



# Annual Report 2009–2010

Department of Health and Human Services

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# Secretary's Letter of Transmittal

Dear Ministers

In accordance with the requirements of Section 36 of the *Tasmanian State Service Act 2000* and Section 27 of the *Financial Management and Audit Act 1990*, I am pleased to present to you this report on the activities of the Department of Health and Human Services (the Agency) for the financial year 2009-2010.

This report records a year of significant progress for the Agency – a year in which major reforms aimed at improving patient and client services moved from paper to reality.

We saw the creation of 'Gateway Services' around the State, giving Tasmanians a single entry point for family services in their region. Community sector organisations were contracted to provide these services on behalf of the Agency, with the aim of making the services simpler and more convenient to access and use. Gateways for disability services were due to be up and running early in 2010-2011.

In December 2009, we saw the release of the first draft of the Tasmanian Homelessness Plan – a whole-of-government and community approach to reducing and preventing homelessness in Tasmania. Feedback received on the draft plan is informing a final document due for release early in 2010-2011.

Access to affordable housing for Tasmanians continued to increase with hundreds of new and improved homes and community redevelopment projects funded under a range of Tasmanian and Australian Government funded programs.

In the health services domain, 2009-2010 saw the majority of projects under Tasmania's Health Plan either completed or incorporated into the day-to-day business of relevant areas of the Agency. There was also significant progress with a number of new projects inspired by the principles of Tasmania's Health Plan, such as *Leading the Way* (Tasmania's Health Professionals Shaping Future Care); *Connecting Care* (Chronic Disease Action Framework for Tasmania 2009-2013) and *Your Care, Your Say* (Consumer and Community Engagement Strategic Framework and Action Plan).

While we have come a long way under Tasmania's Health Plan, there are still many challenges associated with Tasmania's decentralised and ageing population, workforce availability and other pressures.

Reform of our health and human services should be an ongoing process of continuous improvement. There will always be a need to evaluate and adapt systems to suit changing environments and community needs.

Tasmania's Health Plan and the recent creation of the three area health services helped pave the way for a new national reform process agreed by the Australian, state and territory governments (except Western Australia) in April 2010.

This agreement takes health reform in Tasmania to a new level by tackling the critical issue of shared Australian and State Government responsibility for health funding and health policy. Our hospitals and other key health services will largely be funded by the Australian Government, but Tasmania will still purchase and coordinate services – according to our specific needs in each region. The reforms will also:

- see the establishment of 'Local Hospital Networks' and 'Medicare Locals' as new structures to deliver health care
- aim to reduce hospital waiting times for patients (emergency department and elective surgery) and
- deliver changes in the areas of primary care, aged care, disability services, sub-acute care, mental health services and the health workforce.



Planning for Tasmanian implementation of these national reforms – including a process of extensive stakeholder consultation – began towards the end of 2009-2010 and will continue to be a major focus of the Agency throughout 2010-2011.

Other major developments during 2009-2010 include the appointment of Tasmania's first nurse practitioners (page 42), the appointment of specialist nurses to help hospital patients quit smoking (page 44), the release of guidelines for the use of solariums (page 42), major capital works, a reduction in elective surgery waiting times (page 34), and release of a promotion, prevention and early intervention strategy to address the prevalence and severity of mental illness in the community (page 43).

Of course, the achievements outlined in this report – only a few of which I have touched on above – would not have been possible without the dedication and skill of the 11 000 Agency staff around the State who have worked tirelessly to deliver (and support the delivery of) care for Tasmanians.

David Roberts  
Secretary  
Department of Health and Human Services



# About this Report

Every year the Department of Health and Human Services (DHHS) is required by legislation to produce an Annual Report. The Report provides the Agency the opportunity to present a comprehensive overview of its major initiatives, performance and operations to members of the Tasmanian community who have an interest in the provision of health and human services across the State.

The report is presented in five parts:

## Part 1 – Agency Overview

This section provides an overall view of the Agency, including its services, organisational arrangements, human and financial resources, our staff, our clients and planning and performance reporting mechanisms.

A description of health and wellbeing indicators can be found in this section, along with a listing of the Tasmania *Together* goals and benchmarks to which the Agency contributes and including progress in response to the Disability Framework for Action 2005-2010.

## Part 2 – Our Progress

This section provides a brief description of each of the major initiatives for 2009-2010 in Health Services; Human Services; Children; and Agency wide services.

A selection of case studies is also featured, providing a greater insight into the diversity of activity undertaken by the Agency. The initiatives contributing to Tasmania *Together* are also identified.

## Part 3 – Planning for the Future

This section provides an outline of the longer-term direction of the Agency and its services, particularly in relation to strategies such as Tasmania's Health Plan, Leading the Way, Social Housing Innovation and Reform, Child, Youth and Family Services, Disability Service Reforms and Agency wide strategies.

## Part 4 – Supplementary Information

This section contains a broad range of required reporting information, including asset management, details of consultancies, contracts and tenders, freedom of information activities, and the legislative frameworks under which the Agency operates. It also includes risk management, climate change, human resources and occupational health and safety statistics.

## Part 5 – Financial Statements

This section contains the Agency's audited financial statements (prepared in accordance with legislation).

## Other Annual Reports

The Agency collates annual reports for various statutory bodies (as listed in Part 4 – Other Annual Reports) and coordinates their publication and on the Agency website at [www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au).

The Commissioner for Children also produces an Annual Report which can be accessed on the Commissioner's website at [www.childcomm.tas.gov.au](http://www.childcomm.tas.gov.au) or by emailing [childcomm@childcomm.tas.gov.au](mailto:childcomm@childcomm.tas.gov.au).



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# Our Organisation

The Department of Health and Human Services is the largest Tasmanian Government Agency, with more than 11 000 paid employees. It is responsible for delivering integrated services that maintain and improve the health and wellbeing of individual Tasmanians and the Tasmanian community as a whole.

**Our vision** is “high quality, safe services for the people of Tasmania when they need them, so they can live well and live longer”.

**Our mission** is “to design and implement a sustainable, people-focused health and human services system which supports individuals and communities to be active partners in the management of their own health and wellbeing”.

The Agency comprises a number of business units known as ‘departmental units’ and ‘operational units’.

Departmental units are generally responsible for policy, planning and performance, and interface with government. Examples of departmental units are the Safety and Quality Unit and the Financial Management Unit.

Operational units deliver services against policies, plans and standards set by the departmental units. Examples of operational units are the three area health services, Ambulance Tasmania, Population Health, Statewide and Mental Health Services and Housing Tasmania.

During 2009-2010, the structure of the Agency was refined in line with the establishment of the Northern Area Health Service and the Southern Tasmania Area Health Service (the North West Area Health Service was created the previous year). The area health services deliver primary and acute health services on a geographical area basis, including through the major hospitals.

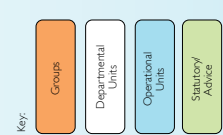
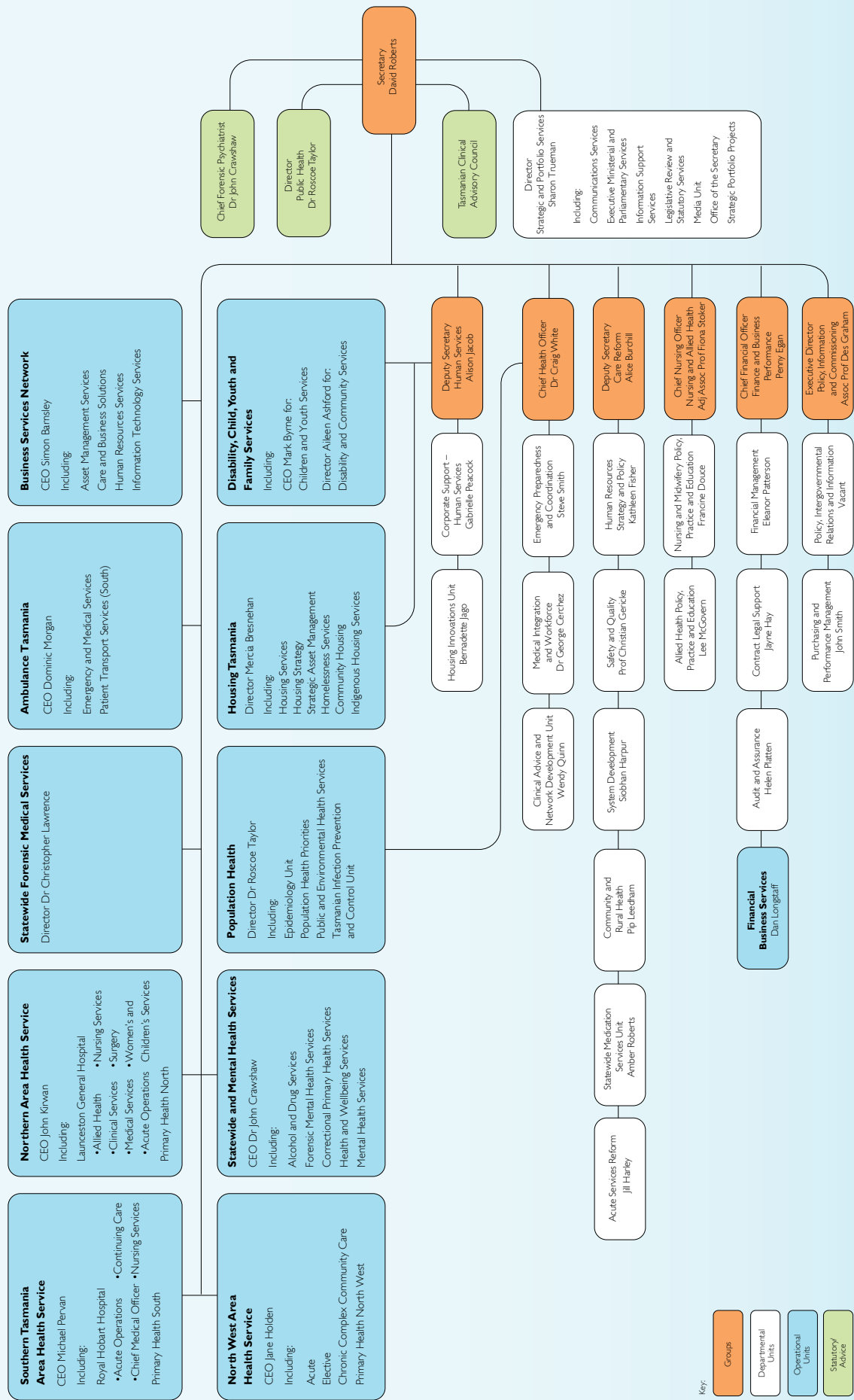
Other structural changes reflect progress with reforms in the areas of health, human services and the Agency’s relationship with the non-government sector, with the bulk of the reforms moving from the planning phase to the establishment and operational phase. Further realignments within the human services arm of the Agency support new ministerial arrangements, with the appointment in May 2010 of a Minister for Children alongside the Minister for Health and the Minister for Human Services.

The Agency’s structure as at the end of June 2010 is reflected in the organisational chart at Figure 1.



# DHHS Organisation Chart

Figure 1 – DHHS Organisation Chart  
20 May 2010



## Our Services

Each year, the Department of Health and Human Services provides more than 1.5 million 'occasions of service' to clients. In addition to the services it provides directly, the Agency also contracts or provides funding to around 245 organisations within the private and non-government sectors to help them to deliver a wide range of services.

The main responsibilities of the Agency include the delivery of:

- High quality and efficient healthcare services through the public hospital system, primary and community health services, including mental health, oral health and correctional health services, and patient transport services.
- Health promotion and protection through emergency management, public health and related preventative services.
- Residential and rehabilitation care for older Tasmanians, as well as support and assistance to enable them to remain living independently in their own homes.
- A network of alcohol and drug prevention and treatment services.
- A range of accommodation and support services aimed at enhancing the quality of life for people with a disability, their families and carers.
- Statutory responsibilities in relation to vulnerable children and young people including child protection and juvenile justice.
- A wide range of community services for children and their families, including early intervention, family support services and child health services.
- Secure, affordable housing and support to low income Tasmanians, as well as accommodation and support for people experiencing homelessness.

The Agency coordinates the delivery of its services across Tasmania through a network of facilities, community services and home-based care, including:

- 4 acute hospitals – the Royal Hobart Hospital, Launceston General Hospital, North West Regional Hospital and Mersey Community Hospital (the Mersey Community Hospital is owned by the Australian Government but managed by the Tasmanian Government)
- 13 Agency run rural inpatient facilities
- 5 rural facilities from which the Agency buys inpatient beds
- 52 ambulance stations and 'first responder' units
- 21 community health centres
- 3 rural nursing centres
- 3 youth health centres
- 3 parenting centres



- 24 mental health facilities (comprising inpatient and community services)
- 4 service hubs and 4 service outlets, as well as additional outreach services into communities, providing tenancy management, advice or support to over 13 200 public, Indigenous or community managed properties
- 32 oral (dental) health facilities
- 1 inpatient and 4 outpatient alcohol and drug facilities
- the Ashley Youth Detention Centre
- the Wilfred Lopes Centre (Secure Mental Health Unit) and
- 201 'TeleCare' facilities, which allow videoconferencing between clinicians, other Agency staff, patients and clients around Tasmania, Australia and the world.

A number of services such as Home and Community Care (HACC) and community nursing are provided directly to clients in their homes by staff working out of a number of sites statewide.





# Our Workforce

The Agency's Strategic Direction objective number five states that it is 'Shaping our workforce to be capable of meeting changing needs and future requirements'. The Agency recognises that in order to continue to provide high quality safe services it must endeavour to recruit, retain and continuously develop a dynamic well motivated workforce. To achieve this objective training and development opportunities have been made available to all staff. This includes increased funding for continuing professional development for medical staff, a separate training fund for allied health professionals and access to a whole range of scholarships in collaboration with the University of Tasmania through a Memorandum of Understanding. All this is a significant addition to existing training and development opportunities.

Over the year the Agency has continued to strengthen its relationship with the University of Tasmania to develop new programs to meet future recruitment needs. This includes the introduction of new programs for paramedics, physiotherapists and nurse practitioners.

A Management and Leadership Program has been introduced to improve and develop management skills and in particular, the capacity of management to manage performance.

The Agency participates at a national level in strategic workforce planning through its membership of the Health Workforce Principal Committee and the Board of the Health Workforce Australia.

## Current Workforce Profile

Figure 1 – Age Distribution of the Workforce

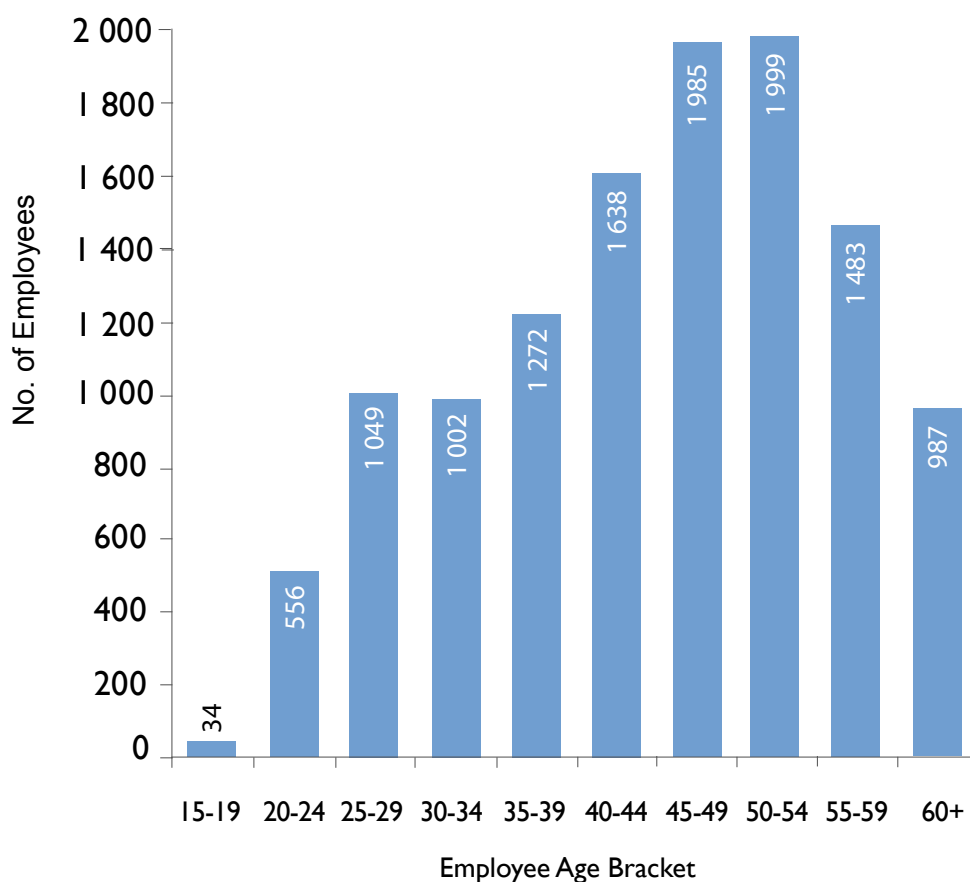




Figure 2 – Number of Paid/FTE Employees as at 30 June 2010

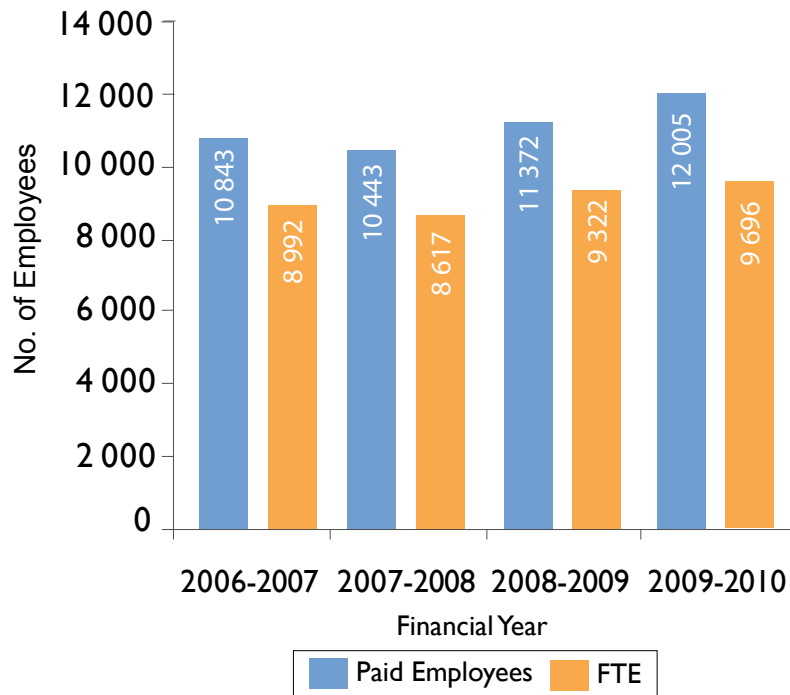
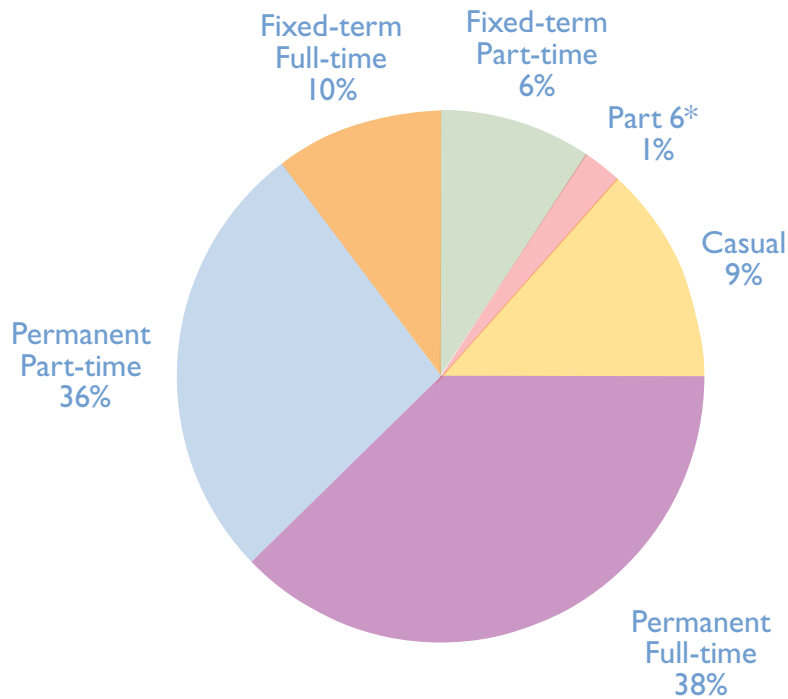


Figure 3 – Staff Composition – Employee Profile by Employment Type



\* Officers appointed under Part 6 of the *State Service Act 2000*, which include heads of agencies, prescribed office holders, senior executives and senior executive equivalents.



## Awards and Agreements

The awards and agreements that are established to cover the range of disciplines within the Agency are as follows:

### Allied Health Professionals

- Allied Health Professionals (Tasmanian Public Sector) Industrial Agreement 2010
- Tasmanian Public Sector Allied Health Professional Industrial Agreement 2005

### Ambulance Service Officers

- Ambulance Tasmania Agreement 2010
- Tasmanian Ambulance Service Award 2009
- Tasmanian Ambulance Service Agreement 2007
- Tasmanian Ambulance Service – Patient Extrication (Preservation of Entitlements) Agreement 2006

### Dental Employees

- Dental Employees Award 2009

### Medical Practitioners

- Medical Practitioners (Public Sector) Award 2007
- Rural Medical Practitioners (Public Sector) Agreement 2009
- Salaried Medical Practitioners (AMA Tasmania/DHHS) Agreement 2009
- Salaried Medical Practitioners Industrial Agreement 2006

### Nurses

- Nurses (Tasmanian Public Sector) Award 2005
- Nurses (Tasmanian Public Sector) Enterprise Agreement 2007
- Nurses (Tasmanian Public Sector) Enterprise Agreement - Variation

### Radiation Therapists

- Radiation Therapists (Public Sector) Industrial Agreement 2009

### Visiting Medical Practitioners

- Department of Health and Human Services Tasmanian Visiting Medical Practitioners (Public Sector) Agreement 2009

### Other Awards and Agreements Not Covered Above

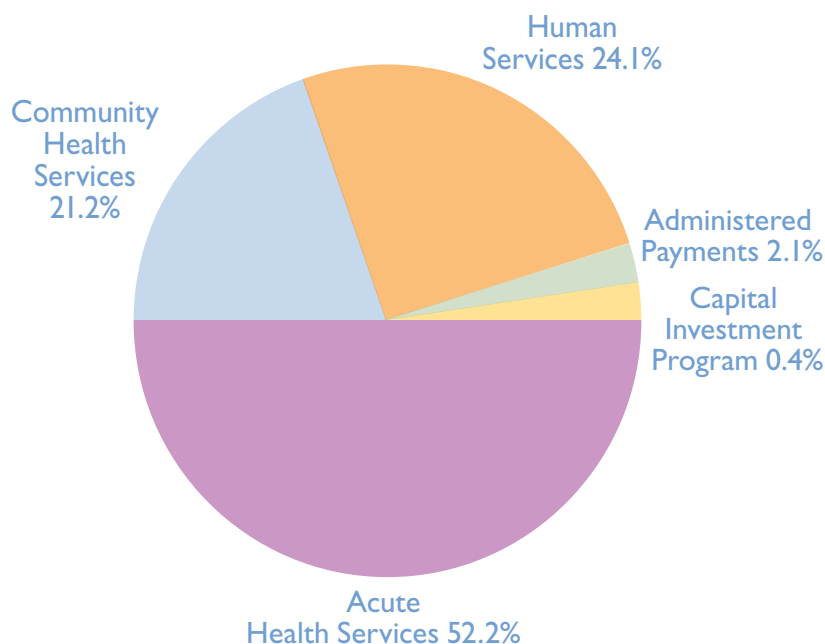
- Department of Health and Human Services – Child and Family Services Support Workers' Agreement 2003
- Department of Health and Human Services – Rostered Carers Agreement 2008
- Department of Health and Human Services Support Workers Agreement 2009
- Department of Health and Human Services – Wilfred Lopes Centre – Care Assistant Shift Arrangements 2006
- Health and Human Services (Tasmanian State Service) Award
- Senior Executive Service
- Tasmanian State Service Award
- Tasmanian State Service Union Agreement 2008



## Our Finances

In 2009-2010, the total budgeted expenditure for health and human services was \$1.647 billion, representing an increase of \$125 million or 8.21 per cent from 2008-2009. The chart below shows that Acute Health Services made up 52.2 per cent of the Agency's gross operating expenditure budget (Figure 4). The Agency had more than \$2.6 billion in physical assets under its control in 2009-2010 and the annual appropriation from the Consolidated Fund increased by \$189 million, or 16 per cent, to more than \$1.4 billion.

Figure 4 - Agency Gross Operating Expenditure Budget 2009-2010 by Output



The Agency's operating expenditure budget increased by 28.9 per cent from 2006-2007 to 2009-2010 (refer to Figure 5).

Figure 5 - Total Agency Budget from 2006-2007 to 2009-2010

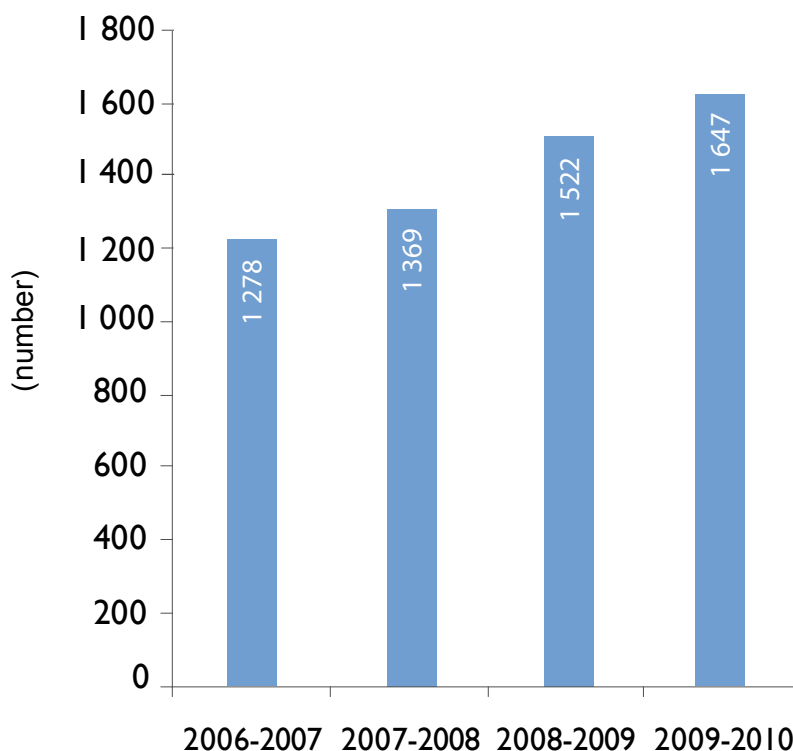




Table I provides a breakdown of budgeted expenditure over the past four years to the major Agency service delivery areas.

Table I - Expenditure Budget Allocation by Output Groups from 2006-2007 to 2009-2010

Group	2006-2007 \$million	2007-2008 \$million	2008-2009 \$million	2009-2010 \$million
Acute Health Services	639.3	689.2	757.5	859.2
Community Health Services	279.7	303.3	333.6	349.9
Human Services	324.1	350.4	383.6	397.2
Administered Payments	18.9	13.1	32.2	35.0
Capital Investment Programs / Funds	16.4	12.8	15.0	5.9
<b>Total</b>	<b>1 278.4</b>	<b>1 368.8</b>	<b>1 521.9</b>	<b>1 647.2</b>

## Key Financial Highlights for 2009-2010

The Statement of Comprehensive Income identifies that total expenses for 2009-2010 amounted to \$1.69 billion, which is a 4.9 per cent increase over 2008-2009.

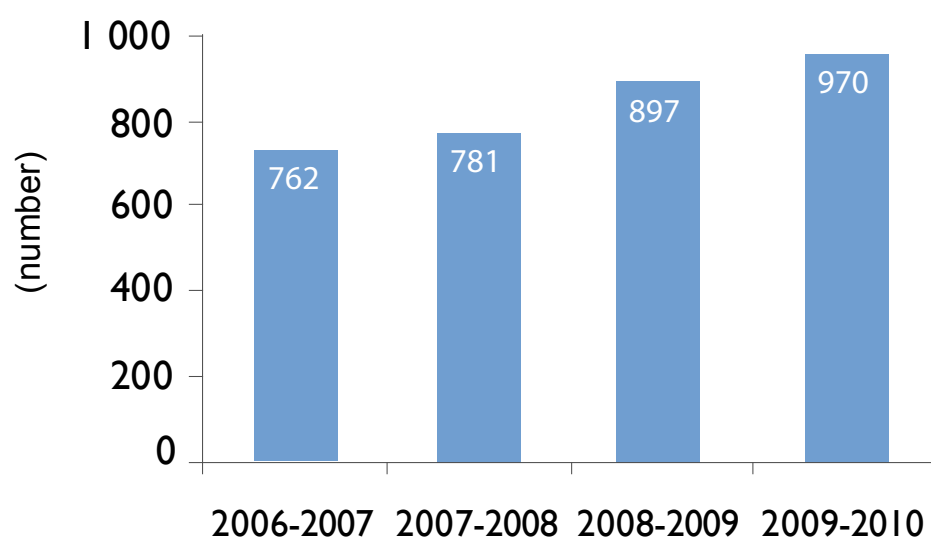
Operating expenses incurred throughout the health and human services system are varied but the major categories include:

- salaries and employee related expenses at \$970.19 million (\$897.39 million in 2008-2009)
- medical, pharmacy, pathology and patient supplies at \$234.05 million (\$214.50 million in 2008-2009) and
- property, including rent, rates, maintenance and electricity at \$108.01 million (\$114.48 million in 2008-2009).

During 2009-2010, the Agency employed around 11 000 Tasmanians. An increased investment in staffing has seen salaries and employee related expenses increase to \$970.19 million, a 27.3 per cent increase from 2006-2007 (refer to Figure 6).

Capital expenditure for the Agency in 2009-2010 totalled \$132.8 million, which included upgrades to district hospitals, redevelopment of oral health services buildings, new ambulances, development of ambulance facilities, Royal Hobart Hospital Paediatric Clinic, Launceston General Hospital gas conversion, development of community health centres, other new hospital equipment and ongoing Housing Tasmania capital programs.

Figure 6 – Salaries and Employee Related Expenses from 2006-2007 to 2009-2010



For further financial information on the Agency's activities, please refer to the Financial Statements in Part 5 of this Report.



## Our Community

The Agency is committed to providing the Tasmanian community with opportunities to engage in planning and decision making processes to ensure that its policies, programs and the services it provides are effective and appropriate. Engagement with the community enables the development of more resilient relationships with the Agency's stakeholders and clients and can improve the quality of policies and services by making them more practical and relevant.

### *Your Care, Your Say – Consumer and Community Engagement Strategy*

During 2009-2010 the Agency developed *Your Care, Your Say: Consumer, Care and Community Engagement Framework and Action Plan* to help ensure that the Agency actively encourages and helps its patients, clients, carers and the broader community to get involved in decisions about their own care and that of their communities.

*Your Care, Your Say* started life as a project under Tasmania's Health Plan, which also held community forums in October 2009 and April 2010, to talk about progress under the broader Tasmania's Health Plan program.

Tasmania's Health Plan community forums included consumers, health care professionals, representatives from local and State Government, the University of Tasmania, volunteer and non-government organisations.

These community forums contributed to the overall success of the Tasmania's Health Plan program; success recognised by the Australian Institute of Project Management (Tasmania Branch) with awards for 'Change Management Project' and overall 'Project of the Year' in late 2009.

### *Your Health and Human Services: Progress Chart*

Since November 2006, the *Your Health and Human Services: Progress Chart* has been published on a quarterly basis to promote transparency and accountability about the performance of the Agency, as well as provide a balanced view of the Agency's performance to the community. The Progress Chart is an important way that the Agency lets all Tasmanians know how Tasmania's health and human services are performing and what is being done to achieve a healthier community. This can be accessed at [http://www.dhhs.tas.gov.au/about\\_the\\_department/about\\_us/performance](http://www.dhhs.tas.gov.au/about_the_department/about_us/performance)





# Health and Wellbeing Indicators

The monitoring of health and wellbeing is a key component of the Agency's Strategic Directions 2009-2012 and is used to inform policy development and decision making to meet the future health and human service needs of Tasmanians.

Over the past few years, the Agency has used a set of indicators to monitor the health and wellbeing of the Tasmanian community. To ensure that the services provided are effectively meeting the needs of the people, the Agency monitors changes in the health and wellbeing of the Tasmanian community over time and compares these to national data.

The health and wellbeing indicators are categorised into:

- Health and wellbeing outcomes - Table 2.

These measure the state of the community's health and wellbeing.

- Determinants of health and wellbeing - Table 3.

These influence the health and wellbeing of individuals and the community.

The indicators in table 2 and 3 may be influenced by the Agency's policies and services. It should be noted, however, that the indicators can be influenced by factors that are beyond the control of the Agency and some are difficult to attribute to any one particular service delivery area.

The indicators provided show comparisons between the most recent available data and data for the preceding years. A number of the indicators have been updated since last year's Annual Report due to the release of the Australian Bureau of Statistics National Health Survey results for 2007-2008. However, it should be noted that not all indicators are updated every year.

In summary, a number of health and wellbeing indicators show improvement over time:

- There has been a slight decrease in the rate of young people under juvenile justice supervision.
- Infant mortality has decreased slightly and is below the national average.
- The avoidable mortality rate has decreased (although remains above the national average).
- There has been an ongoing improvement in the proportion of Tasmanians 18 years and over reporting high or very high levels of psychological distress and the level has dropped below the national average.
- The proportion of the adult population who eat at least five serves of vegetables per day has increased well above the national average.
- The rate of potentially preventable hospitalisations has decreased and is below the national rate.

On the other hand, there is still more work to be done in the areas identified below:

- Life expectancy for both males and females is below the national average, and has not improved over the past few years.
- The age-standardised mortality rate has remained the same and is above the national rate.
- The rate of substantiations for child abuse in the target populations has increased.
- Although the proportion of Tasmanians aged 15 years and over self reporting their health as very good/excellent has increased since 2001, and is close to the national average, there has been a slight decrease over the most recent reporting period.
- The proportion of the adult population that eats at least two serves of fruit per day has decreased.
- The Index of Socio-Economic Disadvantage indicates more disadvantage in Tasmania as a whole relative to Australia as a whole.
- Housing stress has increased slightly in Tasmania but remains significantly lower than the national rate.
- The suicide rate is higher than the national level.



- The percentage of mothers still breastfeeding exclusively, predominantly and complementarily at six months has decreased.
- The vaccine coverage for children aged 12-15 months and for children 24-27 months has decreased slightly.
- The adult smoking rate has decreased slightly but is still well above the national rate.
- The proportion of Tasmanian adults at risk of long-term alcohol-related harm has continued to increase and is slightly above the national rate.
- Physical inactivity amongst Tasmanian adults has increased and is above the national rate.
- Overweight and obesity rates amongst Tasmanian adults have increased.

It should be noted that some of these changes may represent sampling error and may not have been statistically significant.

In addition to these indicators, the comprehensive five yearly report by the Director of Public Health on the *State of Public Health*, together with its companion document *Health Indicators Tasmania 2008*, provides a more detailed analysis of the health and wellbeing of Tasmania's community.

Under the national health reforms, the Tasmanian Government has signed up to the National Partnership Agreement on Preventative Health, where efforts are being focused on improving health and wellbeing and reducing chronic diseases. The Agency will move to incorporate selected National Partnership Agreements on Preventative Health indicators into its suite of health and wellbeing indicators as they are developed.

Table 2 – Health and Wellbeing Outcomes

Indicator	Tasmanian previously recorded data	Tasmanian previously recorded data	Tasmanian most recent data	National most recent data	Data source
<b>Life Expectancy at Birth</b>	<b>(1996-2006)</b>	<b>(1997-2007)</b>	<b>(1998-2008)</b>	<b>(1998-2008)</b>	
Males (years)	77.4	77.7	77.7	79.2	ABS <sup>1</sup> , Deaths Australia, 2008, Cat. No. 3302, Table 1.6, Table 2.16.
Females (years)	82.3	82.4	82.3	83.7	
<b>Infant Mortality</b>	<b>(1996-2006)</b>	<b>(1997-2007)</b>	<b>(1998-2008)</b>	<b>(1998-2008)</b>	
Deaths per 1 000 live births	3.9	4.2	3.8	4.1	ABS, Deaths Australia, 2008, Cat. No. 3302, Table 2.17.
<b>Age-standardised Mortality Rate</b>	<b>(1996-2006)</b>	<b>(1997-2007)</b>	<b>(1998-2008)</b>	<b>(1998-2008)</b>	
Deaths per 1 000 population	6.8	6.9	6.9	6.0	ABS, Deaths Australia, 2008, Cat. No. 3302, Table 2.17.
<b>Index of Socio-Economic Disadvantage</b>	<b>N/A</b>	<b>(2001)</b>	<b>(2006)</b>	<b>(2006)</b>	
SEIFA (Areas with less relative need have a score >1 000, those of greater disadvantage have a score of <1 000)		966	963	1 005	ABS Census of Population and Housing 2001, SEIFA, Tasmania, 2006, Cat. No. 2033.
<b>Juvenile Justice<sup>2</sup></b>	<b>(2005-2006)</b>	<b>(2006-2007)</b>	<b>(2007-2008)</b>	<b>(2007-2008)</b>	
Rates of young people under juvenile justice supervision aged 10-17 years per 1 000 people	6.7	6.6	6.2	4.2	AIHW <sup>3</sup> , Juvenile Justice in Australia 2007-08.
<b>Child Abuse</b>	<b>(2006-2007)</b>	<b>(2007-2008)</b>	<b>(2008-2009)</b>	<b>(2008-2009)</b>	
Rate of substantiations – Rate per 1 000 children in the target populations	7.2	8.3	9.7	6.9	AIHW Child Protection Australia 2008-09, Table 2.10.



Indicator	Tasmanian previously recorded data	Tasmanian previously recorded data	Tasmanian most recent data	National most recent data	Data source
<b>Housing Stress <sup>4</sup></b>	<b>(2006-2007)</b>	<b>(2007-2008)</b>	<b>(2008-2009)</b>	<b>(2008-2009)</b>	
Housing stress experienced by low income earners in Tasmania within the private rental market	27.1	29.2	32.4	40.7	ROGS <sup>5</sup> 2010, Table 16A.68.
<b>Self-assessed Health Status</b>	<b>(2001)</b>	<b>(2004-2005)</b>	<b>(2007-2008)</b>	<b>(2007-2008)</b>	
Proportion of Tasmanians 15 years and over who report their health as very good or excellent	51.1	56.5	55.0	55.8	ABS National Health Survey, 2007-08, Summary of Results, Table 10.3.
<b>Potentially Preventable Hospitalisations</b>	<b>(2006-2007)</b>	<b>(2007-2008)</b>	<b>(2008-2009)</b>	<b>(2008-2009)</b>	
(age standardised rates)					
Total selected conditions (separations per 1 000)	31.9	32.2	23.3	30.6	AIHW, Australian Hospital Statistics 2008-09.
Chronic conditions (separations per 1 000)	21.2	20.9	12.6	16.5	
<b>Avoidable Mortality <sup>6</sup></b>	<b>(2003-2005)</b>	<b>(2004-2006)</b>	<b>(2005-2007)</b>	<b>(2005-2007)</b>	
Deaths before age 75 per 100 000 population	205.7	195.0	191.0	159.2	DHHS Population Health Statistics (unpublished), Tasmania Together.
<b>Suicide</b>	<b>(2006)</b>	<b>(2003-2007)</b>	<b>(2004-2008)</b>	<b>(2004-2008)</b>	
5 year age standardised death rate due to suicide per 100 000 population	14.7	15.4	15.6	9.8	ABS, Causes of Death Australia, 2008, Table 12.5.
<b>Mental Health</b>	<b>(2001)</b>	<b>(2004-2005)</b>	<b>(2007-2008)</b>	<b>(2007-2008)</b>	
Proportion of Tasmanians 18 years and over reporting high or very high levels of psychological distress	14.0	12.6	11.0	12.0	ABS National Health Survey, 2007-08 Summary of Results, Table 10.3.

1 Australian Bureau of Census and Statistics.

2 Tasmania had incomplete data resulting in higher reported numbers in detention.

3 Australian Institute for Health and Welfare.

4 Housing Stress is calculated as the proportion of people receiving Commonwealth Rent Assistance spending over 30 per cent of income on rent.

5 Report on Government Services.

6 Avoidable mortality refers to deaths that could potentially be avoided through effective interventions against specific diseases in a population.



Table 3 – Determinants of Health and Wellbeing

Indicator	Tasmanian previously recorded data	Tasmanian previously recorded data	Tasmanian most recent data	National most recent data	Data source
<b>Infant and Maternal Health</b>					
	(2007-2008)	(2008-2009)	(2009-2010)	(2009-2010)	
Percentage of mothers still breastfeeding at 6 months of age	49.8	50.1	47.9	N/A	DHHS Children and Family Services statistics from CHAPS (unpublished)
<b>Vaccine Coverage</b>					
	30 June 2007	30 June 2008	30 June 2009	30 June 2009	
Rate in children 12-15 months	91.4	91.0	90.3	91.3	Australian Childhood Immunisation Register – cited in ROGS 2010, Table 11A.36/37.
Rate in children 24-27 months	95.1	93.4	93.0	92.9	
<b>Smoking</b>					
	(2001)	(2004-2005)	(2007-2008)	(2007-2008)	
Proportion of population 18 years and over who are current daily and occasional smokers	24.4	25.4	24.9	20.8	ABS National Health Survey, 2007-08, Summary of Results, Table 11.3.
<b>Nutrition</b>					
	(2001)	(2004-2005)	(2007-2008)	(2007-2008)	
Proportion of population 18 years and over who eat at least 5 serves of veg per day	20.6	20.1	21.2	8.9	ABS National Health Survey, 2007-08, Summary of Results, Cat. No. 4364, Tasmania Together, Table 11.3.
Proportion of population 18 years and over who eat at least 2 serves of fruit per day	50.6	53.6	48.4	51.4	
<b>Alcohol</b>					
	(2001)	(2004-2005)	(2007-2008)	(2007-2008)	
Proportion of population 18 yrs and over at risk of long-term alcohol related harm (risky + high risk categories)	9.8	11.4	13.4	13.2	ABS National Health Survey, 2007-08, Summary of Results, Cat. No. 4364, 4362 (state tables).
<b>Physical Activity</b>					
	(2001)	(2004-2005)	(2007-2008)	(2007-2008)	
Proportion of population 18 years and over classified as sedentary	31.9	34.1	36.4	35.9	ABS National Health Survey, 2007-08 Summary of Results, Cat. No. 4364, 4362 (state tables).
<b>Body Mass Index</b>					
	(2001)	(2004-2005)	(2007-2008)	(2007-2008)	
Proportion of population 18 years and over classified as overweight	30.5	31.8	37.2	36.6	ABS National Health Survey, 2004-2005, Summary of Results, Cat. No. 4364
Proportion of population 18 years and over classified as obese	14.7	17.1	26.7	24.8	ABS National Health Survey, 2007-08 Summary of Results, Cat. No. 4364, 4362 (state tables).

# Our Performance

This section provides an overview of the Agency's performance against key indicators for 2009-2010.

## Acute Hospitals<sup>1</sup>

Performance Measure	Unit of measure	2006-2007 Actual	2007-2008 Actual	2008-2009 Actual	2009-2010 Actual
Admitted patients - weighted separations	Number	99 091	94 962	101 510 <sup>1</sup>	101 286 <sup>2</sup>
Emergency Department presentations	Number	119 554	109 453	125 954	141 967 <sup>1</sup>
Outpatient Department - occasions of service	Number	823 344	819 274	892 085 <sup>1</sup>	N/A <sup>3</sup>
Average length of stay	Days	6.6	6.5	6.2	6.2
Day surgery rate	%	62.9	62.1	60.9 <sup>3</sup>	59.6
Proportion of births by caesarean section	%	27.4	25.3	27.9	25.1
Unplanned readmissions within 28 days	%	3.4	3.4	3.7	N/A <sup>4</sup>
Patients seen within the recommended timeframe for ED Category 1	%	93.7	98.1	98.6	99.0
Patients seen within the recommended timeframe for ED Category 2	%	70.3	73.9	76.9	73.0
Urgent patients admitted within 30 days for elective surgery	%	75.0	76.0	73.0	77.0
Median waiting times for elective patients admitted from the waiting list	Days	38.0	38.0	46.0	34.0
Waiting list	Number	7 919	8 620	7 742	7 680
Salaried medical officers per 1 000 people <sup>5</sup>	Number	1.1	1.0	1.6 <sup>5</sup>	N/A <sup>6</sup>
Nurses per 1 000 people	Number	4.6	4.5	5.2	N/A <sup>6</sup>
Recurrent expenditure per person (public hospitals)	\$	1 232.6	1 265	1 260	N/A <sup>6</sup>

### Notes:

1. Caution should be taken when interpreting the above data. The data in this table has been revised from previous publications to include Mersey Community Hospital (MCH) data when it has been under Tasmanian Government management (ie from December 2004 to 30 September 2007 and from 1 September 2008 onwards). The MCH was under Australian Government management from 1 October 2007 to 31 August 2008, and therefore is not included above. This ensures there is consistency with data reported in other national publications. However, it makes comparisons between reporting periods difficult. Please also note that the 2008-2009 figure for 'Admitted patients - weighted separations' has been updated as the coding process was not finalised for this indicator when last year's annual report was released.
2. Caution should be taken when interpreting and comparing the 2009-2010 figure with previous years. Data for 2009-2010 is still undergoing a quality audit therefore the figure is likely to be revised in future publications.
3. Outpatient data for 2009-2010 is impacted by the transition to a new patient's administration system in October 2009. Refer to the Progress Chart for the most recent available outpatient data for each hospital.
4. The 2009-2010 figure for unplanned readmissions within 28 days for hospitals is not available. During October 2009, a changed methodology for measuring this indicator was introduced by the Agency. However, this did not align to existing methodologies already in use by the hospitals and resulted in the current statistics not being comparable with previously published figures. A nationally agreed methodology for this indicator is currently being negotiated under the new National Healthcare Agreement.
5. There was a change in the counting method in 2008-2009 and the previous year's figure is not comparable. The 2008-2009 figure includes locums and Agency staff and additional small hospitals.
6. Not available at time of publication.



Emergency Departments (EDs) statewide are experiencing increased demand as demonstrated by the increase in the number of presentations in 2009-2010. Despite this increased growth, there were improvements in the proportion of patients seen within the recommended timeframes for category 1 patients and only a slight decrease in category 2 patients seen on time, when compared to 2008-2009. The proportion increased from 98.6 per cent to 99 per cent and category 2 decreased from 76.9 per cent to 73 per cent.

Through Tasmania's *Elective Surgery Improvement Plan*, the Tasmanian Government has provided an additional \$8.4 million to improve elective surgery access in 2009 and 2010. Tasmania's *Elective Surgery Improvement Plan* has delivered a broad range of initiatives across both policy and operational areas which have resulted in an improvement in elective surgery performance. Improvements can be seen in the reduction in the elective surgery waiting times and waiting lists as well as an increase in the proportion of urgent patients admitted within 30 days for elective surgery.

In late 2009, the Tasmanian Government reaffirmed its commitment to gains made in elective surgery, becoming a signatory of the National Partnership Agreement on the *Elective Surgery Waiting List Reduction Plan*. Under Stage 3 of this Plan, Tasmania will receive a total of \$6 million and is on track to receive an additional \$3.69 million for sustaining the high levels of elective surgery throughput. The \$6 million is being targeted to continue to improve patient flow and reduce the number of patients who have waited longer than is clinically recommended.



## Ambulance Tasmania

Performance Measure	Unit of measure	2006-2007 Actual	2007-2008 Actual	2008-2009 Actual	2009-2010 Actual
Total ambulance responses	Number	62 756	62 844	65 057	69 899
Emergency Ambulance responses	Number	31 032	31 516	32 630	38 306
Satisfaction with Ambulance Services	%	97	96	98	98
Emergency response times	Minutes	10.5	10.5	10.9	11.0
Emergency response times (Hobart)	Minutes	9.5	9.81	10.00	10.20
Emergency response times (Launceston)	Minutes	9.6	9.71	9.66	9.61
Emergency response times (Devonport)	Minutes	8.2	8.43	8.59	8.64
Emergency response times (Burnie/Somerset)	Minutes	8.4	8.15	8.58	9.09
Ambulance service expenditure per person (2008-2009 dollars)	\$	71.78	76.45	82.50	N/A <sup>1</sup>

Notes:

1. Figures are unavailable for this period.



The exact reason for the increase in ambulance responses is unknown. A key contributing factor to the increased demand is the ageing population and the increased numbers of people with chronic illnesses who are cared for at home and required emergency or urgent care and transport when their conditions become acute. In 2009-2010, the total number of ambulance responses increased by 7.4 per cent, compared with the same time last year.

There were increases in the number of ambulance responses in the emergency category, with an increase of 17.4 per cent. Urgent responses stayed steady with a decrease of less than 1.0 per cent. Non-urgent responses decreased by 3.1 per cent.

Emergency responses continued to represent just over 50 per cent of all ambulance responses. The response time has increased slightly to 11 minutes statewide, but is lower than that in each of the urban areas.

## Primary Health Services

Performance Measure	Unit of measure	2006-2007 Actual	2007-2008 Actual	2008-2009 Actual	2009-2010 Actual
Rural hospitals - separations	Number	4 899	5 092	4 583	4 522
Rural hospitals - occupancy rate	%	60.8	61.0	63.9	63.4 <sup>1</sup>
Community nursing - occasions of service	Number	190 312	164 832	165 538	N/A <sup>2</sup>
Residential aged care - occupancy rate	%	94.3	91.5	92.5	92.6
Aged Care Assessment Program - completed assessments	Number	5 205	5 583	5 610	4 882
Palliative care - specialist community - clients accessing the service	Number	3 924	4 511	4 472	4 420

Notes:

1. Based on seven months to January 2010 data.
2. Not available at time of publication.

Rural hospital activity is affected by the availability of rural GPs to provide inpatient services. In 2009-2010, the number of rural hospital separations remained steady. The national shortage of rural GPs is likely to have an ongoing impact on hospital utilisation at some sites. In 2008-2009 in Tasmania in rural locations there were 75.6 Full Workload Equivalent (FWE) GPs per 100 000 people compared to the national rate of 81.3 FWE GPs per 100 000 people.

Residential aged care is provided by the Agency in rural communities where the population cannot support a viable, non-government nursing home. The occupancy rate was 92.6 per cent in 2009-2010.

In 2009-2010, the number of clients accessing Palliative Care has remained steady.

Changes to the *Aged Care Act 1997* and *Aged Care Principles 1997* came into effect on 1 July 2009. The objective of these amendments was to reduce unnecessary assessments (and reassessments) performed by the Aged Care Assessment Team (ACAT) to improve assessment waiting times; ensure that ACAT assessments are conducted only for people who genuinely need them and improve equity of access for some forms of flexible care by allowing a person to access care at a lower level in the community. These changes have resulted in a decrease in the number of completed assessments.



## Statewide and Mental Health Services

Performance Measure	Unit of measure	2006-2007 Actual	2007-2008 Actual	2008-2009 Actual	2009-2010 Actual
<b>Mental Health Services</b>					
Inpatient separations	Number	2 381	2 165	1 964	2 015
Community and residential - active clients	Number	6 177	5 671	4 255	4 228 <sup>I</sup>
28 day re-admission rate (as at 30 June)	Number	18.0	14.0	8.0	12.0
Proportion of persons with a mental illness whose needs are met by the Tasmanian Mental Health Service	%	40.7	35.0	34.5	N/A
Average length of acute inpatient stay	Days	10.7	11.9	12.2	11.6
<b>Alcohol and Drug Services</b>					
Alcohol and drug service - closed episodes of treatment	Number	1 207	1 326	1 344	1 140
Pharmacotherapy program - total active participants (as at 30 June)	Number	600	588	634	621
Withdrawal unit - bed occupancy	%	47	55	61	47
Withdrawal unit - average length of stay	Days	6.5	6.2	6.6	6.0

Notes:

I. Figure has been updated since Your Health and Human Services: Progress Chart August 2010 due to new data being available.

### Mental Health Services

The number of people treated in acute mental health settings increased by 2.6 per cent between 2008-2009 and 2009-2010. In 2006, a new model of care was introduced in accordance with the release of the Mental Health Services Strategic Plan 2006-2011, aimed specifically at assisting people with serious mental illness to remain in the community and therefore reduce the need for services in an acute setting. The new model of care has led to improved data collection methods, resulting in a reduction in overall client numbers.

There has been a decline in the number of community and residential clients of 31.6 per cent for the period 2006-2007 to 2009-2010. This decrease can be attributable to a comprehensive audit of active clients which led to many patients being discharged and removed from the database of active clients. The longer-term decrease from 2006 can be attributed to:

- the introduction of a new model of care in October 2006 which led to changes in data collection methods, resulting in an apparent reduction in overall client numbers and
- potential clients being able to more readily access Medicare subsidised primary care mental health services in the private sector from GPs, psychologists and psychiatrists.

As at 30 June 2010 the readmission rate was 12 per cent, compared to 8 per cent at the same time in 2009. This rate measures the percentage of separations from an acute psychiatric inpatient unit that result in unplanned readmission to the same or to another public sector acute psychiatric inpatient unit within 28 days of discharge.



## Alcohol and Drug Services

The Alcohol and Drug Service (ADS) in Tasmania assist individuals, families and communities to reduce the harm caused by substance abuse. ADS manage pharmacotherapy programs, withdrawal management services and a range of psychosocial interventions and supports for people with alcohol and drug issues. Services include assessment, counselling, case-management, coordination of care, group work, information, community education and professional consultation to other service providers.

There has been a decrease in reported cases of closed episodes of treatment which appears to reverse the previous upward trend over previous financial years however; it should be noted that closed episodes will occur beyond the end of the reporting period. Average length of stay for the Alcohol and Drug Withdrawal Unit has decreased, whilst the bed occupancy rate for this unit has remained similar to last financial year.

There has been a slight decrease in the number of total active participants receiving Opioid replacement treatment under the Agency's pharmacotherapy program. The number of admissions to the withdrawal unit and number of clients on the pharmacotherapy program has been impacted by the limited number of Addiction Medicine Specialists employed across the State in 2009-2010. Total funded positions statewide is 6.2 full-time equivalents however; this rate was 3.7 during the current financial year. Plans are underway to recruit to vacant positions.

The Service will be further enhanced as recommendations arising from the Alcohol and Other Drug Treatment Sector Review are implemented.

## Health and Wellbeing Services

Performance Measure	Unit of measure	2006-2007 Actual	2007-2008 Actual	2008-2009 Actual	2009-2010 Actual
Eligible women screened for breast cancer	Number	23 976	24 910	25 371	27 352
BreastScreen - percentage of clients assessed within 28 days of screening <sup>1</sup>	%	44.4	20.1	36.2	71.2
Oral Health Services - adults - occasions of service - general	Number	6 342	5 024	4 440	4 264
Oral Health Services - adults - occasions of service - episodic	Number	16 475	19 830	21 877	22 233
Oral Health Services - occasions of service - prosthetics	Number	4 792	8 080	8 479	9 879
Oral Health Services - Children - occasions of service	Number	73 241	63 168	64 224	65 162
Oral Health Services - general (adults) waiting list	Number	8 563	8 330	8 479	9 659
Oral Health Services - dentures waiting list	Number	389	1 016	2 272	1 675

Notes:

1. Please note that data from years 2006-2007, 2007-2008 and 2008-2009 have been updated to accurately reflect updated figures.

Health and Wellbeing Services is an Operational Unit within the Agency, comprising of Oral Health Services Tasmania and Cancer Screening and Control Services. Health and Wellbeing Services provide clinical services statewide and are also oriented towards health promotion, prevention and early intervention, with a strong emphasis on accessibility for their respective target demographics. The unit contributes to the overall clinical management of chronic and complex disease.

## BreastScreen Tasmania

The Cancer Screening and Control Service includes the BreastScreen Tasmania Program, the Cervical Cancer Prevention Program and a cancer control policy component. Each of the screening programs is part of a national, Australian and State Government public health initiative.



Screening for breast cancer amongst the eligible population occurs biennially. The target demographic is women aged 50 to 69 years, but all women aged over 40 years are eligible to attend. Despite ongoing difficulty in recruiting radiologists and radiographers, the number of women screened in the 12 months to 30 June 2010 has increased by 8 per cent compared to the same screening cohort for the same period last year.

Radiologist and radiographer workforce shortages are a worldwide phenomenon that is impacting on most other BreastScreen services around the country. A number of strategies are underway in Tasmania to address the radiologist workforce shortages through training and recruitment, and a national committee has been established to develop short, medium and long-term solutions to the shortage of radiographers. The service continues to actively address workforce shortages with the recruitment and utilisation of locum radiographers and interstate radiology reading services.

BreastScreen National Accreditation Standards require that all women who are recalled to assessment following screening attend an assessment clinic within 28 days of their screening visit. The percentage of clients attending for assessment at BreastScreen Tasmania within 28 days of their screening visit improved from 36.2 per cent in 2008-2009 to 71.2 per cent in 2009-2010.

## Oral Health Services

Oral Health Services Tasmania (OHST) provides dental services to eligible Tasmanians, including emergency dental care, general dental care, prosthetic services and children's dental services. To be eligible, adults must be holders of either a current health care card or pensioner concession card. The children's dental service is a universal service for Tasmanians aged 0-17 years.

OHST also supports and provides:

- community oral health promotion
- clinical placements for students in dental disciplines and
- professional development for the Tasmanian oral health workforce.

There was an increase of 5 per cent in the number of occasions of service for adults in 2009-2010, compared to 2008-2009, reflecting improved access to dental care. The number of occasions of service for both episodic care and prosthetics increased in 2009-2010 by 2 and 17 per cent respectively. While the number of general care occasions of service decreased from 4 440 in 2008-2009 to 4 264 in 2009-2010, it should be noted that the figure for general care does not include care purchased from the private sector.

The number of dentures being provided has increased significantly and it is commendable that the dentures waiting list has also decreased by 26 per cent. This was achieved with the provision of additional funds to purchase extra services from the private sector and increase in internal capacity through recruitment and the upgrade of facilities.

The general care (adults) waiting list indicator provides a measure of the number of adults waiting for general care oral health services. The number of adults waiting for general care increased by 14 per cent as at 30 June 2010, however the median waiting time decreased from 21.1 months at 30 June 2009 to 20 months at 30 June 2010.

Despite a slight increase of 1.5 per cent in the occasions of service for children receiving dental care in 2009-2010 compared to the same period in the previous year, it is still 11 per cent below the 2006-2007 figure, a reflection of a decline in workforce numbers.

Dental care for children is provided by therapists. Workforce issues have resulted in a reduction in the availability of dental therapists, causing a reduction in activity. An ageing workforce and a growing national shortage of dental therapists are likely to continue to affect oral health services. Through the Partners in Health collaboration with the University of Tasmania, the Agency is actively exploring education and training options for the oral health workforce.

## Disability, Child, Youth and Family Services

Performance Measure	Unit of measure	2006-2007 Actual	2007-2008 Actual	2008-2009 Actual	2009-2010 Actual
<b>Children and Youth Services</b>					
Proportion of child protection notifications referred for further investigation	%	31.1	25.3	23.8	18.6
Child abuse or neglect: Number of unallocated cases	Number	900	66	26	0
Proportion of finalised child protection investigations that were substantiated	%	66.8	58.5	57.6	60.0
Number of children in out-of-home care at 30 June 2010	Number	668	662	808	896
Proportion of children in out-of-home care who had 3 + placements during the previous 12 months	%	N/A	23	20.7	19.9
Proportion of children who were the subject of a substantiation during the previous year, who were the subject of a subsequent substantiation within 12 months	%	20.0	14.8	11.9	21.3
Proportion of children who were the subject of an investigation and a decision not to substantiate, who were the subject of a subsequent substantiation within the next 12 months	%	16.0	9.8	13.5	17.7
Proportion of investigations finalised within 28 days of receipt of notification	%	N/A <sup>1</sup>	N/A <sup>1</sup>	18.5	24.4
Children in notifications (per 1 000 population)	Rate	65.7	65.7	63.1	60.9
Proportion of parents enrolling their newborn with Child Health and Parenting Services	%	96.1	96.1	96.5	96.3
Proportion of people attending Child Health and Parenting Services at 6 weeks who were breastfeeding	%	51.4	53.0	50.8	49.3
Children on Care and Protection Orders (per 1 000 children)	%	7.8	8.0	8.6	9.7
Average daily number of young people on site at Ashley Youth Detention Centre	Number	28.7	27.9	28.3	27.6
Total number of active clients at Ashley Youth Detention Centre	Number	114	134	145	146
Community Youth Justice: Average daily number of active clients	Number	683.6	693.2	660.7	685.1
Total number of active clients in Community Youth Justice	Number	1 114	1 186	1 135	1 255
<b>Disability Services</b>					
Accommodation Support clients	Number	1 104	1 132	1 187	N/A <sup>1</sup>
Community Access clients	Number	1 487	1 544	1 510	N/A <sup>1</sup>
Supported Accommodation waiting list	Number	34	39	33	41
Community Access waiting list	Number	107	123	74	94

Notes:

1. Data not available.





## Children and Youth Services

### Child Protection and Family Support Services

The newly implemented Gateway, Integrated Family Support Services and other reform initiatives have directed a greater focus on intervening earlier with family services and better integrating the delivery of child protection and family support services.

The proportion of notifications referred for investigation has decreased from 23.8 per cent in 2008-2009 to 18.6 per cent in 2009-2010. This decrease may be attributable to changes in referral patterns since the implementation of early intervention services including Gateway and it is likely that the diversion of non-statutory concerns is being effective.

As at 30 June 2010, there were no unallocated cases. This is the culmination of significant efforts over the last three years to better manage cases, including the introduction of a new operating model and information system in February 2008.

The rate of re-substantiations increased from 11.9 per cent in 2008-2009 to 21 per cent in 2009-2010. The rate of substantiations following a decision not to substantiate increased from 13.5 per cent in 2008-2009 to 17.7 per cent in 2009-2010. Ongoing analysis of the relevant decision processes used in Child Protection Services will continue to be undertaken to better understand reasons for this increase.

The number of children in out-of-home care increased from 808 in 2008-2009 to 896 in 2009-2010. All states and territories have experienced an upward trend in the number of children in care since 2005. The rise can be partly explained by the tendency for children admitted to care to remain in care. Factors such as low family income, parental substance abuse, mental health issues and family violence, tend to lengthen the time these children remain in care.

As part of the overall commitment of the Agency to the health and wellbeing of all children in Tasmania, the recent project to redesign the Tasmanian Family Support Service System is expected to improve early intervention and support. While the Agency remains committed to providing safe placements for children affected by abuse and neglect, improved early intervention and support is expected to effect an overall reduction in the number of children in out-of-home care although periodic increases may still be observed.

### Child Health and Parenting Services

Child Health and Parenting Services have a consistently high level of initial engagement with parents and their newborn children. In 2009-2010, 96.3 per cent of parents enrolled their newborn children in this service. The Child Health and Parenting Service also promotes breastfeeding and there was a slight decrease in the proportion of mothers attending their six week assessment meeting who were breastfeeding exclusively from 50.8 per cent in 2008-2009 to 49.3 per cent in 2009-2010.

### Youth Justice Services

The average daily number of clients on site and the total number of active clients at the Ashley Youth Detention Centre have both shown little variation over the past four years. The average daily number of active clients and the total number of active clients serviced in the community both increased in 2009-2010.

Recent investment in Targeted Youth Support Services is intended to prevent escalation into the statutory system of young people displaying multiple risk factors by providing individualised, intensive, targeted support in a timely manner.

### Disability Services

Accommodation Support Services provide assistance for people with a disability within a range of accommodation support options including smaller and larger residential care settings, hostels, group homes, short-term settings and within people's own homes. In addition to providing support for daily living, these services promote access, participation and integration into the local community. The supported accommodation waiting list, which includes people waiting for placements in large and small residential settings, hostels and group homes, increased from 33 at 30 June 2009 to 41 at 30 June 2010.



Community Access Services (formerly known as day options) provide activities which promote learning and skill development and enable access, participation and integration into the local community. The community access waiting list includes the number of people with a disability who are waiting for a full-time or part-time placement. At 30 June 2010, there were 94 clients on the community access waiting list compared to 74 at 30 June 2009.

When funding packages for community access services are rolled out, the waiting list can decrease significantly. However, there can be fluctuations due to factors such as increased promotion of disability services within the community. Recently, the waiting list has increased as a result of applications received in anticipation of reform implementation. These variations will continue to be observed in an environment where the number of people who may require a service exceeds service system capacity.

Engagement of Disability Gateway Services from within the community sector is expected to aid system navigation and coordination by providing a single point of access at the regional level for people with a disability, their families and carers. In the longer-term it is anticipated improved access and referral processes will more efficiently connect clients to appropriate Disability Services.

## Housing Tasmania

Performance Measure	Unit of measure	2006-2007 Actual	2007-2008 Actual	2008-2009 Actual	2009-2010 Actual
<b>Housing Tasmania</b>					
Public housing occupancy rate <sup>1</sup>	%	98.9	99.0	99.0	98.7
Number of applicants housed	Number	1 146	1 010	1 021 <sup>1</sup>	1 067
Proportion of new allocations to those in greatest need	%	94.6	96.1	89.6	95.6
Number of households assisted through the Private Rental Support Scheme	Number	3 959	3 859	3 734	3 984
Number of applicants on the waitlist	Number	2 625	2 733	3 039	3 179
Average wait time for people who are housed	Weeks	22	22	29	42.1
Average time to house Category 1 applicants	Weeks	14	16	21	21
Net recurrent cost per dwelling	\$	7 033	6 947	7 498	N/A <sup>2</sup>
Turnaround time	Days	26.8	28.4	26.7	27.4 <sup>3</sup>
Proportion of Supported Accommodation Assistance Program (SAAP) clients with support needs met	%	95.0	95.9	95.9	N/A <sup>2</sup>
Proportion of SAAP clients having two or more support periods within the 12 month reporting period to the end of June	%	23.7	21.3	22.6	N/A <sup>2</sup>
SAAP support periods with a Support Plan	%	60.4	56.1	54.9	N/A <sup>2</sup>

Notes:

1. Please note that last year's Annual Report figure did not include affordable housing models.
2. Not available at time of publication.
3. Derived from Report on Government Services.

Continuing increases in property values in Tasmania over recent years have maintained higher costs for private rental and home ownership, and fewer affordable accommodation options for people on low incomes in the private market. Tasmania also has a rapidly ageing population and a high proportion of people dependent on Government pensions and benefits. As a result of these factors, people are remaining in public housing for longer periods, with occupancy rates being consistently high for a number of years.

In the 12 months to 30 June 2010, the number of applicants housed increased by 4.5 per cent, compared to the same period last year and the proportion of new allocations to those in greatest need also increased from 89.6 per cent to 95.6 per cent. Both results reflect the high demand for public housing and the fact that Housing Tasmania operates a tightly targeted system prioritising those households with high needs.

As at 30 June 2010, there were 23 021 people living in public housing in Tasmania.

In the 12 months ending 30 June 2010, 3 984 households received assistance through the Private Rental Support Scheme, representing a 6.7 per cent increase from the same period in the previous year. The number of applicants on the waiting list has increased by 4.6 per cent compared with the same time last year. The current market conditions may continue to impact on achieving the 2010-2011 target.

The time to house applicants for 2009-2010 is 42.1 weeks. Although the performance measure remains the same, this number is not comparable with prior years as the previous year's report reflects wait time for priority (Categories 1 and 2) applicants, as opposed to the 2009-2010 figure which reports on the wait time to house all applicants.

Overall Housing Tasmania has performed well against all performance measures in a very tight and constrained housing market.

### Supported Accommodation Assistance Program (SAAP)

In general during 2008-2009, Tasmania performed well in most areas of SAAP activity compared to national figures and to other jurisdictions, with 95.9 per cent of clients who receive Tasmanian SAAP services having their identified needs met.

Overall 7 200 people in Tasmania were supported by SAAP in 2008-2009; 4 800 adults (or unaccompanied children) and 2 400 accompanying children. These are consistent numbers when compared to last year, with a slight increase in the numbers of adults (or unaccompanied children) this year.

The report shows that Tasmania had one of the lowest return rates to SAAP services compared to national figures. The demand for services is high by those who are experiencing homelessness or at risk of homelessness and during 2008-2009 services were operating at capacity.

#### General Notes:

- I. Data may be revised from that in previous reports as new data is processed.





## Tasmania Together

Tasmania *Together* is a long-term vision and plan for Tasmania developed in consultation with the Tasmanian community. It outlines what the Tasmanian community seeks to achieve by 2020 and identifies the actions that need to be taken to achieve these goals.

Tasmania *Together* is a key business driver for government agencies and has an important influence on the Agency's policy and planning priorities. The Agency's success is measured against a specific set of goals and benchmarks which were reviewed in 2005 to ensure their continuing relevance to achieving the community's vision for Tasmania:

Tasmania is an island community, unique for its natural and cultural environment, where people enjoy a prosperous lifestyle based on quality, creativity and opportunity.

Part 2 – Our Progress outlines specific initiatives and projects that contribute to Tasmania *Together* goals and benchmarks. These initiatives are identified by the use of the Tasmania *Together* logo against the Groups' initiatives and in the Tasmania *Together* list.





## Disability Framework for Action 2005-2010

The *Disability Framework for Action 2005-2010* (DFA) sets out the Government's vision of Tasmania as an inclusive and caring community. It provides a whole-of-government approach to addressing the needs of people with disability in the design and delivery of all Government policies, programs, services and facilities. The DFA complements Tasmania *Together*, the community's 20 year social, environmental and economic plan.

Consistent with the objective to ensure that action to implement the DFA is taken by all Government agencies, the Agency prepared a Disability Action Plan. The Plan was launched by the Premier on 3 December 2008 coinciding with International Day of Disabled Persons.

The Plan included measures to address issues identified in the framework as important to people with disability. The next report on the Agency's implementation progress is due on 30 September 2010.

The action plan is located on the Agency's internet at [http://www.dhhs.tas.gov.au/about\\_the\\_department/our\\_plans\\_and\\_strategies/dhhs\\_disability\\_action\\_plan](http://www.dhhs.tas.gov.au/about_the_department/our_plans_and_strategies/dhhs_disability_action_plan).

The following changes resulting from the implementation of the action plan have been identified within the reporting process as the most significant changes.

Physical access to public buildings, facilities and off premises events:

- The new Bruny Island Community Health Centre was completed at the end of 2009 and this project demonstrates the Agency's approach to providing access for people with disabilities to new facilities. The Centre includes a covered drop off/entry zone and reception, as well as a waiting and common amenities space that include facilities for people with a disability. Further information about the Bruny Island Community Health Centre is available in Part 2 of this report.
- Twenty per cent, or 100, of the 500 dwellings to be built by Housing Tasmania over the next two years under the National Building Economic Stimulus Plan – Social Housing initiative will be adaptable for people with a disability.

Information and communication dissemination:

- Through the Agency's website, accurate and up-to-date information about the Agency's services is made available to a wide public audience.
- The Agency's *Your Health and Human Services Progress Chart* is an important way in which the Agency provides information to all Tasmanians regarding the performance of the health and human services system and what is being done to achieve a healthier community. The publication of the progress chart on the Agency's website demonstrates a transparent and honest approach to performance reporting.
- The Agency continues to comply with the reporting requirements of the Premier's Disability Advisory Council (PDAC).

Attitudes and awareness of employees:

- The introduction of human resource policies and procedures such as Right Job, Right Person and the Workplace Diversity Program have raised employee awareness in relation to valuing and respecting individual differences and treating everybody fairly and equitably.
- The Agency's Annual Reports for 2008-2009 and 2009-2010 and various business plans throughout the Agency, refer to the *Disability Framework for Action 2005-2010* and related activities and projects. This is evidence of the framework being embedded in planning processes at an operational and departmental level.

Recruitment and retention:

- The Workplace Diversity Program is another human resource initiative that has been implemented throughout the Agency. It promotes the principles of valuing and respecting individual differences and treating everybody fairly and equitably; creating a work environment that is inclusive and gives the broadest range of individuals the opportunity to enjoy the emotional, social, career and financial benefits of paid work.



- Right Job, Right Person is a recently introduced human resource initiative that allows flexibility and innovation and will ensure recruiting managers get the right people in the right job at the right time.

Provision of high quality services:

- Strategic Directions 2009-2012 was released in April 2009. The Directions outline an approach to delivering the safe, effective, high quality, value for money services that all Tasmanians expect and deserve. It details the Agency's five key strategic objectives for the three year period covered by the document. Importantly, it outlines a range of specific services that the Agency will provide to people with disabilities.
- The five key strategic objectives are embedded in the numerous strategic and operational plans in place across the Agency and underpin the behaviour of all staff when performing day to day activities.

Consultative relationships and processes:

- Over the last 12 months there has been a significant improvement in the relationship between the Disability Bureau and the Agency. Since the framework was implemented and, in particular over the last 12 to 18 months, the profile and activities relevant to the DFA have increased significantly.
- Population Health is working with the University of Tasmania's Department of Rural Health, the Tasmanian Council of Social Services (TasCOSS) and the Social Inclusion Unit to increase expertise in the area of Social Impact Assessment and to embed this process across government and within the community.
- In the area of Social Impact Assessment, an interest group has been established which has forums scheduled at the end of 2010. The impact of major developments, policies and programs on people with disabilities will be assessed as part of this process.

