme and the Private Rental Tenancy Support Service assisted 5 120 households.</p>
	National Rental Affordability Scheme	<p>Allocations were made for over 700 new homes to be constructed and tenanted under the National Rental Affordability Scheme by 30 June 2012. This represents a total investment in affordable housing of more than \$140 million.</p> <p>91 dwellings have now been reported as completed and successfully tenanted as at 30 June 2010.</p>
I.1.6	Public Housing Waiting Times for Priority Applicants	<p>Housing Tasmania has continued to perform well against this benchmark. The target for the average wait time for priority applicants (Category 1) to be housed is 22 weeks. Results against this target have far exceeded expectations with performance at the end of June 2010 being 17 weeks.</p> <p>New properties that become available through the Australian Government's Nation Building Economic Stimulus Plan, the National Rental Affordability Scheme and the State's Housing Affordability Fund will provide additional housing options for those on the public housing wait list.</p> <p>In managing the wait list, Housing Tasmania has continued to work with applicants to ensure that they are informed of the range of housing options available to them, including home ownership, private rental assistance, affordable housing organisations and community housing so that they can select the most suitable option.</p>

Goal 2 Confident, friendly and safe communities

Supporting benchmark	Initiative	What has been achieved this year?
Standard	I	Support safe and responsible behaviour and ensure that community facilities and spaces, transport systems, workplaces and private homes are, and are perceived to be, safe environments
2.1.1	CHIP-c	The Childhood Injury Coalition has been revitalised with forums held in the North and the South of the State in February 2010. Priority setting and strategic planning with the stakeholders who attended this meeting have resulted in a workplan for the regions. Kidsafe has taken a lead role in supporting this work.
	Delta Dog Safe	Funding continues to support the work of Delta Dog Safe including: <ul style="list-style-type: none"> • training seminars held to train volunteer presenters who deliver the program around the State to children, carers and parents • update to the website: http://www.deltadogsafetas.org.au and • the design and print of the "Dogsafe Big Book".
	Falls Prevention Services	Strength and balance programs have been provided across the State and Falls Prevention Clinics at the RHH and the Repatriation Centre. A committee within public hospitals has also been established to improve patient safety and reduce falls. <p>Discussions are underway with the Aged Care and Rehabilitation Clinical Network to develop a Falls Prevention Strategy for the Agency in 2010.</p> <p>An Action Guide on the evidence-based approaches to Falls Prevention was developed as part of the Working in Health Promoting Ways Framework, and will be available on the Agency's Health Promotion website in the second half of 2010.</p>
2.1.2	Neighbourhood Houses	In the 2009-2010 Budget, an additional \$700 000 was provided to enable the coordinator in each Neighbourhood House to be employed full-time. <p>The Government also committed up to \$1 million for upgrades that could be completed by 30 June 2010 and a total of \$608 000 was allocated for works to be completed by that time.</p> <p>The 33 Neighbourhood Houses across the State and the Tasmanian Association of Community Houses, their peak body, will receive almost \$3.4 million in 2010-2011.</p> <p>These funds, which include 3.3 per cent indexation, will enable the Neighbourhood Houses network to continue to provide vital services within their respective communities.</p> <p>The Neighbourhood House Program has grown significantly in recent years and there is greater involvement of many houses in family support services.</p> <p>To date, eight Neighbourhood Houses have been providing family support services. In the new Family Support Services model (which includes the Gateway Service and Integrated Family Support Services) 16 houses will be involved.</p>





Supporting benchmark	Initiative	What has been achieved this year?
2.1.5	Family violence counselling and support service	<p>Family Violence Counselling and Support Service (FVCSS) offers programs across the State. The Adult Program statewide received approximately 4 400 referrals in 2009-2010. The majority of these come from the Safe at Home partners Tasmania Police, with the remainder being self referrals or referrals from shelters and other services.</p> <p>The Children and Young Persons' Program (CHYPP) had 246 young people and children statewide referred in 2009-2010. Key initiatives include the Moxie Program for young people. Four sessions were run: two programs for children aged 9-12 years and two for children aged 6-8 years.</p> <p>FVCSS South has participated in a range of conferences, with a paper presented at the National Women's Health Conference on Family Violence: A Gendered Crime. Other presentations were provided to the statewide Independent Children's Lawyers' Conference, and the annual Family Law Practitioners Conference.</p> <p>The 'Drumbeat' therapeutic group program (developed by Holyoake) was trialled in Launceston. The evidence-based intervention program was conducted over 10 sessions culminating in a live performance. Positive benefits included the building and sustaining of healthy relationships which provide long lasting therapeutic benefits to address the effects of family violence.</p> <p>FVCSS North, in partnership with Yemaya Women's Service, was successful in securing a national Child Protection grant of \$47 000 for LOVE BITES. This program was developed as an innovative train-the-trainer program to address family violence. The aim was to introduce a nationally recognised and highly regarded program into four Tasmanian school settings. The program addressed the complex issue of domestic and family violence within the adolescent age range; educating young people about respectful relationships.</p> <p>FVCSS participated in the National Action Plan in relation to violence against women and children.</p> <p>Community education has increased with 26 education packages delivered across the sector.</p>
2.1.6	Diversionary programs for young offenders	<p>Youth Justice Services provides a Diversionary Community Conferencing service which is the third tier of the diversions from the formal Court processes. Conferencing is designed to restore harm done to victims and the community by young people who commit offences. The service held 318 community conferences in 2009-2010.</p> <p>During a community conference the young person's victim or victims are invited to attend a meeting with support persons to hear why they were chosen to be the victim of the crime committed and to participate in reaching an agreement as to what the young person can do to make good the harm they caused. Tasmania Police provide the other two tiers of diversion which involve informal and formal cautioning.</p>
	New educational arrangements at Ashley Youth Detention Centre	<p>Complementing the increase in recurrent funding provided to the Ashley School by the Tasmanian Government in 2008-2009, the school also received \$300 000 in 2009 under the Australian Government's Building Education Revolution Program. These injections of funds permitted the school to increase the number of teachers it employed and to expand the quantity and quality of the periods available to residents.</p> <p>These funds allowed the construction at the school of additional vocational education facilities. These facilities were formally commissioned in May 2010 and permit residents at Ashley to participate in a range of vocational education programs including metalwork, woodwork, small engine services and welding.</p>



Supporting benchmark	Initiative	What has been achieved this year?
Standard	2	Support young people who are at risk
2.2.1	Suicide Prevention Strategies	<p>Tasmania has the second highest suicide rate in Australia behind the Northern Territory.</p> <p>In response to this data, and to the concerns of the Tasmanian community about the impact and harm caused by suicide, the development of a Suicide Prevention Strategy was commissioned.</p> <p>In December 2009, Statewide and Mental Health Services engaged Human Capital Alliance to draft the Strategy.</p> <p>The Strategy is being developed in line with the National LIFE Framework and takes into consideration the recommendations of the Tasmanian community that were outlined in the Voices of Tasmanians on Suicide Prevention Report released in 2008-2009.</p> <p>The Strategy also considers the outcomes of the Senate Inquiry into Suicide in Australia final report, <i>The Hidden Toll</i>, which was released in June 2010.</p> <p>The Tasmanian Inter-Agency Working Group for Mental Health, chaired by the CEO of Statewide and Mental Health Services, has oversight of the development of the Strategy. The Tasmanian Suicide Prevention Committee is a key partner in its development. The Strategy will be released later in 2010.</p> <p>The Tasmanian LIFE Awards continue to be facilitated by the Tasmanian Suicide Prevention Committee. These awards recognise suicide prevention activities and effort throughout Tasmania.</p>
2.2.2	Child and Family Centres	<p>In March 2009, Premier Bartlett announced his intention to establish up to 30 Child and Family Centres, and announced the initial eight communities for Stage 1. In September 2009, the Premier announced three further communities for Stage 2 with a further five communities announced in February 2010 for Stage 3. Using an integrated service delivery model, the centres aim to meet the health and wellbeing, education and care needs of children from birth to age five, as well as supporting and empowering families in their parenting role, strengthening local communities and offering pathways to employment.</p> <p>Work on Stage 1 and 2 has been progressing with construction commencing on a number of Stage 1 sites. Initial consultation for Stage 3 sites will commence in October 2010.</p> <p>The Child and Family Centres project is a joint initiative of the Departments of Health and Human Services, Education, Premier and Cabinet and Tasmania Police, together with the Tasmanian Early Years Foundation.</p>
	Kids Come First	<p>The “Kids Come First” Project is an initiative of the Tasmanian Government that provides an outcomes-based framework for children and young people with key indicators of health, wellbeing, safety, development and learning.</p> <p>In November 2009 the project released the Kids Come First Report 2009: Outcomes for Children and Young People in Tasmania as well as The Tasmanian Child Health and Wellbeing Survey Report. The information in these reports has been used by the Government, local councils, and community service organisations to assist with planning and service delivery. Ongoing collection and monitoring of data is being undertaken to ensure information on this program is kept up to date and accessible.</p>
	Reform of Family Support Services	<p>As part of substantial reforms of Child Protection and Family Services, new Gateway and Integrated Family Support Services (IFSS) commenced operation in August 2009. The aim of the Gateway is to provide a single, well-publicised access point for individuals, agencies, services and other professionals to refer clients for services and to obtain information and advice in relation to family support and specialist disability services in each of the four DCYFS regions across the State.</p> <p>Gateways have assessed families' needs using a structured assessment and allocation framework in conjunction with senior caseworkers to ensure effective coordination and best fit of services.</p> <p>The IFSS has actively engaged with families through assertive outreach practices, focussing on working with parents to address children's needs, and where required, providing ongoing support to vulnerable families with chronic, long-term needs.</p>



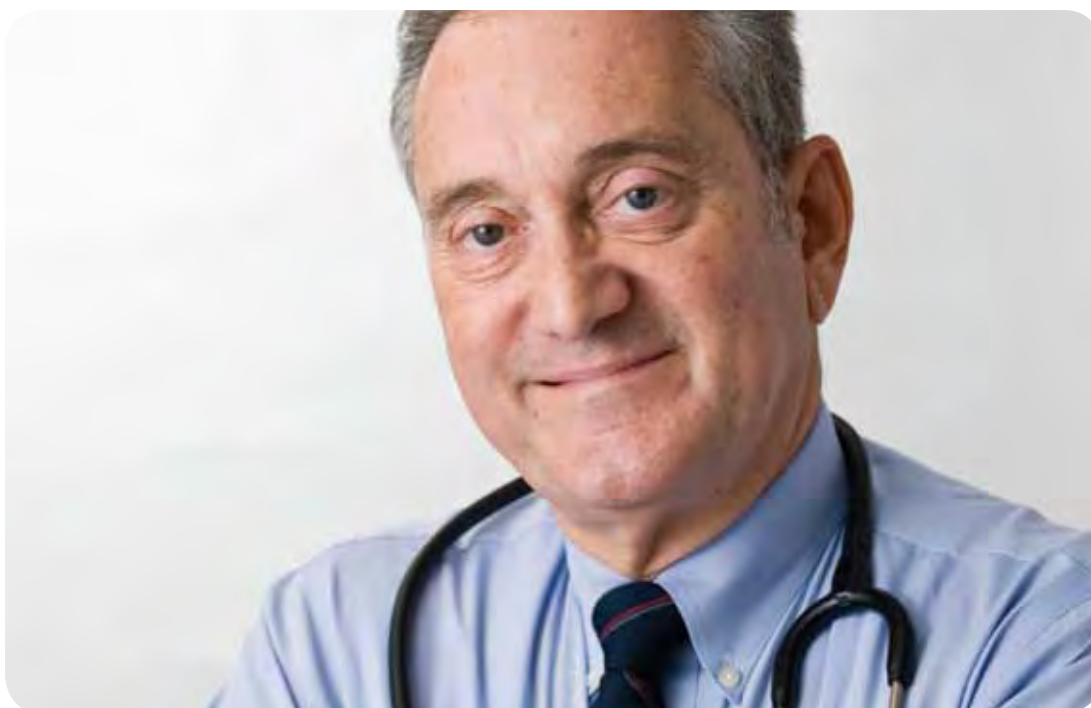
Supporting benchmark	Initiative	What has been achieved this year?
	Reform of Out-of-Home Care	<p>Residential out-of-home care is provided for children and young people who are not suitable for home-based care placements, either because they require specific, intensive or professional support, or because their needs are too complex to be managed in a home based environment.</p> <p>In January 2008, "New Directions for Child Protection in Tasmania - An integrated Strategic Framework" recommended that 'rostered care' service be delivered by the community sector rather than the Agency, as part of wider reforms.</p> <p>In late 2009, applications were sought from community sector organisations for providing Therapeutic Residential Care Services. In May 2010, appointments were made for Anglicare Victoria and Anglicare Tasmania to provide the new service in the northern regions, and The Salvation Army Tasmania in partnership with The Salvation Army Westcare to provide the service for the southern regions. These providers bring immediate experience through prior service provision in Victoria.</p> <p>The services begin from 1 September 2010.</p>
	Alcohol, Tobacco and Other Drugs (ATOD) Sector Future Service Directions	<p>A five year Alcohol, Tobacco and Other Drugs (ATOD) Plan 2008-2013 was released by the then Minister for Health in December 2008. The Plan identifies areas where the Tasmanian Government will make significant investment in service delivery to ensure a quality and sustainable system designed to support people who have substance misuse issues. The Government has committed an additional \$17.1 million to the ATOD sector over the four years.</p> <p>In line with the Plan, the Agency has already:</p> <ul style="list-style-type: none">• increased investment in the public pharmacotherapy program• improved services within the specialist withdrawal management unit• established a dedicated Workforce Development Unit for the sector• increased support for policy development• increased support for young people with alcohol and drug issues and• provided significant investment into community based residential rehabilitation services in this State. <p>More recently, the Agency has established new service types within the community sector to further support Tasmanians who are affected by alcohol and drug use. Anglicare Tasmania has been funded to provide care coordination services and Advocacy Tasmania has been funded to provide advocacy support and consumer participation programs on a statewide basis. These new services are now fully operational.</p> <p>The Government also recognises that legal drugs – tobacco and alcohol - are significant causes of death and disease in Tasmania.</p> <p>The Tasmanian Government has taken the lead nationally in many aspects of tobacco control, including banning smoking in pubs and clubs, restricting tobacco displays and advertising, and banning smoking in cars when children are present. In addition to these initiatives, the Agency has commenced a new statewide Smoking Cessation Service that aims to help Tasmanians to quit smoking. The service provides smoking cessation programs in public hospitals and has improved partnerships with clinicians and the non-government sector.</p> <p>An Alcohol Action Plan aimed at reducing the concerning level of alcohol abuse in Tasmania has now been released.</p> <p>The Plan complements national strategies to reduce binge drinking and to promote responsible consumption of alcohol.</p>
	Review of Places of Safety under Section 4A of the Police Offences Act 1935	<p>The <i>Police Offences Act 1935</i> makes provision for the care of people found intoxicated in a 'place of safety' until they are sober. An independent review of places of safety was undertaken in 2009-2010. A new Memorandum of Understanding and Operational Protocols between the Agency (Alcohol and Drug Services, the Royal Hobart Hospital, the Launceston General Hospital, the North West Regional Hospital, the Mersey Community Hospital and Ambulance Tasmania); the Department of Police and Emergency Management and the gazetted Places of Safety are under development. A new Service Delivery Model is also under development.</p> <p>The review also considered the management of intoxicated persons aged under 18 who present to the Hospital Emergency Departments. Alcohol and Drug Services and Emergency Departments are working together to develop guidelines and training package(s).</p>



Supporting benchmark	Initiative	What has been achieved this year?
	Report on Alcohol Related Harm Future Directions	<p>The Tasmanian Alcohol Action Plan 2010-2015 <i>Rising Above the Influence</i> was launched in February 2010. The goal of the Framework is to improve individual and community safety and reduce the human, health, economic and social costs associated with the misuse of alcohol in Tasmania.</p> <p>The aims of the Framework will be achieved through:</p> <ul style="list-style-type: none"> • changing the drinking culture in Tasmania • an effective system for controlling the supply of alcohol in Tasmania and • providing effective interventions to deal with and prevent alcohol-related harm.
2.2.4	Sexual Health Initiatives	<p>The Sexual Health Service (SHS) maintained its commitment to conducting training in awareness of sexually transmissible infections (STIs) including Chlamydia infections for GPs, medical, nursing and midwifery students and obstetric and gynaecology specialists.</p> <p>In addition, the SHS launched the "Don't be a fool wrap your tool!" campaign aimed at 15-19 year old males. An internal evaluation showed that this campaign was effective in increasing rates of males under 25 presenting to Sexual Health Clinics for screening three months after the campaign was delivered. There was a secondary effect in increasing rates of females similarly presenting for STI screening.</p> <p>The SHS also conducted qualitative research on the experiences of staff working at an Antenatal Clinic in a rural hospital around screening for Chlamydia infections. The findings of this research are being prepared for publication.</p>

Goal 3 High quality education and training for lifelong learning and a skilled workforce

Supporting benchmark	Initiative	What has been achieved this year?
Standard	I	Support pre-school students for an equal start
3.1.1	Educational Outcomes of Children on Guardianship or Custody Orders Project	<p>The Agency is continuing to participate in the National Australian Institute of Health and Welfare project: Educational Outcomes for Children on Orders. It is anticipated that the final report will be published later in 2010. The Agency also continues to work closely with the Department of Education at the local level to improve educational outcomes for children on care and protection orders.</p>



Goal 4 Active, healthy Tasmanians with access to quality and affordable health care services



Supporting benchmark	Initiative	What has been achieved this year?
Standard	I	Improve Tasmanians' health through promotion and support of healthy lifestyle choices
4.1.1	Chronic Conditions Prevention and Management Team	<p>The Chronic Conditions Prevention and Self Management Team is part of the Health Priorities Unit in Population Health.</p> <p>The aim of the team is to improve the prevention and self management of chronic conditions focusing on increasing access to programs and development of systems that promote health and wellbeing, address the risk factors and support self management of chronic conditions; building capacity and skills of health and community workers and services to support self management; developing and informing strategic policy and responses to guide current and future directions.</p> <p>In 2009-2010 achievements included:</p> <ul style="list-style-type: none"> • funding and coordination of Chronic Disease Self Management (CDSM) Programs • building capacity of health professionals and services to support self management through delivering training across the State • receiving funding for the new Get Healthy Information and Coaching Service and development of this service for commencement on 1 July 2010 and • commencement of work on a Self Management Framework for the Agency. <p>CDSM program funding and coordination has resulted in 13 programs with 114 participants in the community and 18 programs with 195 participants at the Royal Hobart Hospital in 2009-2010. In addition, five leader kits were purchased to facilitate delivery of the programs in the community and a partnership has been established with other licensed organisations to work together to increase access to the programs across the State.</p> <p>A range of Self Management training has been delivered across the State which has built the capacity of health professionals to support people with chronic disease to self manage, and supported organisations and managers to embed self management at a service delivery and practice level.</p> <p>Training delivered has included:</p> <ul style="list-style-type: none"> • health coaching – 48 health professionals attending • motivational interviewing – 69 attending and • organisational and systems change workshops – 51 attending. <p>Funding for the new Get Healthy Information and Coaching Service was announced by the then Minister of Health in February 2010, with the Service commencing operation in Tasmania on 1 July 2010. This is a preventative health initiative which will play a vital role in addressing the risk factors for chronic disease and providing practical support for people to improve their health and wellbeing. Linkages have been established with key organisations to promote and facilitate access to the service.</p>
4.1.2	Get Active Program (GAP)	<p>The Get Active Program (GAP) is funded by the Agency and managed and coordinated through Womensport and Recreation Tasmania. In 2010, GAP was extended to males, and in partnership with Colony 47, GAP was trialed in workplace settings. Over 20 programs were run across the State with positive impacts on participants self-esteem, physical activity levels and connectedness with local community.</p>



Supporting benchmark	Initiative	What has been achieved this year?
4.1.3	Move Well, Eat Well Initiative	<p>Move Well Eat Well is a statewide initiative funded by the Agency and managed in partnership with the Department of Education.</p> <p>Move Well Eat Well seeks to assist schools to create environments which promote and support healthy eating and physical activity.</p> <p>In 2009-2010, achievements have included:</p> <ul style="list-style-type: none"> • development of new resources to support school communities and • membership growth in Tasmanian schools with a primary enrolment from 44 per cent to 62 per cent. <p>At 30 June 2010, seven schools had achieved a Move Well Eat Well Award.</p> <p>A total of 61 health and community workers statewide are registered on the Move Well Eat Well Community Support Network. These represent organisations (typically local government, community nutritionists or the non-government sector) which support local Member schools. New partnerships with local government and the non-government sector have been established for the development of related projects which support consistent messaging to school communities regarding healthy eating and physical activity.</p> <p>Successes from the program include sustainable policy development and demonstrable changes in schools' practices. These include:</p> <ul style="list-style-type: none"> • promotion of water as the preferred drink at school • two hours of timetabled physical activity for every child • introduction of fruit and vegetable breaks each day • changes to fundraising practices • innovative ways of involving parents in walking and healthy eating • whole school agreements for consistent messages to children and • introduction of new systems to promote active play.
4.1.4	Eat Well Tasmania Funding Agreement	<p>The Agency has provided ongoing core funding to Eat Well Tasmania to promote healthy eating, with a special focus on fruit and vegetables, in collaboration with the food industry and community sector. Eat Well Tasmania has been active with a range of community programs that aim to increase consumption of fruit and vegetables including the coordination of fruit and veg month, ongoing distribution of Go for two and five resources and management of the Eat Well Tasmania costume cupboard. Board members of Eat Well Tasmania Inc come from a broad range of backgrounds including organisations such as Fruit Growers Tasmania, Woolworths and the community sector.</p>
	Cool Canteen Accreditation Program (CAP)	<p>Ongoing funding has been provided from the Agency and the Department of Education to support accreditation of school canteens through the Tasmanian School Canteen Association's Cool CAP. The Program continues to accredit and reaccredit school canteens and work with school communities to improve outcomes in food safety, foods sold in the canteen, canteen management, links with curriculum and policy. Some challenges have been encountered in the database that tracks the number of canteens participating in the Program, so some additional funds have been provided to improve this situation. The Tasmanian School Canteen Association has been challenged in the past 12 months due to staff turnover and changes which it is anticipated will be resolved by October 2010.</p>
	Home and Community Care (HACC) Nutrition Service	<p>Ongoing funding was provided by the Home and Community Care (HACC) Program for the HACC Nutrition Service. This year an additional seven services worked with the HACC Nutrition Service (in addition to the current 18 services). All are working on improving their nutrition policy, nutrition screening, further training and menu development. We provided training to 16 different services, with 143 participants (staff and volunteers) this year.</p>
	Community Nutrition Unit Programs	<p>A range of Community based programs are supported through the Community Nutrition Unit. These programs work with local communities as well as health and community workers (Practice Nurses, Primary health care workers); to improve awareness and skills and opportunities for better nutrition.</p>
4.1.5	Activities that Promote Physical Activity and Healthy Eating	<p>Programs discussed above under 4.1.2; 4.1.3 and 4.1.4 all contribute to this benchmark.</p>



Supporting benchmark	Initiative	What has been achieved this year?
4.1.6	Diabetes Prevention	<p>In 2009-2010 the following policies and networks were implemented to guide improvement in the prevention and management of chronic conditions including type 2 diabetes:</p> <ul style="list-style-type: none">• Connecting Care: Chronic Disease Action Framework• Chronic Disease Clinical Network and• Health Promotion Strategic Framework - Working in Health Promoting Ways. <p>Diabetes Assist is an innovative partnership between the Agency and Diabetes Tasmania. Diabetes Assist provides a free statewide telephone based coaching program, free group nutrition sessions in North West Tasmania and free statewide healthy shopping tours for people with or at risk of developing type 2 diabetes.</p>
Standard	2	Improve self-assessed physical and mental wellbeing
4.2.1	Enhancing Health Promotion in Primary Health	<p>In 2009-2010 the following policies and networks were implemented to guide improvement in the prevention and management of chronic conditions and the enhancement of Health promotion across the Agency:</p> <ul style="list-style-type: none">• Health Promotion Strategic Framework - Working in Health Promoting Ways• Connecting Care: Chronic Disease Action Framework and• Chronic Disease Clinical Network.
4.2.2	Development of a New Mental Health Act	<p>Following the recently completed review of the <i>Mental Health Act 1996</i>, a new Mental Health Act is being developed. The new Act will appropriately balance the rights of people with mental illness to make their own treatment decisions, with the need of government to provide appropriate protection to individuals who may constitute a risk to themselves or others if their treatment needs are not met.</p>
	Expanding Primary Mental Health Services	<p>Statewide and Mental Health Services (SMHS), under the SMHS ministerially endorsed Collaboration Strategy, has established a Primary Mental Health Clinical Network for Tasmania. The Network has been established in partnership with GP Tasmania and the regional Divisions of General Practice. The establishment of clinical networks is a key feature of Tasmania's Health Plan.</p> <p>The purpose of the Primary Mental Health Clinical Network is to enhance collaboration and coordination across sectors and organisational boundaries in order to improve outcomes for patients and consumers.</p> <p>The Network brings together clinicians (doctors, nurses and allied health professionals), carers and consumers in the planning, delivery, evaluation and improvement of Primary Mental Health Clinical services in Tasmania.</p>
	Promotion, Prevention and Early Intervention	<p>In October 2009, the then Minister for Health released <i>Building the Foundations for Mental Health and Wellbeing. A Strategic Framework and Action Plan for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Tasmania.</i></p> <p>The Tasmanian Inter-Agency Working Group for Mental Health, chaired by the CEO of Statewide and Mental Health Services, was established to oversight implementation of the Framework.</p> <p>The framework identifies five key priorities for action with considerable attention given to the importance of a whole-of-government and whole-of-community approach.</p> <p>An immediate priority under the framework was the development of a Suicide Prevention Strategy for Tasmania which is due for release later in 2010.</p> <p>A number of other initiatives have been implemented under the framework including:</p> <ul style="list-style-type: none">• the Tasmanian Perinatal Depression Initiative• the Tasmanian Transcultural Mental Health Network and• the roll out of mental health promotion, prevention and early intervention training across government and the community sector. <p>Funding was provided for an Excellence in Mental Health Reporting category in the annual Tasmanian Media Awards, judged by Media Entertainment and Arts Alliance and Mindframe Media.</p>



Supporting benchmark	Initiative	What has been achieved this year?
Standard	3	Reduce levels of risk taking and addictive behaviour
4.3.1	Gambling Support Program	<p>The next Social and Economic Impact Study is due in 2011 and this will update the 2008 prevalence of problem gambling figures.</p> <p>A study investigating the use and effectiveness of the Tasmanian Self-Exclusion Program from the perspective of the problem gamblers has been completed.</p>
4.3.2	Prescribing Advisory Service	<p>The Agency maintains an expert prescribing advisory and education service. This service seeks to address issues relating to substances and prescribing that have a public health impact beyond the therapeutic reason why or to whom the drug is prescribed. Included are education and training with local general practitioners and Pharmacists to better monitor and reduce the supply and diversion of pharmaceutical drugs through inappropriate prescribing practices; assist with pharmacological management; and access to a range of biological, psychological and social interventions.</p> <p>Two new projects commenced in 2009-2010 and will continue to be implemented in 2010-2011. These are:</p> <ul style="list-style-type: none">• Advice to medical practitioners and pharmacists will be significantly enhanced by DAPIS Online Remote Access (DORA), a project commenced in 2010, which will give practitioners up-to-date information on dispensing of reportable drugs for their patients. It will also provide information on existing authorisations to doctors for the supply of controlled substances.• The National Alcohol and Drug Research Centre will undertake a wide ranging review of the prescribing of opioids with a report and recommendations to be provided by August 2011.
4.3.3	Smoking Cessation Project	<p>In a Tasmanian first the Smoking Cessation Program, a joint initiative of the Alcohol and Drug Service and Population Health, was established to further work towards improving the health of many Tasmanians in reducing the State's unchanging and unacceptably high smoking rate. During 2009-2010 the program has been formally established in each region of Tasmania.</p> <p>The program is centred on bringing about a cultural change within the healthcare sector so that the provision of a brief smoking cessation intervention is provided to all patients as a routine component of care. This is being achieved by providing education to all health professionals on applying the Ask, Brief, Advice and Cessation Support (ABC) brief smoking cessation intervention with all of their patients who smoke.</p> <p>This Program is statewide, with a clinical nurse specialist within each of the major acute care hospitals. This provides all Tasmanians with the same access to, and advice on, quitting smoking. A clinical nurse specialist in each of the major acute care hospitals across the State will greatly enhance this initiative.</p>
	Tobacco Action Plan	<p>The Tobacco Coalition commenced a review of the Tobacco Action Plan as the first step towards developing the new Tasmanian Tobacco Action Plan 2011-2015.</p>
Standard	4	Improve the health and wellbeing of the Tasmanian community through the delivery of coordinated and timely services
4.4.1	Additional Funding for Dental Prosthetic Services	<p>In December 2009, Oral Health Services Tasmania received \$2.9 million from the Tasmanian Government to enhance dental prosthetic services. This initiative directly impacts on the number of people provided with full dentures.</p> <p>In 2009-2010, this initiative has enabled:</p> <ul style="list-style-type: none">• the upgrade and expansion of prosthetics laboratories and consulting rooms and• an additional 607 people to receive full dentures in the financial year, largely through expanded use of contracted providers within the Tasmanian Denture Scheme. <p>In 2010-2011 this initiative will continue with recruitment of prosthetists and dental laboratory managers as well as further expansion to prosthetics facilities.</p>



Supporting benchmark	Initiative	What has been achieved this year?
	Better Dental Care Package	<p>During 2009-2010 implementation of the Better Dental Care Package (2006-2010) continued. This included:</p> <ul style="list-style-type: none">• the completion and full utilisation of the \$2.5 million Oral Health Education and Services Centre at New Town to improve recruitment and retention of oral health professionals• the employment of seven additional dentists around the state and• the purchase of additional care from the private sector. Over 9 000 people were offered care and removed from the waiting list as a result of this funding.
4.4.3	Review of the <i>Mental Health Act 1996</i>	See indicator 4.2.2.
	Promotion, Prevention and Early Intervention	See indicator 4.2.2.
	Expanding Primary Mental Health Services	See indicator 4.2.2.
4.4.5	GP Recruitment Initiatives Under Tasmania's Health Plan	<p>In 2009, there was a headcount of 554 general practitioners practicing in Tasmania and an estimated 355.1 full-time equivalent (FTE) GPs. This is equivalent to 73.2 FTE general practitioners per 100 000 head of population. Since 2005 there has been a numerical increase of 23 general practitioners in Tasmania.</p> <p>The Agency continues to fund General Practice Workforce Tasmania to increase their capacity to meet workforce needs using a combination of recruitment and retention strategies (including personalised case management/ family settlement services).</p> <p>The Agency introduced a new industrial Agreement for rural general practitioners in 2009 which makes the State competitive with other states and territories in the recruitment of general practitioners.</p> <p>A Rural Doctors Reference Group has been established to oversee the implementation and operation of the Agreement and to provide a forum for the discussion of issues affecting both rural general practitioners and the Agency.</p>
4.4.6	New Norfolk, Huonville and Sorell Ambulance Stations	<p>Two additional paramedics were appointed in each of the New Norfolk, Huonville and Sorell Ambulance Stations between 2008-2009 and 2009-2010. These stations now have a paramedic on duty 24 hours a day, 7 days a week.</p> <p>A recruitment process is underway for two further paramedics each at Queenstown, Triabunna and Nubeena during 2009-2010.</p>
	Training - Off Road Support	Two Clinical Support Officers were appointed in an off road capacity in Burnie. The resulting vacancies have been filled with student ambulance paramedics.

Goal 5 Vibrant, inclusive and growing communities where people feel valued and connected



Supporting benchmark	Initiative	What has been achieved this year?
Standard	I	Tasmania has inclusive and supportive communities
5.1.1	Disability Services Accommodation Options Project	<p>The Disability Services Accommodation Options Project report was publicly released and distributed in July 2008. In order to progress recommendations from the Report, the Accommodations Options Team (AOT) was established in late 2008. The AOT is a small team located in Housing Tasmania, to coordinate the capital management of Supported Accommodation provided to clients of Disability, Child, Youth and Family Services (DCYFS).</p> <p>Large capital projects such as the Disability Capital Funding Program are managed by the AOT. Planning for this project commenced in 2009-2010 and will deliver up to 18 new accommodation places across Tasmania for people with disabilities. Within the Housing Tasmania Capital Investment Program for 2009-2010, four new Disability Group Homes were acquired to provide accommodation for 17 residents. All will be modified and become operational by early 2011. Planning for the construction of a new Disability Group Home also commenced during 2009-2010 and will accommodate five elderly persons with a disability in 2011. In March 2010 a new home for six younger people with a disability who had formerly resided in Aged Care Residential facilities was completed.</p> <p>The AOT also manages an upgrade program for Housing Tasmania properties that provide accommodation for clients of DCYFS with disability. During 2009-2010 a total of \$887 000 was committed to repair and upgrade disability accommodation to enhance the lifestyles of residents.</p>
	Family Choices - Children's Respite and Recreational Services	<p>Family Choices was established to provide respite and recreation options for children and young people as part of the reforms to Disability Services. Community sector organisations have been selected to provide the following services across the State:</p> <ul style="list-style-type: none"> • Centre Based Respite This involves the provision of high quality, flexible, innovative, child centred respite services in the North West (Latrobe) and South (Lutana) of the State from the existing centres that were managed by Disability Services. The services maximise opportunities for children with a disability to access generic programs in the local community. Activities are individually focused, and support the developmental needs of children and young people between 5 to 18 years of age. • Recreational Respite Services This is a new service that provides a coordinated approach to delivering a range of flexible, non-centre based respite and recreational options to children and young people with disabilities. Support is provided in different settings including in-home respite, school holiday respite, and youth groups.
	Gateway Disability Services	<p>A significant milestone for the reforms in disability services in Tasmania is the establishment of the disability component of the Gateway Service. During 2009-2010 considerable planning occurred with key stakeholders to develop the model for implementation. Gateway Services are engaged from within the community sector to provide a single point of access at the regional level for people with a disability, their families and carers. An important function is to aid system navigation and coordination.</p>
	Young People in Residential Aged Care Program	<p>In February 2006, the Council of Australian Governments (COAG) announced a five-year joint commitment by the Australian Government and the State Government to decrease the number of younger people with disability living in residential aged care.</p> <p>The Program has three main objectives:</p> <ul style="list-style-type: none"> • younger people with disabilities move by choice from Residential Aged Care into more appropriate alternative accommodation and support options • younger people with disabilities are diverted from entry into Residential Aged Care into more appropriate accommodation and support options and • younger people with disabilities, who choose to remain in Residential Aged Care may receive additional appropriate disability support services. <p>In February 2010, a new purpose built house was completed by the program. Anglicare Tasmania was selected to manage the service, and in April 2010, six people moved into the new house. Prior to moving to the new house, the six people had either been living in, or at risk of entering, a Residential Aged Care Facility.</p>



Supporting benchmark	Initiative	What has been achieved this year?
Standard	2	Tasmania will have viable rural communities
5.2.1	Rural Hospital Upgrades	<p>The Agency is progressing major redevelopments of the King Island Hospital and Community Health Centre and the Flinders Island Multi Purpose Centre. The projects have budgets of \$5.25 million and \$6.67 million respectively.</p> <p>In 2009-2010 the Launceston based design consultant, Artas Architects, was engaged to manage the design and construction process. The design process is progressing well with the local communities having input into the design process.</p> <p>Tenders for the works for both projects will be called in November 2010.</p>
	Ambulance Stations	See indicator 4.4.6.
	Affordable Housing Initiatives	See indicators 1.1.1, 1.1.2, 1.1.3 and 1.1.4.
Standard	3	Recognise and value the many contributions that volunteers and unpaid workers can – and do – make to their community
5.3.2	Respite for Older Carers Program	<p>Respite programs provide planned short-term, time-limited breaks for families and other unpaid carers of people with a disability in their own home, or in other settings.</p> <p>The Respite for Older Carers program is specifically designed to meet the needs of Carers aged 65 years and over. In 2009-2010, 44 Tasmanian Carers received additional support through this program.</p>
	Individual Support Program	<p>The Individual Support program provides individually tailored services for people with a disability. These services enable people with a disability to continue to live in their own homes and communities with appropriate support.</p> <p>Many people who receive an individual support package also receive support from a family member. In 2009-2010, 70 new individual support packages were allocated to Tasmanians with a disability.</p>

Goal 12 Sustainable management of our natural resources

Supporting benchmark	Initiative	What has been achieved this year?
Standard	2	Improve soil, air and water quality
12.2.4	Water and Sewerage Reform	<p>A fundamental requirement to achieve this benchmark is to ensure water suppliers have a comprehensive understanding of the drinking water supply systems which they manage. This is primarily achieved through intensive and extensive monitoring of these systems.</p> <p>On 1 July 2009, three new regional water corporations became operational as part of the State's water and sewerage reform. These corporations will manage both public water and sewerage systems throughout Tasmania. The Agency has been working closely with the new corporations in this first year of their operation to ensure they address the critical key requirements of adequate monitoring and risk management of public drinking water supply systems. The Agency has incorporated these requirements into the Compliance Implementation Plan that is part of the interim operating licence issued to these organisations.</p> <p>It is anticipated that these new corporations that are better resourced (particularly with respect to technical skills) will be better placed to greatly improve water quality and services than the previous arrangements.</p>
12.2.5	New Recreational Water Quality Guidelines Introduced	<p>Following the introduction of the recent Water and Sewerage Reforms, the Agency has facilitated meetings between the new Water and Sewerage Corporations, the EPA and local government, for the purpose of establishing a range of incident response protocols designed to address those issues associated with sewerage overflow events, particularly with regard to the subsequent impacts of such events on recreational water bodies.</p> <p>The majority of Tasmanian councils are engaged in targeted recreational water quality monitoring programs within their respective municipal areas. The most recent reporting period saw an overall increase in the number of sites (144) being monitored statewide.</p>





A snapshot of our services

Keeping People Well: Working in Health Promoting Ways

For many people, when they think about health care their first thoughts are of hospitals and ambulances and/or doctors and nurses looking after people who are sick.

The Agency is aiming to change this by working in health promoting ways and keeping people well.

The Agency will continue to provide care when people are unwell however, there will be a greater focus on preventative health and wellbeing. Such measures will improve lifestyles and prevent numerous illnesses.

Diabetes (type 2), lung disease, heart disease and some cancers can be prevented, or their onset slowed through healthy lifestyles, especially through:

- not smoking
- being physically active
- eating a nutritious diet including plenty of fruit and vegetables and
- minimising the drinking of alcohol.

The Agency is working to assist staff to encourage Tasmanians to be healthy. By integrating health promotion into normal practice across the Agency, we will help improve the health and life expectancy of Tasmanians and deliver enormous benefits through reduced medical treatment costs.

Strategies include training staff in how to help people be healthy, how to work with local communities to create communities that support healthy lifestyles and by helping to make healthy choices the easier option.

These strategies and others have been brought together in *Working in Health Promoting Ways: A Strategic Framework for DHHS*. The seven priority areas are:

- promoting physical activity and active communities
- improving access to nutritious, safe and affordable food
- promoting mental health and wellbeing
- reducing use and minimising harm from tobacco, alcohol and other drugs
- preventing injury
- promoting sexual health and wellbeing and
- improving prevention and management of chronic conditions.