

FUTUREHEALTH



TASMANIA'S HEALTH PLAN



COMMUNITY FORUMS

APRIL 2010

REPORT OF PROCEEDINGS

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Executive Summary



Background

Tasmania's Health Plan is a blueprint for the reform of Tasmania's health services into the future. The Plan was developed with input from consumers, health professionals and service providers. It involved a three year program of consultation, fulfilled in 2010.

Community Forums have been a part of this process. From the point of view of the Department of Health and Human Services ('the Department') the Forums provided a

chance to inform people on the progress that has been made in implementing the Plan, as well as to hear views and receive advice.

2010: A Changing Environment

Tasmania's Health Plan is becoming incorporated into the on-going work of the Department.

With only 24 projects still in progress, and a raft of new activities associated with the recent state election campaign, interest in the 2010 Community Forums was limited.

Participant response to invitations was such that only the Southern Community Forum went ahead.

This Report

As a result this Report reflects the discussions that occurred at the Southern Tasmanian Community Forum only.

All of the speakers' presentations have been summarised in this report and several fact sheets have been included in the appendices.

An Agenda of Discussion and Review

Latest Health 'Outcomes'

Siobhan Harpur, Director System Development, Care Reform provided the latest data on Tasmanian health outcomes.

Health Plan 'Outputs'

Dr Elizabeth Shannon, Program Manager System Development, Care Reform brought the meeting up to date with an overview of the achievements of Tasmania's Health Plan projects.

Face-to-Face Project Managers

Individual project managers were there for an informal 'project marketplace', where Community Forum participants could discuss projects in detail.

Projects included were the Access Point Trial (with project manager Andy Boote); the Clarence GP Super Clinic and Integrated Care Centre (with project manager Sally Williams and project officer Catherine Featherstone); the Clinical Networks (with project manager Denise Walshe); Health Promotion (with project manager Sue Frenidin) and Leading the Way (with Chief Nurse Fiona Stoker).

Evaluation and Review


The Community Forum concluded by reviewing the way Tasmania's Health Plan has developed over the last few years: what worked well? What could be improved?

The Latest on Health Outcomes

TASMANIA'S HEALTH PLAN

Confirming the 'Case for Change'

- Developed Tasmania's Health Plan in 2006-07
- Used 'latest' data: 2004-06
- October 2009 Australian Bureau of Statistics data release brings 'latest' data to 2007-08
- Confirms 'case for change'

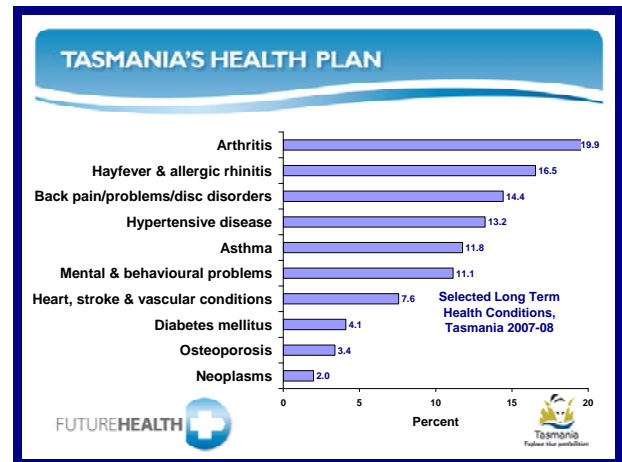
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In March 2008, the Director of Population Health, Dr Roscoe Taylor, addressed the first Community Forums.

His presentation talked about the health issues facing our community – the diseases and risk factors behind the costs.

This was, and is, the 'case for change' that led to the development of Tasmania's Health Plan.

Respiratory disease comes in at third place. This covers a number of diseases, including asthma.

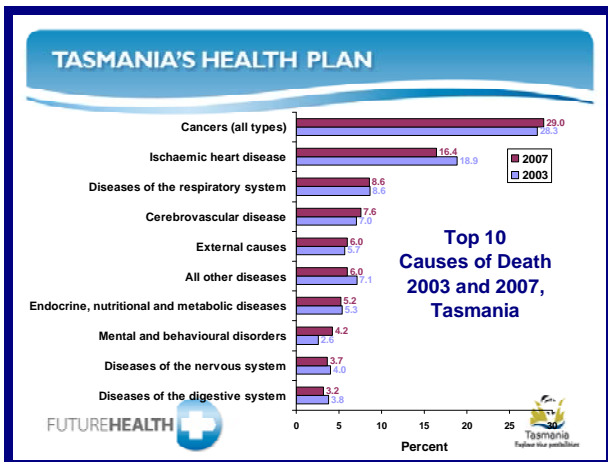


The overall 'burden of disease' (above) is significant, with arthritis affecting almost 20% of the population, back pain almost 15%, high blood pressure, asthma and mental illness impacting on over 10%.

Cardio-vascular conditions, diabetes and osteoporosis also impact on the population.

While many of these diseases are associated with an ageing population, they are also dispersed throughout the community.

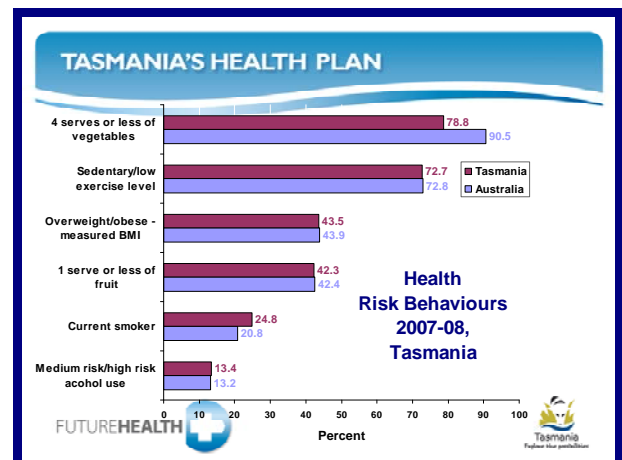
In 2007-08, 46% of Tasmanians aged 18 years and over reported some form of restrictive long term (6 months or more) health condition which limits, restricts, or impairs everyday activities.



The data, above, from the Australian Bureau of Statistics, collected in 2007, was first released in September 2009.

At number one place is cancer – causing almost one third of all deaths in Tasmania. The risk of cancer increases with age, and with health risk behaviours such as smoking.

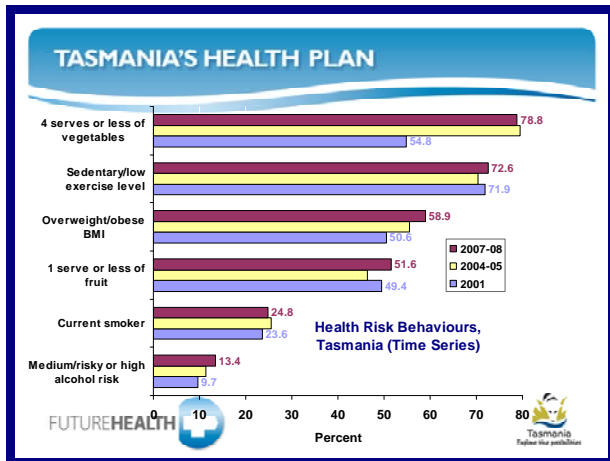
At number two is ischaemic heart disease. The risk of ischaemic heart disease risk increases with age, smoking, high cholesterol levels, diabetes and hypertension (high blood pressure).



We can't prevent all disease, but we can certainly do a lot more to delay it so that people enjoy to the maximum a healthy life span.

It sounds relatively easy to fix this simply by telling people to take more responsibility for their health and to stop smoking, eat less junk food, and to move more

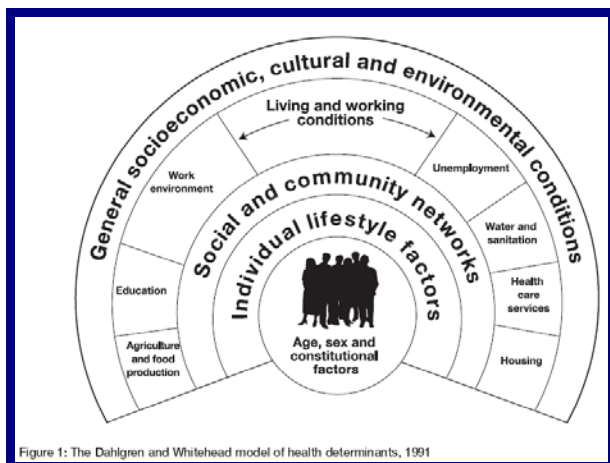
But as you can see from the graph on the previous page, Tasmanians, and Australians overall, have a long way to go.



As you can tell from the 'time series' above the trends are not good.

And as Dr Taylor pointed out back in 2008, health care services are only part of the 'big picture' that determines individual health and wellbeing outcomes.

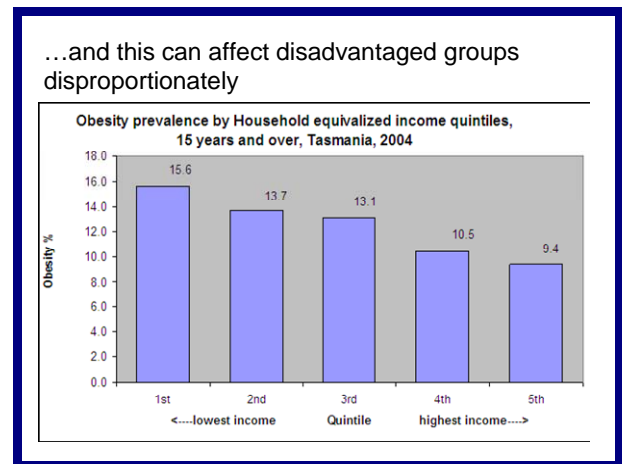
The conditions in which people live and work – the 'social determinants of health' (below) are the "causes behind the causes" of ill-health.



They readily explain much of the differences in health status that we see at the population level, but can be harder to identify or quantify at the individual level.

For example, generally speaking, if you earn more money, have more education, or live in more affluent suburbs, you are more likely to

have better health. This is shown in the slide below.



Funding from Tasmania's Health Plan has provided practical help to the QUIT Campaign.

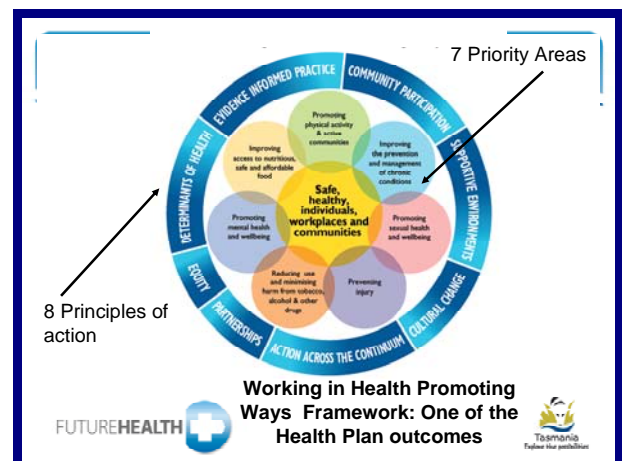
Two campaigns were conducted between 1 July 2009 – 31 December 2009: the Zita Campaign (August 10 - 28) and the Bubble Wrap Campaign (November 9 – 29).

These averaged 591 TARP (targeted audience rating points) per month and exceed the target of 400 TARPS per month in the QUIT Service Agreement with the Department

Quit Tasmania also ran the Artery campaign from December 27, 2009 to January 23, 2010. At this time, 445 TV commercials were aired with a TARP level of 851.

The campaign generated 211 requests for a Quit Pack from smokers with 48 individuals contacting the Quitline to speak to an advisor.

A further 129 call backs were made during the campaign period.



Tasmania's Health Plan

So while it is still too early to look for 'health outcomes', we can start to see the 'health outputs' of Tasmania's Health Plan – the new services or arrangements that have been put in place to improve the health system.



Our last Community Forum was held in September 2009. Since then, another 41 projects have been completed.

The slides below provide a broad overview of what has been achieved over the last six months.

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Preventing and Managing Chronic Disease

- Development of a chronic disease strategy
- Development of a state-wide health promotion framework
- Increase effort in cessation of tobacco smoking

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Some projects have focused on preventing and managing chronic disease.



We have developed the Connecting Care chronic disease strategy that includes the development and adoption of statewide service standards.

This strategy supports the development of the Chronic Disease Clinical Network.

TASMANIA'S HEALTH PLAN

Working with General Practice

- Consistent support arrangements for general practice
- Evaluation of *GP North Allied Health* demonstration service outcomes
- Strengthen links between DHHS mental health, and drug and alcohol services, with General Practice to foster a multi-disciplinary team approach to action around chronic disease.
- Working with General Practice to improve youth health services: developing partnerships to encourage young people to engage in healthy lifestyles.

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There have been a range of projects focused on General Practice.

DHHS funding to *GP Workforce Tasmania* will continue our support for rural and regional GP recruitment, additional support to International Medical Graduates practicing in Tasmania, a project that trials a new way of working for GPs at St Helens.

A review of *GP North Allied Health Services* that have been funded through Tasmania's Health Plan shows that the Service has been enthusiastically received by GPs and clients with high satisfaction ratings for quality and client motivation towards lifestyle change.


More than two thirds of all GPs in the Northern region have made a referral to the Service with rural clients having equitable access to services via a hub and spoke service delivery model.

New Departmental guidelines aim to provide consistency in approach to the provision of all the kinds of non financial support provided by DHHS to rural GPs across the state.

TASMANIA'S HEALTH PLAN

Consumer, Community Engagement

- *Your Care, Your Say: Consumer and Community Engagement* finalised and implementation has commenced
- Over the next 6-12 months the focus is on:
 - Making Consumer and Community Engagement real
 - Giving consumers and effective role in DHHS
 - Helping staff practice engagement more effectively

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The consumer and community engagement strategy developed under Tasmania's Health Plan has now been finalised and endorsed.

We are now implementing the initiatives identified in the first two-year action plan. During this calendar year our focus will be:

- Making consumer and community engagement real – looking at ways to build engagement into our organisations day to day practices and activities. As part

of this we will also be developing a single streamlined feedback and complaints mechanism for the whole of DHHS.

- Giving consumers and effective role in DHHS – looking at involving consumers and the community in meaningful and productive ways. As part of this we will also be developing a DHHS consumer charter.
- Helping staff practice engagement more effectively – supporting staff by providing the tools, resources and training.

TASMANIA'S HEALTH PLAN

Integrating Services

- *Access Point:* expanding the 'Tasmanian CAREpoint' trial to provide a single access point to community services in the form of a call centre facility.
- Oversee and manage translation of a statewide operational framework for Bone Marrow Transplant and Cystic Fibrosis services in Tasmania.
- Integrating primary and acute care through an Area Health Service structure

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One of the projects that focused on providing more integrated, 'seamless care' is the Access Point trial. There are details on this project in **Appendix 1**.

Development of a statewide Bone Marrow Transplantation Service and Cystic Fibrosis Service has helped integrate care for patients, no matter what part of Tasmania they come from.

TASMANIA'S HEALTH PLAN

Facilities and Infrastructure

- Launceston General Hospital Emergency Department and Linear Accelerator 'bunker'.
- Royal Hobart Hospital Positron Emission Tomography (PET) Scanner
- Central Highlands Community Health Centre works.

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Facilities and equipment upgrades have been an important part of the implementation of Tasmania's Health Plan.

Most recently we have seen the work commence at the Launceston General Hospital Emergency Department and Linear Accelerator 'bunker'.

In the South, the Royal Hobart Hospital has seen the approval of a Positron Emission Tomography (PET) Scanner.

The last six months have also seen building works associated with the redevelopment of the Central Highlands Community Health Centre.

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New Service Models

- Integrated Care Centre 'operational framework' and 'interprofessional collaborative practice, education and learning framework' developed.
- Service planning and draft models developed for Glenorchy and Kingborough ICCs.

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Service planning and modelling has been undertaken for Tasmania's new Integrated Care Centres (ICCs).

There is more information about the progress of the Clarence GP Super Clinic and ICC in **Appendix 2**.

Both Clarence and Launceston ICCs are developing within an operational framework that identifies and defines services for each level of ICCs.



We have also done a lot of work with the University of Tasmania to make sure that we have interprofessional and collaborative learning, education and practice structures in place for the new ICCs.

Service planning has occurred and draft service models have been developed for the Glenorchy and Kingborough ICCs also.

TASMANIA'S HEALTH PLAN
Leading the way

NHRS Workforce

- A big emphasis on developing our workforce – 11 projects completed in the last 6 months.
- These include new nursing and allied health professional initiatives, new clinical placement arrangements, Partners in Health projects ...
- Care Reform (with the *Management and Leadership Development Framework*) and the Office of the Chief Nurse and Allied Health (with *Leading the Way*) have taken up the responsibility of progressing the 'next wave' of DHHS workforce modernisation and reform.

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The need for workforce sustainability is one of the key points made by Tasmania's Health Plan and a lot of effort has been put into developing our workforce since the Plan was developed. 11 workforce projects have been completed in the last 6 months.

One of the fact sheets we provided in 2008 which showed that one in every three DHHS employees is a nurse.

It is no wonder then that the Office of Chief Nurse and Allied Health have taken up the challenge to continue the work of workforce modernisation and reform.



This includes the establishment of Nurse Practitioners in Tasmania in each of the Area Health Services and Mental Health Services. Here are a few examples of specific areas:

- Primary Health Care Nurse Practitioner
- Statewide Burns Nurse Practitioner
- Emergency Nurse Practitioner
- Palliative Care Nurse Practitioner
- Diabetes Nurse Practitioner

TASMANIA'S HEALTH PLAN

Planning and Reporting

- Focus on transparency, sustainability and planning for the future.
- Some accomplished through the development of service agreements with the Area Health Services.
- Others through the development of protocols and guidelines for statewide services development and funding.
- A 'moving feast' with adjustments being made as external funding and administrative arrangements continue to develop at state and national level.

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In planning and reporting, the focus has been on transparency, sustainability and planning for the future.

This has been accomplished through the development of service agreements with the Area Health Services and the development of protocols and guidelines for statewide services development and funding.

TASMANIA'S HEALTH PLAN

Project Marketplace

Access Point Trial – Andy Boote
 Clarence GP Super Clinic and Integrated Care Centre – Sally Williams and Catherine Featherstone
 Clinical Networks – Denise Walshe
 Health Promotion – Sue Frendin
 Leading the Way – Fiona Stoker

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So even if we can't see the health outcomes from Tasmania's Health Plan just yet, we can see that there have been plenty of health outputs: new services and improved ways of doing things.

The pace of change has been accelerating as we go on, and that is why we have tried to keep everyone up to date on a monthly, quarterly and biannual basis.

But in an overview like this, it is hard to give the detail on each project.

The project managers listed below were available to talk to about these projects during the 'project marketplace' session.

TASMANIA'S HEALTH PLAN

Project Marketplace

Access Point Trial – Andy Boote
 Clarence GP Super Clinic and Integrated Care Centre – Sally Williams and Catherine Featherstone
 Clinical Networks – Denise Walshe
 Health Promotion – Sue Frendin
 Leading the Way – Fiona Stoker

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Evaluation and Review

Evaluation and Review Workshop

- What worked well?
- What could be improved?
- How should consumers and community be involved in future programs like this?

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Six Thinking Hats (De Bono)

	Facts Neutral, Objective Information
	Emotions Hunches, Intuition, Gut Feelings
	Critic Analyst Logical Negative
	Sunshine Optimism Logical Positive
	Creative Growth, Possibilities Ideas
	Cool Agenda, Process, Organizer Overview, Decision

The Community Forum concluded with a session working through Edward De Bono's 'six thinking hats' to summarise participants' thoughts and ideas about the way Tasmania's Health Plan has worked.



WHITE HAT

Focuses directly on the available information: the facts of the matter, the past trends, or historical data and asks *what are the gaps?*

Of over 100 projects which were commenced, about 85% have been completed and in many cases positive results are beginning to show but it is hard to prove what impact this is having.



RED HAT

Focuses on the emotions, feelings, hunches, intuition and asks *what you like or dislike?*

Some participants felt frustrated – things take too long! “Perhaps I am being too harsh - but hearing from the other side - the wider mass of consumers, I know I am not.”



BLACK HAT

Look at all the bad points of the idea, weaknesses, is cautious and critical, identifies possible flaws and asks you to *be pessimistic!*

Tasmania's Health Plan projects are just a “drop in the ocean” – there may be successful projects but we need a whole-of-system change. What happens to the Consumer Representatives when the Plan is finished?



YELLOW HAT

Look at all the benefits of an idea, is positive and full of optimism, realises the value and advantages and asks you to *find and show the benefits!*

Lots of communication about Tasmania's Health Plan to the public, the Community Forums and the Consumer Representatives. The communication has been two-way – consumers have felt heard and we feel proud of the accomplishments of “our Plan”.



GREEN HAT

Focuses on creative thinking and is concerned with proposals, suggestions, new ideas, new alternatives, new solutions and inventions. It asks *what's new?*

There are new services that came out of the Health Plan. New buildings and equipment too. There is more health promotion being undertaken now. There are more GPs and nurses on board. There is more use of the media to give health messages.



BLUE HAT

Focuses on management, overview, process control, resource and contingency requirements. *Thinking about structure!*

The Area Health Services are a good structure for local responsibility and accountability.



TASMANIA'S HEALTH PLAN

Access Point

The Tasmanian Access Point Demonstration Project is also known as TasCarepoint is a centralised contact, referral, filtering, and screening point to community care services.

The Access Point aims to provide an easily recognisable point where people can obtain community care information, have eligibility tested and needs identified, and receive guided referral to

the most appropriate service, or to further assessment if required.

The service is a joint Australian and Tasmanian government initiative. The goal is to improve access and equity to a simpler, streamlined and better coordinated community care system.

Service Contact

TasCarepoint

Telephone 1300 769 699

Fax 1300 721 611

Email mail@tascarepoint.net

Anyone can contact TasCarepoint including hospitals, general practitioners, health professionals, service providers, community members, carers, and clients.

The service operates Monday to Friday between 8.00am and 6.00pm excluding public holidays.

The Royal District Nursing Service (Victoria) was successful in the 2008 tender to provide the access point services for the project.

Southern region service operational

The service has been operational since February 2009 and is based in Hobart Tasmania.

Service providers include all southern region non government organisations and Department of Health and Human Service areas that provide Home and Community Care (HACC) and similar services.

Community Care services include centre based day care, domestic assistance, personal care, social support, delivered meals, home maintenance / modifications, case management, respite care, counselling, community allied health care and community nurse health care.

In some cases, clients may also be guided to other service and assessment agencies.

North and North West regions

Currently planning is underway to expand the service to the north and north west regions with a planned start in late April 2010.

This will mean more Tasmanians can access community care information and referral services. A public marketing campaign is also planned.



Clarence Integrated Care Centre and GP Super Clinic Project Update – February-March 2010

Early Building Works

Hazell Bros have started early building works on the car park at the Clarence Community Health Centre, which was officially marked on the 16 February 2010.



Attending the event from left to right is Michael Pervan (CEO, Southern Tasmania Area Health Service), Lorraine Millar (Executive Director, Continuing Care), Alderman Jock Campbell (Mayor, Clarence City Council) and Andrew Paul (General Manager, Clarence City Council).

Main Building Works

The tender for the main building works has closed. The successful contractor will be selected in late March 2010 and start on site in early April 2010.

The latest pictures of the new ICC and GP Super Clinic are on display in the foyer at the Clarence Community Health Centre.

GP Super Clinic

Setting up the GP Super Clinic is progressing with letters sent to the foundation Board of Management inviting their nominees for directors.

Southern Tasmania Area Health Service (STAHS) CEO Michael Pervan is the Department of Health and Human Services nominee. Nominations were sought from General Practice Tasmania, General Practice Training, University of Tasmania and Clarence City Council.

Once the nominations are received, the Board will ensure the development of the tender documentation is ready for advertising for a new provider of medical practice services.

CICC Operations Group

A group with representation from STAHS, Statewide & Mental Health Services and Child Health & Parenting Services was set up to oversee the implementation of the ICC service model. This group will also manage the people side of the change.

A series of change management sessions have been developed, with input from the group, for frontline managers, to support them in leading staff through the change process.

Frontline managers will shortly be invited to participate in a small workshop to provide them with further information about the proposed change management sessions.



Information Sessions

The next round of information sessions for staff and the community are being developed.

Staff

Information sessions for existing Community Health Centre staff will be held on 25 March, 2010 and staff were advised of their session times.

Sessions for Oral Health Services Staff & Family & Child Health & Parenting Services Staff within the centre will be organised separately by their management.

Community Information

Sessions are planned for Risdon Vale on 15 April 2010 between 1 and 2 pm at the Neighbourhood House and at Clarence Community Health Centre on 29 April between 5.30 and 6.30 pm and 30 April between 10.30 and 11.30 am.

Additional sessions will be scheduled if needed and individual sessions will be scheduled with community groups on request.

All existing clients of the medical practice at Clarence and Risdon Vale will shortly receive a letter outlining the proposed changes to the medical practice. It will also invite them to visit the centres for information sessions, which will be planned specifically to address questions they may have about the medical practice.

Private Allied Health providers and Pharmacists

An evening session is planned for 30 March 2010 between 7 and 8 pm at Clarence Community Health Centre. We will contact providers through the project database and the Pharmacy Guild.

General Practice

An evening session is planned in consultation with General Practice South as part of their regular schedule of events for the 12 April 2010.

Speakers for the evening will include:

Michael Pervan, CEO Sothern Tasmania Area Health Service

Dr John Crawshaw, CEO Statewide & Mental Health Services

Dr Adrian Reynolds, Clinical Director Alcohol & Drug Services

Dr Mark Nelson, Professor & Head of General Practice, School of Medicine, University of Tasmania

Dr Emma Warnecke, Senior Lecturer, School of Medicine, University of Tasmania.

Further information

Please contact project manager Sally Williams on 6233 4937 or project officer Catherine Featherstone on 6233 6278.

You can also visit our website at www.dhhs.tas.gov.au/future_health/clarence_integrated_care_centre

If you receive this fact sheet in the mail but would prefer it via email, please advise Catherine Featherstone on the above phone number or email: catherine.featherstone@dhhs.tas.gov.au

**The Clarence ICC/
GP Super Clinic is a project of
TASMANIA'S HEALTH PLAN**