

**Department of Health and Human Services Annual Report 2016-17**

© Crown in the Right of the State of Tasmania

Department of Health and Human Services

GPO Box 125

Hobart TAS 7001

Telephone: 1300 135 513

Website: [www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au)

Published October 2017

ISBN 978-0-9924617-9-9

# Contents

Key Acronyms 2

Organisational Chart 3

Secretary’s Letter of Transmittal 4

Part 1 – Overview 7

DHHS Overview 10

Financial Overview 14

Workforce Overview 17

Gender Diversity 22

Indicators of Organisational Health 26

Workplace Health and Safety 27

Stakeholder Engagement 28

Disability Framework for Action 31

Key Achievements 2016-17 32

Performance Measures 2016-17 42

DHHS in 2017-18 57

Part 2 – Regulatory Information

Capital Works and Asset Management 61

Consultancies, Contracts and Tenders 70

Community Sector Organisations 85

Climate Change 86

Corporate Governance and Risk Management 101

Pricing Policies 103

Superannuation Declaration 103

Transparency 104

Legislation 109

Other Annual Reports 113

*Disability Services Act 2011* 114

Council of Obstetric and Paediatric   
 Mortality and Morbidity 119

Tasmanian Pharmacy Authority 126

Part 3 – Financial Report

Department of Health and Human Services

Statement of Certification 149

Statement of Comprehensive Income 150

Statement of Financial Position 151

Statement of Cash Flows 152

Statement of Changes in Equity 154

Notes to and Forming Part of Financial   
 Statements 155

Ambulance Tasmania

Statement of Certification 244

Statement of Comprehensive Income 245

Statement of Financial Position 246

Statement of Cash Flows 247

Statement of Changes in Equity 248

Notes to and Forming Part of Financial   
 Statements 249

# Key Acronyms

|  |  |
| --- | --- |
| AHPRA | Australian Health Practitioner Regulation Agency |
| AMS | Asset Management Services |
| AT | Ambulance Tasmania |
| CHaPS | Child Health and Parenting Services |
| COPMM | Council of Obstetric and Paediatric Mortality and Morbidity |
| CPRS | Corporate, Policy and Regulatory Services |
| CPS | Child Protection Services |
| CSS | Child Safety Service |
| CSCS | Cancer Screening and Control Services |
| CYS | Children and Youth Services |
| DCS | Disability and Community Services |
| DAP | Disability Action Plan |
| DFA | Disability Framework for Action |
| DHHS | Department of Health and Human Services |
| FTE | Full Time Equivalent |
| HAPS | Housing Assessment Prioritisation System |
| HDCS | Housing, Disability and Community Services |
| HRMS | Human Resources Management and Strategy |
| KPI | Key Performance Indicator |
| LGH | Launceston General Hospital |
| MCH | Mersey Community Hospital |
| NDIA | National Disability Insurance Agency |
| NDIS | National Disability Insurance Scheme |
| NWRH | North West Regional Hospital |
| PHS | Public Health Services |
| PPP | Planning, Purchasing and Performance |
| RHH | Royal Hobart Hospital |
| RTI | Right to Information |
| THS | Tasmanian Health Service |
| WHS | Work Health and Safety |

Secretary
- Internal Audit
- Office of the Secretary

Children and Youth Services
- Children and Families
- Program Support Learning and Development
- Services to Young People

Corporate, Policy and Regulatory Services
- Budget and Finance
- Human Resources Management and Strategy
- Information and Communications Technology Services
- Shared Services
- Strategic Policy and Regulation
- Strategic Projects

Housing, Disability and Community Services
- Disability and Community Services
- Housing Programs
- Portfolio and Supply
- Program Support
- Tenancy Services

Planning, Purchasing and Performance
- Acute Planning and Strategy and Principal Medical Advisor
- Community Planning and Strategy
- Monitoring Reporting and Analysis
- Strategic Purchasing and Funding

Public Health Services
- Health Improvement
- Health Protection
- Partnerships and evidence
- Program Support

# Secretary’s Letter of Transmittal

Dear Ministers

I am delighted to present to you the 2016-17 Annual Report for the Department of Health and Human Services (DHHS).

The last 12 months has been marked by the further consolidation of the DHHS and its development as a health and human services system manager that has enabled the continued successful delivery of the State Government’s agenda.

Following a period of substantial change and restructure, DHHS has embarked on a process of committed staff engagement over the last 18 months which has supported the development and pursuit of a clear strategic direction aimed at improving the lives of the people of Tasmania.

The Department now has most of its senior management team in place on a permanent basis and a new DHHS Corporate Plan 2016-18, has been in place for 12 months.

That’s not to say that the last year hasn’t presented its challenges.  Providing health and human services will always present challenges. However, all Tasmanians can be proud of the professionalism, dedication, hard work and skill of our people that has enabled us to meet these challenges.

I am very proud to lead a Department comprising such committed and hardworking people and my thanks and praise go to every one of them.

Some of the highlights of our achievements over 2016-17 include:

**Securing the future of the Mersey Community Hospital**

In April 2017, agreement was reached between the Australian Government and the Tasmanian Government for a new, fully funded, 10 year deal for the Mersey Community Hospital (MCH) at Latrobe. The funding deal, worth $730.4 million, sees ownership of the MCH return to the Tasmanian Government, giving long-term security for the hospital's future.

DHHS worked very hard to achieve this result and the formal transfer of ownership took place on 1 July 2017.

**Redesigning Children and Youth Services**

*Strong Families, Safe Kids*, the redesign of Tasmania’s child protection system, gained considerable momentum during the year. The service was renamed the Child Safety Service and saw the employment of 10 additional Clinical Practice Consultant Educators. Further, the recruitment process is underway to increase the current Support Worker full time equivalent staff by five with some roles already filled.

We have also increased the establishment list of employees in the Child Safety Service to accommodate six additional Child Safety Officers for periods of up to two years. These roles will be recruited to as a priority and managed in a pool of Officers able to work flexibly across our service.

More recruitment is planned to meet the needs of staff, children, young people and their families as expressed through the consultation phase of *Strong Families, Safe Kids*.

During the year the Youth at Risk Strategy was also launched, work continued on reforming the out of home care system in the State, a new Children and Youth Services Practice Manual was developed and implemented and the Ashley Youth Detention Centre Change Management program continues.

**Safe Homes, Safe Families: Tasmania’s Family Violence Action Plan**

The Department has responsibility for implementing a number of actions under the Tasmanian Government’s *Safe Homes, Safe Families*: *Tasmania’s Family Violence Action Plan* (the Action Plan).   This includes contracting the delivery of statewide counselling services for adults, children and young people affected by family violence, and providing housing options to families impacted by family violence.

Under Action 11, the Rapid Rehousing Program (the Program) assists people affected by family violence to move rapidly into secure and supported housing. The target of 50 homes under the Program was achieved by the end of June 2017 and this number will be maintained each year. Many families have experienced positive outcomes from the Program, including safe and secure accommodation and support to manage legal, transport, medical, education and employment needs.

Action 10 is the redevelopment of the Hobart Women’s Shelter to provide increased capacity for women and children requiring crisis accommodation, with an additional 16 beds to be made available. Building has commenced and the new facility is on track for completion in 2018.

**Continuing the roll out of the *Affordable Housing Strategy***

Housing Tasmania provided 588 new properties for Tasmanians needing social and affordable housing.  The innovative Community Housing Stock Leverage program was launched which will see 172 new social housing properties built and 31 run-down homes upgraded by transferring the title of 500 houses to community housing organisations.

**Providing new accommodation for Dads with Kids**

In a first for the State, special accommodation for dads with kids was opened in Moonah in April 2017. The complex of eight, two bedroom units accommodates dads with their children. It provides an opportunity for dads to have custody of their children with Hobart City Mission providing support services. Without supported accommodation these dads would probably not keep custody of their children.

**Delivering a low cost hospital bus service for the North West**

In September 2016, Hospital Link, a new low cost bus service linking the North West Regional Hospital (NWRH) and the MCH, was launched.

The service provides patient and public pick up and drop off points at both the hospitals and at Latrobe, Devonport, Ulverstone and Burnie, as well as the University of Tasmania’s Burnie campus on weekdays.

Hospital Link is part of a $24 million Patient Transport commitment under the One Health System White Paper.

**Providing additional Ambulance services and improving safety for our paramedics**

Three Extended Care Paramedics are now actively working in the Northern Region and three more are in the South.  Becoming an Extended Care Paramedic involves providing paramedics with additional skills to reduce the need to transport patients to hospital emergency departments and allow the patients to be treated in their home.

During the year, an additional 12 paramedics were employed in the North West.

Following significant staff input, Ambulance Tasmania implemented training and public education concerning violence against paramedics. This involved training for all operational staff and a public awareness campaign including advertisements on ambulances, in hotels, on social media and television.

**Establishing Telehealth clinics to make it easier for patients to access specialist services**

In September 2016, Telehealth clinics were established enabling Endocrine and General Endocrine Neoplasia patients to access services in the North West of the State with an Endocrinologist located in the Wellington Clinics in Argyle Street, Hobart.

Also in February 2017, the first Telehealth appointment between the Royal Hobart Hospital Wellington Clinics and the King Island Health and Hospital Centre was successfully delivered. Previously, the patient would have been required to travel to Hobart for an in-person consult, or the NWRH for a Telehealth appointment.

**Completing the Review of the DHHS Purchasing Framework for Outsourced Services**

A comprehensive review was undertaken to improve the governance of community sector funding and management within DHHS.  The outcomes from the review will see greater clarity in how government policies impact on purchasing services from the community sector, centralised grants management and greater consistency and standards in services, safety and quality reporting from DHHS funded organisations.

**Looking forward to 2017-18**

Over the coming year we will remain dedicated to improving what we do to improve the lives of all Tasmanians.

Specifically we will continue to focus on delivering the Government’s agenda of providing more affordable housing, implementing the results of the Ambulance Tasmania review, completing the redesign of the child protection system and reform of out of home care, implementing Healthy Tasmania, implementing the Youth at Risk Strategy including providing innovative accommodation for young people at risk and starting consultation around the remodelling of the Home and Community Care program.

Importantly, in 2017-18 DHHS will also involve all our people in the creation of a new set of shared corporate values for the Department.  Our values will underpin all aspects of our business, from decisions we make, to the people we hire, to the way we engage with each other and our stakeholders.

Already, the work done with the staff to develop the values reflects a consistent dedication across every function of the Department to improve the health and wellbeing of Tasmanians and to support each other in that focus.

Ministers, I am pleased to transmit to you the DHHS Annual Report for the 2016-17 financial year.



Michael Pervan

**Secretary**



*This page is intentionally blank*

## Contents – Part 1 - Overview

[DHHS Overview 10](#_Toc492471119)

[Financial Overview 14](#_Toc492471120)

[Workforce Overview 17](#_Toc492471121)

Gender Diversity 22

Indicators of Organisational Health 26

[Stakeholder Engagement 28](#_Toc492471122)

[Disability Framework for Action 31](#_Toc492471123)

[Key Achievements 2016-17 32](#_Toc492471124)

[Performance Measures 2016-17 42](#_Toc492471125)

[DHHS in 2017-18 57](#_Toc492471126)

# DHHS Overview

Our vision is to deliver services, policies, programs and legislation that improve the health, safety and wellbeing of Tasmanians.

Our commitment is to work together with clients and the community. To work as one Department, part of one Government and as stewards and partners in the delivery of health and human services.

Through service planning we manage, procure and deliver high quality health and human services for the State.

## What We Do

DHHS has an important role as a steward and strategic partner in health and human services delivery as system manager. The roles and responsibilities of system management stretch across our operational and departmental groups alike.

System management’s key elements include:

* describing and enacting the strategic direction of the health and human services systems
* monitoring and oversight of the health and human services systems
* planning and purchasing of services
* continuous improvement in the quality of care and service provision
* performance management of service providers
* intergovernmental relations
* contract management
* industrial relations, and
* planning and purchasing of capital resources.

We have four operational Groups involved in the direct provision of services: Ambulance Tasmania (AT); Children and Youth Services (CYS);   
Housing, Disability and Community Services (HDCS); and Public Health Services (PHS) who all deliver important services to the public.

Our corporate support functions and core system manager elements are provided by our two departmental Groups: Corporate, Policy and Regulatory Services (CPRS); and Planning, Purchasing and Performance (PPP). More detail about each of our Groups follows.

We also have two units reporting directly to the Secretary:

* the Office of the Secretary which provides high level public administration, parliamentary and corporate governance support and advice to DHHS, the Secretary and portfolio Ministers, and
* Internal Audit which is an objective assurance unit which brings a systematic approach to the evaluation of the Department’s governance, risk management, and control environment and recommends improvements.

### Ambulance Tasmania

AT provides integrated, high quality, pre-hospital emergency and medical care, health transport and medical retrieval services to the Tasmanian community.

This range of services include:

* dispatching and coordination of road ambulances, fixed wing, rotary wing and non‑emergency patient transport services through the State Operations Centre
* 54 ambulance response locations across the State
* highly qualified paramedics throughout urban and rural areas across the State, including approximately 500 Volunteer Ambulance Officers
* Extended Care Paramedics who can provide services that allow patients to be treated at home without the requirement to attend hospital, and
* approximately 785 community defibrillators registered with AT under the life-saving Early Access to Defibrillation program

### Children and Youth Services

CYS provides a range of services and supports that contribute to ensuring children, young people and their families are safe, nurtured and well.

CYS provides services across three service portfolios: Early Years, Child Health and Parenting Services (CHaPS); Services to Children and Families; and Services for Young People. However in 2017, CHaPS, which delivers a universal child health service to all children in Tasmania aged 0-5 years, operating from clinics and providing home visits throughout the State, transferred to the THS.

These services are delivered by a professional workforce who are supported by the Program Support and Quality Improvement and Workforce Development teams. A list of client service activities follows:

* The Child Safety Service delivers a statutory response to notifications of child abuse and neglect; provides out of home care for children unable to remain in their parents’ care; and supports families to become safe enough to resume care of their children. Services are statewide and delivered through service centres based in each region as well as home visits throughout Tasmania.
* The Family Violence Counselling and Support Service provides counselling and support services to children, young people and adults who have experienced family violence. Services are service centre based.
* The Adoption, Transfer of Guardianship and Aftercare Service provides a range of statewide services including local and international adoption and aftercare for young people who have left out of home care.
* Community and Custodial Youth Justice responds to children and young people sentenced by the court to secure detention or community supervision as a result of their offending behaviour. This includes the operation of Ashley Youth Detention Centre.
* CYS funds community sector organisations to deliver some specific services through contracting arrangements.

### Housing, Disability and Community Services

HDCS is responsible for ensuring the provision of housing, disability and community services to people in need. Its responsibilities include:

* maintaining the Department’s stock of social housing and agreements with its tenants
* policy and planning of the affordable and social housing system in Tasmania, including homelessness and affordable housing programs
* ensuring progress against the Tasmanian Government’s *Affordable Housing Strategy 2015-2025 (Affordable Housing Strategy)* and *Safe Homes, Safe Families: Tasmania’s Family Violence Action Plan 2015-2020*
* working through the transition of disability services to the National Disability Insurance Scheme (NDIS) and the delivery of policy and programs to support Tasmanians living with disability, and
* provision and oversight of programs to develop community resilience and capacity.

### Public Health Services

PHS protects and improves the health of all Tasmanians by building the conditions for Tasmanians to make healthy choices and to live in safe environments.

PHS develops and delivers public health policy, plans and programs; delivers public health information; and administers public health legislation including the *Public Health Act 1997,* the *Radiation Protection Act 2005* and the *Food Act 2003*. PHS also manages population health threats and risks, such as communicable disease outbreaks and public health emergencies.

In 2016-17, these services included:

* licensing of 747 tobacco premises, 871 point of sales inspections and 222 controlled purchase inspections on tobacco retailers
* regulation of approximately 871 outdoor smoking areas at licensed venues
* provision of vaccines and support services to 206 immunisation providers, including 29 councils, 97 high schools and 11 colleges, and
* a total of 5 665 calls to the Public Health Hotline.

### Corporate, Policy and Regulatory Services

CPRS manages the provision of strategic corporate, policy and regulatory services to DHHS and portfolio Ministers. These functions support the delivery of an efficient and effective statewide health and human services system. The key roles of CPRS include:

* managing intergovernmental relations
* coordinating high quality, timely and accurate strategic policy advice to the Secretary, portfolio Ministers and Departmental Executive
* providing shared services (including asset management, procurement services and payroll services) across DHHS and the THS
* leading the implementation of strategic, policy and reform initiatives on behalf of portfolio Ministers and the Secretary
* providing Professional Advice, via the Office of the Chief Nurse and Midwifery Officer, Chief Allied Health Advisor and Mental Health, Alcohol and Drug Directorate, and
* managing the delivery of efficient and effective services across DHHS, including:
  + budget and finance services
  + human resource management
  + information and communication technology services, and
  + strategic policy and regulatory services.

### Planning, Purchasing and Performance

PPP fulfils core system management functions and also provides expert advice and expertise to our portfolio Ministers.  The key roles of PPP are to:

* clarify, promote and embed the role and functions of system management within the DHHS, THS and with external stakeholders
* ensure that health and human services are planned and purchased in an evidence‑based, effective and efficient manner and have the greatest impact on improving the health and wellbeing of Tasmanians
* ensure all parts of the health and human services systems understand and enact their quality governance responsibilities to safeguard patient and client safety
* work with our service delivery partners to purchase and deliver joined-up service systems that meet the needs of clients and the community
* implement DHHS-led system reforms, policy initiatives and pilot programs to provide better access to higher-quality health and human services throughout Tasmania (right care, right place, right person, right time)
* represent the interests of Tasmania at local and national fora and translate the incorporation of national policy, funding and pricing directions into practice, and
* act as the single point of access to statistical information for performance monitoring, analysis and reporting for all services purchased by the Department.

# Financial Overview

**Budgeted Activity 2016-17**

In 2016-17, the total budgeted expenditure for DHHS was $1.433 billion and the budgeted annual appropriation from the Consolidated Fund for recurrent services was $1.245 billion.

The Department’s 2016-17 budgeted expenditure distributed by Output included:

* Health Services System Management 10.10 per cent
* THS 46.96 per cent
* Statewide Services 7.01 per cent
* Human Services 26.52 per cent
* Children Services 8.67 per cent
* Independent Children’s and Young Person’s Review Service 0.07 per cent
* Capital Investment Program 0.59 per cent, and
* Special Capital Investment Funds 0.08 per cent.

## Expenses

Department of Health and Human Services Expenditure Budget 2016-17

|  |  |
| --- | --- |
| **Budget Expenditure by Output** | **2016-17**  **$ ‘000** |
| Health Services System Management | 144 879 |
| Tasmanian Health Service | 672 950 |
| Statewide Services | 100 416 |
| Human Services System Management | 3 130 |
| Human Services | 376 849 |
| Children Services System Management | 3 957 |
| Children Services | 120 256 |
| Independent Children’s and Young Person’s Review Service | 957 |
| Capital Investment Program | 8 401 |
| Special Capital Investment Funds | 1 157 |
| **Total** | **1 432 952** |

**Actual Results 2016-17**

The Department had $1.787 billion in physical assets under its control in 2016‑17, and the annual appropriation from the Consolidated Fund for recurrent services was $1.236 billion.

The Statement of Comprehensive Income identified that total actual expenses for 2016-17 amounted to $1.430 billion.

Operating expenses incurred throughout the Department are varied, but the major categories include:

* salaries and employee related expenses at $191.498 million
* patient and client services at $54.832 million, and
* property, including rent, rates, maintenance and electricity at $63.326 million.

Capital Expenditure for property, plant and equipment in 2016-17 totalled $110.720 million, which included expenditure on works at the major hospitals, community health centres and ongoing Housing Tasmania capital programs. Further details on the capital program are available in Part 2 of this Annual Report.

Financial Overview

## Revenue

Department of Health and Human Services Revenue 2016-17 by Major Category

| **Revenue** | **2016-17**  **$ ‘000** |
| --- | --- |
| Revenue from Government | 1 267 786 |
| Revenue from Special Capital Investment Funds | 12 315 |
| Grants | 102 660 |
| Rental revenue | 52 151 |
| Sales of goods and services 1 | 14 032 |
| Interest | 49 |
| Other revenue | 27 179 |
| **Total revenue and other income from transactions** | **1 476 172** |
| Note:   1. Sales of goods and services includes interstate charging, Ambulance Fees and Compensable Fees for Motor Vehicle Accidents. | |

## Net Assets

Department of Health and Human Services Net Assets 2016-17

| **Net Assets** | **2016-17**  **$ ‘000** |
| --- | --- |
| Total Assets | 1 975 391 |
| Total Liabilities | 281 294 |
| Net Assets | 1 694 097 |

For further financial information on the Department’s activities, please refer to the Financial Statements in Part 3 of this Annual Report.

Financial Overview

Department of Health and Human Services Actual Expenditure 2016-17

| **Actual Expenditure by Output** | **2016-17**  **$ ‘000** |
| --- | --- |
| Health Services System Management | 134 263 |
| Tasmanian Health Service | 673 907 |
| Statewide Services | 103 590 |
| Human Services System Management | 2 869 |
| Human Services | 364 525 |
| Children Services System Management | 3 020 |
| Children Services | 116 682 |
| Independent Children’s and Young Person’s Review Service | 876 |
| Capital Investment Program | 13 756 |
| Special Capital Investment Funds | 16 903 |
| **Total** | **1 430 391** |

| **Actual Expenditure by Type** | **2016-17**  **$ ‘000** |
| --- | --- |
| Salaries and wages | 143 467 |
| Other employee related expenses | 27 266 |
| Superannuation expenses | 20 765 |
| Depreciation and amortisation | 24 276 |
| Consultants | 3 302 |
| Maintenance and property services | 63 326 |
| Communications | 3 245 |
| Information technology | 19 012 |
| Travel and transport | 4 755 |
| Medical, surgical and pharmacy supplies | 6 064 |
| Patient and Client Services | 54 832 |
| Service Fees | 3 714 |
| Other supplies and consumables | 6 823 |
| Grants and subsidies | 1 036 801 |
| Finance costs | 8 488 |
| Other expenses | 4 255 |
| **Total** | **1 430 391** |

# Workforce Overview

During 2016-17, a number of workforce priority areas were progressed by DHHS. The following provides a summary of some of our key initiatives.

Industrial relations were a major focus in 2016-17 with a number of Awards and Agreements renegotiated. For example, the *Health and Human Services Award, Nurses and Midwives Award and Agreement*, and the *Allied Health Professional Agreement* were renegotiated with the respective public sector unions.

Alongside this, several large change projects took place including the transfer of CHaPS to the THS and the relocation of a number of DHHS work areas to new premises in Elizabeth Street, Hobart.

The transition to the NDIS continues, which will change future delivery of services provided by DHHS and key external stakeholders. These change processes have been supported by communication with employees and the DHHS working closely with employee groups and public sector unions.

DHHS also made strong progress on a number of initiatives to support the Department’s Corporate Plan priority, Building an Engaged Workforce. For example, an action plan based on the 2016 People Matter Survey results was published; work commenced on a project to develop new DHHS values; a Manager Induction Program was established; the Workplace Diversity Plan 2017‑2020 was released; and a network of Workplace Support Officers (WSO) was created in October 2016.

DHHS also contributed to a number of whole-of-government workforce initiatives and supported their implementation within the Department. Examples include the development of the Workplace Adjustment Procedure and associated resources, establishing an Occupational Violence and Aggression Procedure and developing a frontline management development program.

In 2017-18, DHHS will support the implementation of new whole-of-government initiatives such as the establishment of a State Service Aboriginal Employment Strategy and the implementation of a State Service School-Based Traineeships program.

Another priority for 2017-18 will be a focus on strategic workforce planning, with the establishment of a new Workforce Planning function within DHHS, and work occurring with the THS on health workforce planning.

**Embracing a Supportive Workplace Culture**

DHHS is committed to building an engaged workforce and embedding a supportive workplace culture.

In 2016-17 the *Workforce Development and HR Policy* (WD&HRP) team was dedicated to progressing a range of initiatives that reflect this commitment.

**Workplace Diversity**

A Workplace Diversity Committee was set up in August 2016 to develop a *DHHS Workplace Diversity Plan*. The Committee was represented by all Groups and was chaired by the Deputy Secretary, Planning, Purchasing and Performance. The Plan was finalised in May 2017 and a number of actions are well underway including promoting flexible workplace practices, adding diversity information to existing training materials and resources, and collaboration with the State Service Management Office on whole‑of‑government recruitment strategies.

**Workplace Support Officers**

A network of WSOs was re-established in October 2016 to provide support to employees and to build positive workplaces. WSOs are fully trained and available to employees across the State.

**Supportive Workplace Procedures**

Several new procedures focused on engaging and supporting employees were implemented in 2016‑17. These include Working from Home, Change Consultation, Recognition of Service and Occupational Violence and Aggression.

**Manager Development**

In 2017 a *DHHS Manager Resource Kit* was published which was supplemented by a one day Manager Induction Course. In addition, the WD&HRP team worked closely with the State Service Management Office and other agencies to develop a whole-of-government *Manager Essentials Program* which was piloted in May 2017.



Figure 1: Workplace Diversity Plan Front Cover

**New Development Opportunities**

New development opportunities were made available in 2016-17 including access to funded qualifications via TasTAFE and a range of online modules on various topics. A training needs analysis of employees was undertaken to inform an ongoing development plan and training calendar.

**DHHS Values**

Cultural transformation and employee engagement is underpinned by strong workplace values. WD&HRP has been working with the Senior Leadership Group on an approach to developing a set of values and agreed behaviours for DHHS which allows everyone in the Department to voice their ideas on what our values should be. A key priority for 2017-18 will be embedding these values in to everything we do, from recruitment and on-boarding, to performance development and everyday workplace interactions.

## 

## Current Workforce Profile

The DHHS workforce figures for 2016-17 reflect an increase in FTEs primarily due to the appointment of additional ambulance officers and child safety officers.

**Total Number of Full Time Equivalent (FTE) Paid Employees by Award**

| **Award** | **2013-141** | **2014-151** | **2015-161** | **2016-171** |
| --- | --- | --- | --- | --- |
| Allied Health Professional | 299.32 | 293.09 | 299.16 | 301.51 |
| Ambulance Tasmania Award | 324.89 | 306.81 | 340.13 | 354.85 |
| Health and Human Services | 1 025.93 | 873.85 | 875.67 | 903.91 |
| Medical Practitioners | 12.03 | 10.03 | 12.39 | 12.60 |
| No Award (Head of Agency) | 1.00 | 1.00 | 1.00 | 1.00 |
| Nursing | 28.58 | 23.40 | 29.83 | 26.99 |
| Senior Executive Service | 22.20 | 23.50 | 24.20 | 29.00 |
| Visiting Medical Officers | 0.53 | 0.50 | 0.62 | 0.50 |
| **Total** | **1 714.48** | **1 532.18** | **1 583.00** | **1 630.36** |

Note:

1. Due to organisational changes, data for previous years has been recast to reflect the current organisational structure. These figures therefore differ from those previously published in DHHS Annual Reports. The organisational changes include the transfer of Cancer Screening and Control Services (CSCS) and CHaPS to the THS, and the transfer of some administrative functions from the THS to DHHS, including the RHH Redevelopment.

**Total Number Paid by Employment Category: Permanent, Full Time, Part Time, Fixed Term and Casual**

| **Employment Category** | **2013-141** | **2014-151** | **2015-161** | **2016-171** |
| --- | --- | --- | --- | --- |
| Permanent full-time | 1 259 | 1 146 | 1 192 | 1 170 |
| Permanent part-time | 395 | 366 | 388 | 401 |
| Fixed-term full-time | 121 | 85 | 71 | 115 |
| Fixed-term part-time | 53 | 29 | 38 | 46 |
| Part 62 | 27 | 25 | 26 | 30 |
| Casual | 36 | 26 | 24 | 32 |
| **Total** | **1 891** | **1 677** | **1 739** | **1 794** |

Notes:

1. Due to organisational changes, data for previous years has been recast to reflect the current organisational structure. These figures therefore differ from those previously published in DHHS Annual Reports. The organisational changes include the transfer of CSCS and CHaPS to the THS, and the transfer of some administrative functions from the THS to DHHS, including the RHH Redevelopment.
2. Head of Agency, holders of Prescribed Offices and Senior Executives and equivalents.

**Total Number Paid Employees by Salary Bands (Total Earnings) – Salary for Award Classification**

| **Salary Bands** | **2013-141** | **2014-151** | **2015-161** | **2016-171** |
| --- | --- | --- | --- | --- |
| 40 001-45 000 | 1 | 0 | 0 | 0 |
| 45 001-50 000 | 62 | 27 | 12 | 5 |
| 50 001-55 000 | 164 | 131 | 44 | 73 |
| 55 001-60 000 | 179 | 48 | 154 | 134 |
| 60 001-65 000 | 74 | 145 | 131 | 152 |
| 65 001-70 000 | 127 | 114 | 63 | 65 |
| 70 001-75 000 | 218 | 160 | 203 | 36 |
| 75 001-80 000 | 157 | 170 | 93 | 173 |
| 80 001-85 000 | 175 | 167 | 192 | 185 |
| 85 001-90 000 | 200 | 112 | 168 | 147 |
| 90 001-95 000 | 164 | 231 | 164 | 170 |
| 95 001-100 000 | 78 | 48 | 161 | 221 |
| 100 001-110 000 | 154 | 184 | 183 | 175 |
| 110 001-120 000 | 79 | 79 | 98 | 98 |
| 120 001-130 000 | 13 | 20 | 24 | 105 |
| 130 001-140 000 | 10 | 10 | 14 | 18 |
| 140 001-150 000 | 9 | 3 | 5 | 5 |
| 150 000 plus | 27 | 28 | 30 | 32 |
| **Total** | **1 891** | **1 677** | **1 739** | **1 794** |

Note:

1. Due to organisational changes, data for previous years has been recast to the current organisational structure. These figures therefore differ from those previously published in DHHS Annual Reports. The organisational changes include the transfer of CSCS and Child Health and Parenting to the THS, and the transfer of some administrative functions from the THS to DHHS, including the RHH Redevelopment.

**Total Number of Paid Employees by Award 2016-17**

| **Award** | **2016-17** |
| --- | --- |
| Allied Health Professional | 341 |
| Ambulance Tasmania Award | 380 |
| Health and Human Services | 993 |
| Medical Practitioners | 18 |
| No Award (Head of Agency) | 1 |
| Nursing | 31 |
| Senior Executive Service (SES) | 29 |
| Visiting Medical Officers | 1 |
| **Total** | **1 794** |

**Total Number of Paid Employees by Age Profile**

| **Age Profile** | **2013-141** | **2014-151** | **2015-161** | **2016-171** |
| --- | --- | --- | --- | --- |
| 15-19 years | 1 | 0 | 0 | 1 |
| 20-24 years | 52 | 32 | 46 | 56 |
| 25-29 years | 143 | 108 | 126 | 131 |
| 30-34 years | 259 | 207 | 195 | 201 |
| 35-39 years | 227 | 235 | 238 | 255 |
| 40-44 years | 263 | 228 | 260 | 253 |
| 45-49 years | 272 | 244 | 256 | 260 |
| 50-54 years | 281 | 262 | 242 | 242 |
| 55-59 years | 227 | 203 | 204 | 214 |
| 60+ years | 166 | 158 | 172 | 181 |
| **Total** | 1 891 | 1 677 | 1 739 | 1 794 |

Note:

1. Due to organisational changes, data for previous years has been recast to reflect the current organisational structure. These figures therefore differ from those previously published in DHHS Annual Reports. The organisational changes include the transfer of CSCS and CHaPS to the THS, and the transfer of some administrative functions from the THS to DHHS, including the RHH Redevelopment.

## Gender Diversity

As a signatory to the State Service Diversity and Inclusion Policy and Framework the DHHS is reporting on gender as a separate item for the first time in the 2016-17 Annual Report.

As at 30 June 2017, the overall gender profile for DHHS is 38 per cent male and 62 per cent female. The Senior Executive Service profile for DHHS is 60 per cent male and 40 per cent female.

A number of initiatives were initiated by the Department to support the commitment to gender diversity and the State Service Diversity and Inclusion Policy and Framework during the reporting period.

In May 2017, the Department released the DHHS Workplace Diversity Plan, which includes activities such as an upcoming campaign on accessing flexible work arrangements, development of a selection panel training module to focus on diversity principles and the creation of a new Working from Home Procedure. In addition, the Secretary and Group Heads participated in unconscious bias training to support their understanding of the impact of unconscious bias, and steps the Department can take to make our employment practices more inclusive and supportive of all employees.

### Gender Profile

**Senior Executive Service**

The State Service has a commitment to achieve 50/50 gender diversity across the State’s Senior Executive Service, with a goal of at least 40 per cent by 2020.

In 2017, the DHHS has 40 per cent female representation in its Senior Executive Service, meeting the State Service commitment of 40 per cent by 2020.

During the reporting period there were eight SES appointments, five of which were female.

#### Senior Executive Service by Gender

| **Gender** | **2013-14** | **2014-15** | **2015-16** | **2016-17** |
| --- | --- | --- | --- | --- |
| Male | 15 | 18 | 16 | 18 |
| Female | 9 | 8 | 10 | 12 |
| **Total** | **24** | **26** | **26** | **30** |

Note**:** Table excludes Acting SES arrangements

**Senior Executive Service Level by Gender**

| **SES Level** | **Male 2013-14** | **Female 2013-14** | **Male 2014-15** | **Female 2014-15** | **Male 2015-16** | **Female 2015-16** | **Male 2016-17** | **Female 2016-17** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SES 1 | 4 | 4 | 4 | 4 | 5 | 6 | 7 | 6 |
| SES 2 | 7 | 4 | 6 | 4 | 6 | 4 | 4 | 5 |
| SES 3 | 1 | 1 | 5 | - | 3 | - | 6 | - |
| SES 4 | 2 | - | 2 | - | 1 | - | - | 1 |
| Head of Agency | 1 | - | 1 | - | 1 | - | 1 | - |
| **Total** | **15** | **9** | **18** | **8** | **16** | **10** | **18** | **12** |

Note**:** Table excludes Acting SES arrangements.

**Overall Headcount by Gender**

The Department’s gender profile has been relatively stable over the past four years. As mentioned, the current gender profile of DHHS is 38 per cent male and 62 per cent female.

#### Gender Profile

| **Gender** | **2013-14** | **2014-15** | **2015-16** | **2016-17** |
| --- | --- | --- | --- | --- |
| Male | 733 | 651 | 662 | 682 |
| Female | 1 158 | 1 026 | 1 077 | 1 112 |
| **Total** | **1 891** | **1 677** | **1 739** | **1 794** |

#### Total Number Paid Employees by Gender and Salary Bands (Total Earnings) – Salary for Award Classification

| **Salary Bands** |  | **Female** | **Male** | **Total** |
| --- | --- | --- | --- | --- |
| 45 001-50 000 |  | 3 | 2 | 5 |
| 50 001-55 000 |  | 58 | 15 | 73 |
| 55 001-60 000 |  | 98 | 36 | 134 |
| 60 001-65 000 |  | 126 | 26 | 152 |
| 65 001-70 000 |  | 46 | 19 | 65 |
| 70 001-75 000 |  | 19 | 17 | 36 |
| 75 001-80 000 |  | 106 | 67 | 173 |
| 80 001-85 000 |  | 108 | 77 | 185 |
| 85 001-90 000 |  | 104 | 43 | 147 |
| 90 001-95 000 |  | 116 | 54 | 170 |
| 95 001-100 000 |  | 134 | 87 | 221 |
| 100 001-110 000 |  | 91 | 84 | 175 |
| 110 001-120 000 |  | 36 | 62 | 98 |
| 120 001-130 000 |  | 46 | 59 | 105 |
| 130 001-140 000 |  | 5 | 13 | 18 |
| 140 001-150 000 |  | 4 | 1 | 5 |
| 150 000 plus |  | 12 | 20 | 32 |
| **Total** |  | **1 112** | **682** | **1 794** |

**Classifications by Gender**

The following information describes the gender profile of particular classification groups of employees, including General Stream employees, as well as those in particular occupations such as Allied Health Professionals. Data is by headcount.

**General Stream**

| **Classification** | **Male 2017** | **Female 2017** |
| --- | --- | --- |
| Bands 1-5 | 123 | 379 |
| Bands 6-8 | 151 | 196 |
| Bands 9-10 | 1 | 3 |
| Graduate | 2 | 2 |
| Health Services Officer | 33 | 32 |
| Information and Communication Technology | 60 | 11 |

**Allied Health Professionals**

| **Classification** | **Male 2017** | **Female 2017** |
| --- | --- | --- |
| AHP 1-2 | 43 | 152 |
| AHP 3 | 10 | 86 |
| AHP 4 | 8 | 23 |
| AHP 5 | 3 | 12 |
| AHP 6 | 3 | 1 |

**Ambulance**

| **Classification** | **Male 2017** | **Female 2017** |
| --- | --- | --- |
| Paramedic Intern | 12 | 21 |
| Paramedic | 104 | 99 |
| Clinical Support Officer | 6 | 10 |
| Paramedic Educator | 7 | 1 |
| Communications Officer | 3 | 3 |
| Emergency Medical Dispatch Officer | 7 | 19 |
| Branch Station Officer | 45 | 7 |
| Ambulance Manager | 29 | 7 |

**Nursing**

| **Classification** | **Male 2017** | **Female 2017** |
| --- | --- | --- |
| Grade 3-4 | 4 | 6 |
| Grade 5 | 1 | - |
| Grade 6 | - | 11 |
| Grade 7 | - | 2 |
| Grade 8 | - | 6 |
| Grade 9 | - | - |
| Chief Nurse | - | 1 |

**Medical**

| **Classification** | **Male 2017** | **Female 2017** |
| --- | --- | --- |
| Rural Medical Practitioner | - | - |
| Visiting Medical Practitioner | - | 1 |
| Medical Practitioner 5-11 | - | 1 |
| Medical Practitioner R5-9 | - | 3 |
| Specialist Medical Practitioner 1-11 | 5 | 4 |
| Senior Specialist Medical Pracitioner1-3 | 4 | 1 |

## Indicators of Organisational Health

### Leave

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Leave Type** | **2013-141** | **2014-151** | **2015-161** | **2016-171** |
| **Annual Leave** | | | | |
| Average number of days used per paid FTE | 24.1 | 17.7 | 22.8 | 21.3 |
| Number of FTEs with entitlements equal to the two year limit | 2 | 2.6 | 0 | 1.8 |
| Number of FTEs in excess of two year limit | 59.3 | 53.7 | 64.9 | 72.3 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Long Service Leave (includes maternity leave)** | **2013-141** | **2014-151** | **2015-161** | **2016-171** |
| Average number of days used per paid FTE | 2.6 | 2.9 | 3.1 | 4.2 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Leave Days (includes sick, carers and family leave)** | **2013-141** | **2014-151** | **2015-161** | **2016-171** |
| Personal leave days per average paid FTE | 13.2 | 11.1 | 13.6 | 12.5 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Overtime Hours (includes callback and overtime hours)** | **2013-141** | **2014-151** | **2015-161** | **2016-171** |
| Overtime/callback paid hours per average paid FTE | 48.1 | 43.7 | 46.3 | 50.5 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Turnover Rate2** | **2013-141** | **2014-151** | **2015-161** | **2016-171** |
| Total number of separations (FTEs) divided by the average paid FTE | 9.6% | 15.2% | 8.5% | 6.7% |

Notes:

1. Due to organisational changes, data for previous years has been recast to reflect the current organisational structure. These figures therefore differ from those previously published in DHHS Annual Reports. The organisational changes include the transfer of CSCS and CHaPS to the THS, and the transfer of some administrative functions from the THS to DHHS, including the RHH Redevelopment.

The turnover rate is the rate at which people were leaving DHHS as at 30 June each year.

## Workplace Health and Safety

DHHS recognises the importance of work health and safety (WHS). We strive for continual improvement in the Department’s WHS environment and support a range of activities and strategies. In 2016-17, WHS initiatives have included:

* Continuing improvement of reporting on WHS matters from and for the Department’s business units through engaging and supporting business units to meet reporting requirements; consolidation of WHS data; removing duplication; and providing consistent standardised WHS reporting.
* A collective approach with Asset Management Services in the improvement of WHS Contractor Management and ongoing support in emergency management planning and maintenance.
* WHS training for all DHHS staff, including manager and supervisors, and development of a WHS training framework for DHHS.
* The ongoing development, review and updating of policies and procedures relating to Safety, Health and Wellbeing with a particular focus this year on WHS resources for managers and supervisors.

DHHS received 138 workers compensation claims during 2016-17, compared to 109 claims1 in 2015‑16. The major areas of injury were:

* 40 stress claims (an increase from 24 stress related claims in 2015‑16).
* 98 non-stress claims (an increase from 85 non-stress related claims in 2015‑16).

Subcategories of non-stress claims saw:

* a notable reduction in subcategory slip/trips/falls, which decreased by 58 per cent from 12 in 2015-16 to five in 2016-17, and
* increases in aggression, which increased by 83.3 per cent from six in 2015-16 to 11 in 2016-17; and muscular stress claims, which increased by 27.9 per cent from 43 in 2015-16 to 55 in 2016-17.

Total claim costs (normal weekly earnings plus associated costs) for 2016-17 were $5.67 million, an increase of approximately $890 000 from 2015‑16 where total claim costs were $4.78 million.1 The increase is due to higher payroll costs, common law and disability payments relating to settlements.

During 2016-17, there were 10 settlements paid, seven stress claims with a total common law component of $1.15 million, and three non-stress claims with a common law and disability cost component of $362 000.

Cash cost (premium paid plus normal weekly earnings paid, less normal weekly earnings reimbursements from insurer) for 2016-17 was $3.54 million, a decrease of $580 000 from $4.12 million in 2015‑16.

.

Note:

1. The 2015-16 figure reported here is slightly different to that reported in the 2015-16 Annual Report due to seven CHaPS claims being transferred to the THS following organisational structural changes.

# Stakeholder Engagement

During 2016-17, DHHS consulted widely to develop plans and strategies to improve the lives of Tasmanians, particularly our most vulnerable.

Examples of broad consultation in 2016-17 include:

* the development of ‘Compassionate Communities: A Tasmanian Palliative Care Policy Framework 2017-2021’
* *Strong Families, Safe Kids* (the redesign of Child Safety Services)
* the Healthy Tasmania Community Innovations Grants Funding
* the Youth at Risk strategy, and
* the One Health System forums.

Operational areas across the Department also continue to undertake consultation with relevant stakeholder groups on key initiatives.

As part of the implementation of the Healthy Tasmania plan to support the Government’s goal of making Tasmania the healthiest population in Australia by 2025, the Government is investing $1 million in the Healthy Tasmania Community Innovations Grants.

These grants will provide seed funding to support innovative, sustainable, grassroots, community‑driven programs that aim to improve health and reduce health inequities for Tasmanian communities including supporting healthy eating, physical activity, quitting smoking, and encourage community connection and partnerships. Information sessions were held around the State in June 2017 to provide information on the grants process and an opportunity for interested parties to come together to develop project ideas to apply for funding.

This year, Compassionate Communities: A Tasmanian Palliative Care Policy Framework 2017‑2021 was launched. Development of the Framework included a significant consultation process undertaken with consumers, families and carers, along with organisations, service providers, community groups and members of the Tasmanian community who shared their experiences, views,  knowledge, expertise and vision for the future, which helped to shape this Policy Framework.

The development of the Framework was also guided and assisted by the Partners in Palliative Care Reference Group who continue to provide leadership and advocacy for palliative care in Tasmania. The Government recognises and values the voice of people with lived experience of end of life care and palliative care in Tasmania.

Other work in the palliative care space included consultation and engagement via a range of community sector projects focusing on community engagement and capacity building for specific population groups, including: disability, aged care, culturally and linguistically diverse, lesbian, gay, bisexual, trans, and/or intersex, Aboriginal, and homeless communities. Consultation was also undertaken with general practitioners, which identified a need for ongoing professional development in end of life care (including how to use Medical Goals of Care, Advance Care Directive and have difficult conversations with patients).

The Department is committed to improving the outcomes for all young people at risk in Tasmania, including those in greatest need who have come into contact with the statutory system (Child Safety Services or Youth Justice). ‘Youth at risk’ is a complex problem that requires collaborative intervention across government and non-government service sectors in order to identify risk and intervene earlier in the lives of vulnerable young people.

The Youth at Risk Strategy aligns and builds upon a number of reforms occurring across government including *Strong Families, Safe Kids* (Redesign of Child Safety Services), *Safe Homes, Safe Families* (the Family Violence Action Plan), Joined-Up Human Services, Tasmania’s *Affordable Housing Strategy* and the Youth Suicide Prevention Plan.

Extensive consultation with the community to inform our Youth at Risk strategy continued in 2016-17.

During August 2016, public consultation forums were held in Burnie, Devonport, Hobart and Launceston to share the next steps of the One Health System and to seek community feedback.

## Publications

**For the Public**

We have launched several significant publications this financial year that further our goal of improving health and human services in Tasmania.

These publications are available on our website at: [www.dhhs.tas.gov.au/about\_the\_department/our\_plans\_and\_strategies](http://www.dhhs.tas.gov.au/about_the_department/our_plans_and_strategies).

We use these plans and strategies to ensure we are providing effective and efficient care and support for all Tasmanians.

**For Staff**

We produce numerous regular internal publications to keep our staff up to date on important work‑related issues. For example, all staff receive the weekly News and Announcements   
e-bulletin and regular communications from the Secretary.

**Library Services**

DHHS Library Services supports staff information and research needs.

It comprises four libraries: the Wingfield Library and Ambulance Tasmania Library in the south, and the Ramsay Library and Buttfield Library in the north.

Our Electronic Portal for Online Clinical Help allows users to search for quality health information simply and quickly.

Library Services also publishes academic research and publications written by our staff in its Who’s in Print newsletter.

A list of high level publications released in 2016‑17 follows.

### Key Publications 2016-17

| Publication | Year |
| --- | --- |
| Healthy Tasmania Five Year Strategic Plan | 2016 |
| Disability Services Operational Plan 2016-17 | 2016 |
| DHHS Corporate Plan 2016-18 | 2016 |
| A Review of Disability Services Delivered by Tasmanian Department of Health and Human Services | 2016 |
| DHHS Annual Report 2015-16 | 2016 |
| Strategic Plan for Out of Home Care in Tasmania 2017-2019 | 2017 |
| Workforces Diversity Plan 2017-2020 | 2017 |
| Implementation of the National Code of Conduct for Health Care Workers in Tasmania Consultation Paper | 2017 |
| Youth at Risk Strategy | 2017 |
| Compassionate Communities: A Tasmanian Palliative Care Policy Framework 2017-2021 | 2017 |
| Tasmanian Child and Youth Wellbeing Framework (draft) | 2017 |
| Children’s Advice and Referral Alliance (draft) | 2017 |

# Disability Framework for Action

DHHS and the THS developed a *Disability Action Plan* (DAP) in 2014 to meet the requirements of the Tasmanian Government’s *Disability Framework for Action 2013-2017*.

The DAP outlines the activities DHHS and THS committed to undertake to support people with disability in Tasmania, both as an employer and as a service provider.

Commitments relate to a range of services, policies and programs, from ensuring our online and physical assets are accessible, to supporting the employment and delivery of services to people with disability.

During the reporting period, a number of policy and program developments occurred to support our DAP, including:

* Online Services continued to work collaboratively with business units to ensure DHHS websites and documents meet accessibility requirements.
* Asset Management Services worked closely with a disability access consultant to conduct an audit of the accessibility of all DHHS facilities, and established a prioritised list of recommended remedial actions which will be actioned over the coming years.
* Disability and Community Services (DCS) secured $3.2 million in sector development funding.
* DCS continued work with the Minister’s Disability Advisory Committee to ensure people with disability are able to share their ideas and concerns about strategic projects and policy development.
* Human Resources Management and Strategy (HRMS) released a number of resources and tools on workplace adjustment to support the employment of people with disability.
* HRMS actively supported a number of whole-of-government initiatives to support the employment of people with disability – including involvement in the development of an online disability awareness training module (due to be completed in December 2017).

In addition to the above, implementation of the NDIS has continued to be the most significant reform for people with disability and providers of disability services in Tasmania. As at 30 June 2017, 2 247 participants in the NDIS had approved plans.

# Key Achievements 2016-17

**Securing the Future of the Mersey Community Hospital**

In April 2017, agreement was reached between the Australian Government and the Tasmanian Government for a new, fully funded, 10 year deal for the MCH at Latrobe.

The funding deal, worth $730.4 million, sees ownership of the Mersey return to the Tasmanian Government, giving long-term security for the hospital's future.

The $730 million payment, which will be fully exempt from GST calculations, is the biggest ever single cash transfer from the Australian Government to the Tasmanian Government.

DHHS worked very hard to achieve this result and the formal transfer of ownership took place on 1 July 2017.

Once the funds are exhausted, the Mersey will be funded from a combination of Tasmania's annual health budget, and the national arrangements which provide activity based funding.

**Reforming the Child Safety Service**

Reforms gained momentum during the year with the introduction of the Child Safety Service (previously the Child Protection Service) and the creation of two Hospital Liaison Officers, 10 additional Clinical Practice Consultant Educators, seven of which have been employed, and we are progressively recruiting to five additional full time equivalent Support Worker positions.

We have also increased on-the-ground resources in the Child Safety Service to accommodate six additional Child Safety Officers for periods of up to two years. These roles will be recruited as a priority. These people will be recruited on the basis that they can fill vacancies quickly. They will be based in regions, but able to move into various roles as required ensuring faster responses through increased resource mobility and flexibility.

Six unit coordinator and four court coordinator roles have also been established. These roles will meet the needs of staff as expressed through the consultation phase of *Strong Families, Safe Kids*.

During the year, work continued on reforming the out of home care system to ensure a more therapeutic and targeted approach for children needing care.

In other initiatives, the Youth at Risk Strategy was launched, a new Children and Youth Services Practice Manual was developed and implemented, and the Ashley Youth Detention Centre Change Management program continued to gain momentum.

The Change Management program is focussed on enhancing leadership capability, improving safety and risk management, provision of targeted training as well as developing a model of care that addresses the specific and complex needs of young people

**Launch of the Youth at Risk Strategy**

In June 2017, the Minister for Human Services launched the Youth at Risk Strategy which focuses on early intervention and a whole‑of‑government approach to address the complex needs of young people who may have experienced abuse or neglect, or who are struggling with homelessness, mental health, or drug and alcohol issues.

Findings from the consultations indicated the key issues impacting on young people at risk included:

* educational disengagement and the provision of flexible education alternatives
* homelessness, particularly for young people under 16 years of age, and
* the need for more holistic and youth‑focused drug and alcohol and mental health services.

The strategy has seven key areas:

1. The development of a vulnerability assessment tool and the formation of agreed outcomes based on the Child and Youth Wellbeing Framework.
2. Provide timely and appropriate safety and supports for young people in out of home care and those engaged in the Youth Justice System.
3. Increase awareness and create alternative pathways within the homelessness and housing system for young people at risk.
4. Improve education and employment opportunities by providing flexible learning alternatives for vulnerable young Tasmanians.
5. Improve the health and wellbeing of our most vulnerable young people through youth focused drug, alcohol and mental health services.
6. Create safe and inclusive communities for young people.
7. Establish system-wide overarching support for the youth service sector.

**Providing Tasmanians with Affordable Housing**

During the year, Housing Tasmania provided 588 new properties for Tasmanians needing social and affordable housing. The innovative Community Housing Stock Leverage Program was launched which will see 172 new social housing properties built and 31 run-down homes upgraded by transferring the title of around 500 houses to community housing organisations.

Housing Tasmania also achieved its goal under the Rapid Rehousing Program of creating a pool of 50 rental properties for Tasmanians experiencing family violence. The program is part of the Government’s $26 million *Safe Homes, Safe Families: Tasmania’s* *Family Violence Action Plan 2015-2020.*

In a first for the State, special accommodation for dads with kids was opened in April 2017 in Moonah. The complex of eight, two bedroom units accommodates eight dads with their children. It provides an opportunity for dads to have custody of their children, with Hobart City Mission providing support services. This supported accommodation is critical for these dads to be able to have custody of their children. For more information refer to the Case Study: Supporting vulnerable Tasmanians by providing affordable housing for Dads with Kids.

**Providing accommodation for homeless young people and those at risk of homelessness**

During the year construction commenced on a 25 unit Supported Accommodation Facility for young people at Devonport and on an innovative Youth at Risk Response Facility at Moonah.

Both will complement similar facilities recently built at Trinity Hill in North Hobart and Thyne House in Launceston.

Together, these sites are about a stronger response to youth homelessness by providing more accommodation and support for young people at risk.

The new Youth Supported Accommodation facility in Devonport is on track to open in early 2018.

The centre will house 25 young people aged 16 to 25 on low incomes, or who are homeless or at risk of homelessness.

The centre will include five purpose built units for young people living with disability who are under the NDIS, with a further four adaptable units if they are needed.

The $1.8 million Moonah facility, will, for the first time in Tasmania, allow targeting of young people under 16 who are at risk of, or already experiencing, homelessness.

This is an important development in assisting a particularly vulnerable cohort of people and helping break a potentially long-term cycle of homelessness. There is evidence that the younger someone is when they first experience homelessness, the more likely they are to remain homeless for a longer period of time.

The new facility will primarily provide short‑term accommodation and specialised crisis support with the aim of ensuring the young person’s safety and helping them to reconnect with family, school and other services.

**Extending family violence counselling services**

During the year, additional counselling services were made available to children, young people and adults experiencing family violence.

The additional services are being delivered as part of *Safe Homes, Safe Families, Tasmania’s Family Violence Action Plan 2015-2020.*

The Australian Childhood Foundation and Support, Help and Empowerment have been contracted to deliver the services over three years, and commenced in 2016-17.

**Constructing new crisis accommodation in Hobart**

In March 2017, construction started in Hobart on new accommodation for people escaping family violence.

Planning and building approvals were finalised in March 2017 and Tasmanian company Fairbrother was awarded the contract to deliver the project. The delivery of this project will greatly increase our ability to deliver accommodation for victims of family violence, substantially increasing places available when compared to what is currently available. The project will be completed in December 2017.

**Joining up Human Services**

The innovative Joined-Up human services trial aims to make it easier for Tasmanians to access a range of human services.

It provides Tasmanians who have multiple and complex human services needs with a case manager so they have a single point of access to services.

The case manager service has commenced with 16 clients with complex needs receiving a range of services to improve their lives.

These services may include access to social housing, alcohol and drug services, and mental health services.

Additional clients will be brought into the service each month so that 30 clients are receiving support in 2017-18.

**A new low cost bus service for the North West**

In September 2016, Hospital Link, a new low‑cost bus service linking the NWRH and the MCH was launched.

The service provides patient and public pick-up and drop off points at both the hospitals and at Latrobe, Devonport, Ulverstone and Burnie, as well as the University of Tasmania’s Burnie campus on weekdays. Hospital Link is part of a $24 million Patient Transport commitment under the One Health System White Paper.

The bus service has proven to be very popular and is well utilised. For further information refer to the Case Study: New bus service provides better access to North West Regional and Mersey Hospitals.

**E-Cigarettes**

As part of the State Government’s *Healthy Tasmania Five Year Strategic Plan,* the *Public Health Amendment - Healthy Tasmania - Bill 2017* was introduced into the Parliament to increase penalties for selling or supplying smoking products to children, introducing laws to regulate personal vaporiser products (including e-cigarettes) and providing the option for targeted education through quit smoking information at the point-of-sale.

The legislation was passed by both houses of State Parliament in September 2017 and will take effect later this year.

**Establishing Telehealth clinics to make it easier for patients to access specialist services**

In September 2016, Endocrine and General Endocrine Neoplasia clinics commenced delivering Telehealth services with an Endocrinologist located in the Wellington Clinics in Hobart and the patient accompanied by a Registrar in the North West Regional Hospital.Also in September, the High Risk Foot Clinic for diabetic patients with complex foot concerns commenced delivery of Telehealth services, while in February 2017, the first Telehealth appointment between the RHH Wellington Clinics and the King Island Health and Hospital Centre was successfully delivered. Previously, the patient would have been required to travel to Hobart for an in‑person consult, or the NWRH for a Telehealth appointment.

**Providing additional Ambulance services and making our paramedics safer**

Three Extended Care Paramedics are now actively working in both the Northern and Southern regions. This extended care service involves providing paramedics with additional skills to reduce the need to transport patients to hospital emergency departments and allow the patients to be treated in their home.

During the year, an additional 12 paramedics were employed in the North West.

Following significant staff input, Ambulance Tasmania implemented training and public education around violence against paramedics. This involved training for all operational staff and a public awareness campaign including advertisements on ambulances, in hotels, on social media and on television.

**Completing the review of the DHHS Purchasing Framework for Outsourced Services**

The review of the DHHS Purchasing Framework for Outsourced Services 2016 made a number of recommendations to improve the governance of community sector funding and management within DHHS.

These recommendations included:

* a statement of funding intent
* a robust structure with centralised grants management of community sector funding including further implementation of the Outcomes Purchasing Framework, and
* greater consistency, standards and proportionality in services, safety and quality reporting for DHHS funded organisations.

Managed by PPP, implementation of the recommendations has begun, and completion is expected in December 2018.

**Roll out of the National Disability Insurance Scheme**

The roll out of the NDIS continued during 2016-17.

When fully transitioned, approximately 10 600 Tasmanians with a disability, up to the age of 65, will be supported by the NDIS.

Transition to the full NDIS scheme will take three years (1 July 2016 to 30 June 2019).

Commencing on1 July 2016, the NDIS expanded to include people aged 12-24 and from 1 January 2017, adults aged 25-28. From   
1 July 2017, children aged 4-11 began to transition, and adults aged 29-34 will begin transition from 1 January 2018.

A total of 1 067 participant plans were approved in 2016-17.

The total number of participants (from the trial and transition) with approved plans in Tasmania had reached 2 247 at 30 June 2017. This is five more plans than were scheduled as part of the bilateral agreement.**Rethinking Mental Health**

In October 2015, the Rethink Mental Health Plan 2015-2025 was launched providing a long term plan to deliver a coordinated and integrated Tasmanian mental health system.

Work continued in 2016-17 to implement initiatives under the Rethink Mental Health Plan and Tasmanian Suicide Prevention Strategy, which was launched in March 2016.

This included:

* the establishment of a peer workforce in public mental health services, to complement the existing workforce, commencing with community mental health teams during 2017
* roll-out of the Safe Wards initiative in public mental health inpatient units to improve safety for consumers, carers and staff
* the establishment of a Suicide Prevention Early Intervention Referral Service
* ongoing support of promotion, prevention and early intervention initiatives throughout the community sector, and
* work to establish consistent mechanisms for seeking feedback on consumer and carer perspectives of care.

**Tasmanian Population Health Survey 2016**

The Tasmanian Population Health Survey 2016 is the third iteration of the Tasmanian Population Health Survey, following surveys held in 2009 and 2013. A total of 6 300 Tasmanian adults participated in this telephone survey.

The results of the survey will contribute to the *Healthy Tasmania Strategic Plan* and help to monitor progress of key indicators in priority preventative health policy focussed on smoking, nutrition, obesity, physical activity and chronic disease screening and management, as well as the use and satisfaction of some DHHS services.

Improvements were noted in the use of preventive health screening and participation in chronic disease management. Compared with the results of previous years, the prevalence of some chronic conditions and overweight/obese BMI have increased in 2016, accompanied by poorer self-assessed health status, noticeably among middle aged Tasmanians. The decline in fruit and vegetable consumption noted since 2009 has continued in 2016.

A detailed report of the findings was released earlier this year on HealthStats Tasmania (Epidemiological Publications). <http://www.healthstats.dhhs.tas.gov.au/links>

**Creating a new cost-effectiveness assessment tool for preventive health programs**

The *Healthy Tasmania Five Year Strategic Plan* called for an assessment of the cost‑effectiveness of a range of community sector preventative health interventions funded by PHS. To meet this objective, DHHS developed a cost-effectiveness assessment tool (the CEA tool) in late 2016, based on a review of international cost-effectiveness evidence.

The CEA tool was then applied to a range of PHS funded interventions, in areas including reducing tobacco use, promoting healthy eating, physical activity, and preventing a range of chronic conditions.

The results of the CEA assessment indicated that, based on the best available international evidence, most of the interventions funded by PHS are either cost-saving or very cost‑effective, and hence should continue to be funded.

For a small number of programs, it proved difficult to identify suitable evidence of cost‑effectiveness, and it was recommended that these programs would benefit from review and future research. The findings of the CEA assessment have been shared with all the funded organisations concerned.

**Controlled Access Scheme for Medical Cannabis**

In April 2016, the Tasmanian Government announced the introduction of a Controlled Access Scheme (CAS) to allow Tasmanian patients with a serious illness access to unproven medical cannabis products under prescription from a suitably qualified medical specialist, in certain circumstances where treatment with conventional medication has been unsuccessful.

The scheme came into operation on 1 September 2017.

The 2017-18 Budget provides additional funding of funding of $3.75 million over four years to commence the CAS for children with severe paediatric refractory epilepsy.

This funding will be used to fund a screening and assessment program for children with severe refractory epilepsy. The program will include a controlled access scheme for medical cannabis as a treatment where it is deemed clinically suitable.

The CAS applies a number of conditions that will need to be met in order to achieve an appropriate balance between patient safety and providing access to unproven medical cannabis products.

DHHS has the mechanisms in place to receive, consider and respond efficiently to any application made under the Scheme by a suitably qualified specialist medical practitioner.

## Case Study

**Supporting vulnerable Tasmanians by providing affordable housing for Dads with Kids**

New affordable housing for Dads with Kids was opened in May 2017 as part of the Affordable Housing Action Plan.

The complex is the first supported, transitional housing for Dads with Kids in Tasmania.

The housing complex consists of eight two bedroom units in Moonah, and can accommodate eight dads with their children. It provides an opportunity for dads to have custody of their children in a supported environment.

The accommodation complex includes a play area, a large common area for dads to get together, individual garages and storage, an outdoor barbecue area, and a woodwork shop. Cooking lessons are also held with a qualified chef.

This allows dads to have custody of their children if accommodation was a problem for them. Housing Tasmania purchased the property and invested $2.5 million to upgrade and refurbish the complex.

Hobart City Mission provides support services to the fathers and their children including a coordinator who is on site full time.

The facility provides a supportive environment and access to other services as well as acting as an early intervention by providing a place for dads to have custody of their children if needed, such as in child protection matters.

Eighteen year-old dad Torrin Bennett said he was very pleased to get a fresh start with his son, where he could access help and support.

“It’s really good to have that experience with my son, bonding, playing together and learning to be a father,” he said.

Key Achievements in 2016-17

He also appreciated the contact with other dads in similar situations, saying he would recommend the program to other fathers for the peer support it offered.

He said if he had not been able to move to the housing facility, he doubted he would have been able to keep custody of his son.

Torrin is also working on expanding some skills at TAFE to assist him gain employment.

The Affordable Housing Action Plan provided the opportunity for Hobart City Mission to work with the DHHS to develop the facility.

The support the fathers could offer each other has been important to the success of the project; providing the opportunity to meet other fathers, share stories and learn together.



Figure 2: from left: young dad Torrin Bennett, Minister Jacquie Petrusma MP and Hobart City Mission CEO John Stubley at the opening of the accommodation.

## Case Study

Key Achievements in 2016-17

**New Bus Service Provides Better Access to North West Regional and Mersey Hospitals**

The first stage of Hospital Link, Tasmania’s first subsidised bus service linking two of our state’s hospitals - the NWRH and MCH - and major hubs on the North West commenced in 2016-17.

The service provides patient and public pick-up and drop off points at both hospitals, Latrobe, Devonport, Ulverstone and Burnie, as well as the University of Tasmania’s Burnie campus on weekdays.

Hospital Link is part of a $24 million Patient Transport commitment under the Health White Paper, which committed to establishing a low-cost, subsidised bus service linking the NWRH, MCH and Launceston General Hospital (LGH).

Hospital Link runs seven days a week, including public holidays and uses the existing bus stops outside each hospital - at the main entrance for the NWRH and on Torquay Road for the MCH.

The service is provided by Metro Tasmania.

The Hospital Link service attracts passengers from outside the health sector, with students able to get to university by bus and other passengers connected with employment opportunities along the Coastal strip.

Passengers using the service to either attend hospital as a patient or visit someone, will be entitled to a special Government subsidy of a free return trip.

Any passenger disembarking at a hospital can obtain a token from the driver, which can be validated at reception.

**

Figure 3: Health Minister Michael Ferguson MP and Infrastructure Minister Rene Hidding MP  
with Metro CEO Stuart Wiggins at the launch of Hospital Link

## Case Study

Key Achievements in 2016-17

**Establishing Telehealth clinics to make it easier for patients to access specialist services**

In September 2016, Endocrine and General Endocrine Neoplasia clinics commenced delivering Telehealth services. An Endocrinologist located in the Wellington Clinics in Argyle St Hobart, and the patient accompanied by a Registrar in the North West Regional Hospital.

The High Risk Foot Clinic for diabetic patients with complex foot concerns also commenced delivery of Telehealth services in September.

In February 2017, Rhonda Nievaart from King Island had a Telehealth appointment between the RHH Wellington Clinics and the King Island Health and Hospital Centre.

The specialist in Hobart was able to assess Rhonda via video conference and her local GP, who was with her, was able to ask questions and help organise tests for her. To have the tests done, Rhonda flew to mainland Tasmania but then had the follow up via Telehealth again.

Previously, Rhonda would have been required to travel to Hobart for an in-person consult, or the NWRH for a Telehealth appointment. Each trip to mainland Tasmania would have required at least an overnight stay and cost the Department at least $500.

Rhonda said that having the appointment using Telehealth was, “Great, the picture and sound quality was fabulous” and she would recommend using Telehealth to anyone to avoid the disruption that the travel caused.

Endocrinologist at the Royal Hobart Hospital Linda Hoffman (pictured) says the Telehealth equipment is easy to use and very convenient for patients.

“Clinically it provides a good service and there is no reason why its use can’t be extended to other patients in other specialities,” she said.

Endocrinologist at the RHH Linda Hoffman in front of her Telehealth equipment


Figure 4: Endocrinologist at the RHH Linda Hoffman   
in front of her Telehealth equipment

# Performance Measures 2016-17

Each year DHHS strives to improve performance in areas that lead to strong health and human services outcomes for Tasmanians. Our performance measures give an insight into how we measure performance and plan improvements.

The following is a high level overview of our performance in diverse areas across the Department.

## Ambulance Tasmania

| **Performance Measure** | **Unit of**  **Measure** | **2013-14 Actual** | **2014-15 Actual** | **2015-16 Actual** | **2016-17 Actual** |
| --- | --- | --- | --- | --- | --- |
| Total Ambulance Responses 1 | Number | 78 911 | 78 749 | 81 409 | 83 764 |
| Emergency Ambulance Responses | Number | 48 607 | 47 799 | 49 644 | 43 0642 |
| Satisfaction with Ambulance Services**3** | % | 98 | 98 | 98 | 98 |
| Median Emergency Response Times (state-wide)**4** | Mins | 12.1 | 12.3 | 12.9 | 13.8 |
| Median Emergency Response Times (Burnie) **4** | Mins | 10.2 | 9.8 | 10.1 | 12.7 |
| Median Emergency Response Times (Devonport) **4** | Mins | 10.1 | 10.2 | 10.5 | 11.4 |
| Median Emergency Response Times (Hobart) **4** | Mins | 11.1 | 11.5 | 11.9 | 14.3 |
| Median Emergency Response Times (Launceston) **4** | Mins | 10.7 | 11.0 | 11.7 | 13.5 |
| Ambulance Services expenditure per person**5** | $ | 132.1 | 133.6 | 133.83 | na |

Notes:

1. Includes emergency, urgent and non-urgent patient transport.
2. In August 2016 a clinical audit was undertaken of priority dispatching determinants and a number of dispatch coders were reclassified from emergency to a lower level priority resulting in a decrease in emergency responses and a corresponding increase in lower priority cases.
3. Level of patient satisfaction is defined as the total number of patients who were either ‘satisfied’ or ‘very satisfied’ with ambulance services they had received in the previous 12 months, divided by the total number of patients that responded to the Patient Satisfaction Survey. The Patient Satisfaction Survey results for 2016-17 will be published in the Report on Government Services (ROGS) in January 2018. The figure provided here for 2016-17 is AT’s target for 2016-17.
4. AT has updated the methodology used to calculate the Median Emergency Response Time (MERT) indicator. The new methodology uses the definition proposed by the Productivity Commission in ROGS, which uses the time of first keystroke as the beginning of the response time calculation. AT has previously used the time when AT had enough information to dispatch an emergency vehicle as the beginning of the response time calculation. The ambulance emergency response time is now calculated as the difference in time between AT recording the first keystroke on receipt of a triple zero call in the AT State Operations Centre, and the first vehicle arriving at the location to treat a sick or injured patient. The MERT is the middle time value when all response times for emergency incidents are ordered from shortest to longest. The MERT can be broadly interpreted as the time within which approximately 50 per cent of the first responding ambulance resources arrive at the scene of an emergency. Response times for all previous years have been updated using this new methodology, and therefore differ from previously reported figures in DHHS Annual Reports. This change in calculation methodology in no way affects the performance of ambulance crews responding to emergencies.
5. Historical rates for AT’s expenditure per person may differ from those in previous reports, as historical data have been adjusted to 2015‑16 dollars using the General Government Final Consumption Expenditure (GGFCE) chain price deflator. The figures here are those reported in ROGS. The figure for 2016-17 is not yet available and will be published in ROGS in January 2018

The latest verified Patient Satisfaction Survey results indicate that 98 per cent of Ambulance Tasmania’s patients were satisfied, or very satisfied, with the ambulance service.

The demand for Ambulance services in 2016‑17 was 83 764 responses, an increase of 2 355 ambulance responses, or 2.9 per cent on the previous year.

There is a direct correlation between increased calls for help and decreased ambulance response times as the same number of vehicles become busier.

There are a variety of factors which affect ambulance response times in Tasmania including:

* demand for service against the available resource base
* a relatively high proportion of the population living in rural and remote areas
* hilly terrain, ribbon urban development along the Derwent and Tamar rivers
* the ageing population as a primary driver of demand, and
* a high reliance on Volunteer Ambulance Officers.

The 2016-17 median emergency response time for Tasmania is 13.8 minutes. Approximately 50 per cent of all Tasmanian emergency calls were responded to within that timeframe.

Tasmania has the greatest proportion of people living in rural areas of all states and territories and Ambulance response times in Tasmania are affected by the wide dispersal of the population.

Strategies to reduce the impact of demand are a focal point of AT operations. These include improvements in technology and public education campaigns and community announcements encouraging the public to only call an ambulance through Triple Zero to save lives.An Operational and Technical Review was undertaken in 2015-16, and a Communications Reform Program (CRP) was developed to undertake a comprehensive review of systems through a risk management methodology. The main outcome of the CRP was the upgrading of the Computer Aided Dispatch (CAD) system used to manage Triple Zero calls. AT, together with the Department of Police, Fire and Emergency Management, has had a significant focus on preparing for the implementation of the new CAD system which is due to be rolled out in late 2017. The benefit of a state of the art system will include more effective and efficient response to emergency incidents due to shared capture and sharing of incidents when reported to any of the emergency services. Performance information will also be enhanced which will allow AT to improve future planning of resource requirements.

**Ambulance Crews**

The 2015-16 Budget provided $24 million for Patient Transport. The initiative will fund two additional ambulance crews at Devonport and Latrobe and three Extended Care Paramedics based in Launceston.

Extended Care Paramedics have been trained to a higher skill level which will allow them to treat certain patients at home. It is expected that the Extended Care Paramedic program will reduce the number of patients transported to the Emergency Departments in Launceston and Hobart.

The Launceston Extended Care Paramedics were made operational in November 2016. In addition to this, three Extended Care Paramedics have been funded in the Southern Region. These were made operational in February 2017.

## Public Health Services

| **Performance Measure** | **Unit of Measure** | **2013-14 Actual** | **2014-15 Actual** | **2015-16 Actual** | **2016-17 Actual** |
| --- | --- | --- | --- | --- | --- |
| **Radiation Protection** |  |  |  |  |  |
| Radiation Management Plan – Notification of review by licence holder | % | NA | 82.0 | 78.0 | 74.0 |
| Recertification prior to expiry | % | NA | 60.0 | 98.0 | 96.0 |
| **Immunisation** |  |  |  |  |  |
| Vaccine coverage in children aged 12-15 months**1** | % | 89.8 | 90.4 | 92.9 | 93.8 |
| Vaccine coverage in children aged  24-27 months**1** | % | 93.5 | 88.7 | 89.7 | 92.0 |
| **Move Well Eat Well** |  |  |  |  |  |
| Primary School Membership | % | 73.8 | 77.8 | 80.1 | 81.0 |
| Primary School Awarded | % | 17.2 | 22.2 | 24.0 | 31.8 |
| Early Childhood Membership | % | 63.2 | 80.0 | 84.0 | 85.8 |
| Early Childhood Awarded | % | 19.1 | 20.0 | 23.0 | 28.9 |

Note:

1. Data Source: Australian Childhood Immunisation Register as at 31 December 2016.

**Radiation Protection**

Reported approved radiation management plans and recertification of radiation sources are a point in time calculation. Authorised Officers follow up non-compliance and seek evidence that radiation safety and documentation is being maintained.

**Immunisation**

From 2015-16 to 2016-17, reported vaccination coverage in the 12‑15 month age cohort increased by 0.9 per cent and is just above the Australian national average of 93.6 per cent.

While reported vaccination coverage in the 24‑27 month age cohort increased by 2.3 per cent from 2015-16 to 2016-17, and is above the Australian national average of 91.1  per cent. Previously reported drops in vaccination coverage rates in the 24-27 month cohort were attributed to changes to the definition of ‘fully immunised’ to include several new vaccines. Rates typically increase in subsequent years as provision and documentation of new vaccines becomes routine. This coupled with the No Jab, No Play catch-up program has seen a significant increase over the last period.

**Move Well Eat Well**

As at 30 June 2017, there were 179 member primary schools, 57 of which have achieved a Move Well Eat Well Award. Membership represents 81 per cent of all schools with a primary enrolment in Tasmania and Award status has been achieved by 31.8 per cent of these.

Between 2013-14 and 2016-17 the membership in the primary schools program increased by 7.2 per cent and there was an increase of 14.6 per cent in schools achieving Award status.

The Move Well Eat Well Primary School Program has reached over 35 000 Tasmanian primary school children and their families.

As at 30 June 2017 there were 97 member early childhood long day care services, 28 of which have achieved a Move Well Eat Well Award. Membership represents 85.8 per cent of all long day care services and Award status has been achieved by 28.9 per cent of these.Between 2013-14 and 2016-17 the Early Childhood Program’s membership increased by 22.6 per cent.

The Early Childhood Program reached 52 per cent of children 0-4 years and their families, in early childhood settings. Since beginning in 2012 the Program has provided support and training to 83 per cent of early childhood educators.

## Housing, Disability and Community Services

**Disability Services**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Performance Measure** | **Unit of Measure** | **2013-14 Actual** | **2014-15 Actual** | **2015-16 Actual** | **2016-17 Actual** |
| Accommodation support clients | Number | 1 346 | 1 222 | 1 2081 | 12661 |
| Community access clients | Number | 1 419 | 1 074 | 1 0781 | 10211 |
| Supported accommodation waiting list | Number | 111 | 93 | 82 | 58 |
| Community access waiting list | Number | 82 | 76 | 88 | 112 |

**Housing Tasmania**

| **Performance Measure** | **Unit of Measure** | **2013-14 Actual** | **2014-15 Actual** | **2015-16 Actual** | **2016-17 Actual** |
| --- | --- | --- | --- | --- | --- |
| Public Housing occupancy rate2 | % | 98.1 | 98.3 | 98.5 | 98.5 |
| Applicants housed3 | Number | 1 066 | 1 085 | 926 | 1 047 |
| New allocations to those in the greatest need | % | 85.3 | 80.5 | 95.5 | 97.8 |
| Households assisted through Private Rental Assistance | Number | 4 100 | 3 666 | 3 544 | 3 057 |
| Applicants on wait list | Number | 2 465 | 2 771 | 3 573 | 2 962 |
| Average wait time for people who  are housed (year to date) | Weeks | 35.7 | 42.2 | 47.7 | 47.3 |
| Average time to house Priority applicants4 (quarterly) | Weeks | na | na | 43.0 | 48.7 |
| Net recurrent cost per dwelling2, 5 | $ | 10 644 | 8 379 | 8 117 | 9 164, |
| Turnaround time6 | Days | 28.9 | 21.5 | 20.4 | 32.6 |

Notes:

1. The number of Accommodation Support and Community Access clients are preliminary figures as the data collection is yet to be finalised. Final figures are due to be published by the Australian Institute of Health and Welfare (AIHW) in June 2018. 2015-16 figures have been updated from the previous Annual Report, in line with the release of AIHW figures in June 2017.
2. Housing Tasmania data is provided from ROGS where appropriate.
3. This includes applicants housed into public or community housing from the Housing Register.
4. This indicator has replaced Average time to house Category 1 applicants due to the new HAPS in 2015. The new HAPS has seen a move to a two category system of Priority and General, and has resulted in a higher number of applicants in the Priority category.
5. Data provided is preliminary as data for 2016‑17 is not yet available from ROGS.
6. The increase in turnaround time is based on the current state of data within the new information system. The data provides improved information than was previously available, but there will be an ongoing focus on continuous improvement to ensure that data aligns with business processes. A national review of turnaround time, led by the AIHW, is ongoing due to discrepancies in jurisdiction’s reporting of ROGS data.

**Disability Services**

Accommodation support services provide assistance for people with disability within a range of accommodation options, including group homes (supported accommodation) and other settings. The supported accommodation waiting list decreased by 29 per cent from 82 people in June 2016 to 58 in June 2017. Supported accommodation waiting list figures are expected to further reduce as people who utilise supported accommodation services are transitioned to the NDIS.

Community access services provide activities for people with disability which promote learning and skill development and enable access, integration and participation in the local community.

The community access waiting list increased by 27.3 per cent from 88 in June 2016 to 112 in June 2017. The implementation of the NDIS in Tasmania has begun to address the need for community access. The increase is primarily due to a review of individuals’ needs for a community access package in preparation for the NDIS and a number of clients in northern Tasmania requiring additional days.

**Housing Tasmania**

Housing Tasmania continues to assist people on low to moderate incomes to access a range of affordable housing options.

Demand for affordable housing for people on low incomes remains high due to rising house prices and challenges in accessing affordable private rentals.

Occupancy rates for public housing continue to be high at 98.5 per cent as people remain in safe, affordable and stable housing.

The number of households accessing Private Rental Assistance has decreased from 3 544 in 2015‑16 to 3 057 in 2016‑17. This is due to the lack of affordable properties that are available within the private rental market.

Housing Tasmania is expanding its role to assist people in housing need to better access affordable housing through private rental incentives in the future.

The number of new households assisted into public and community housing has increased from 926 in 2015‑16 to 1 047 in 2016‑17.

There has been a 17 per cent reduction in the number of applicants on the Housing Register from 2015‑16 to 2016‑17. This was associated with a review and update of active applicant details.

Under the Housing Assessment Prioritisation System, around 69 per cent of Housing Register applicants are priority.

Housing Tasmania continues to perform extremely well at targeting public housing allocations to people most in need. In June 2016, 97.8 per cent of people housed were priority applicants.

The low turnover and high demand for social housing properties means that there continues to be a significant wait time for people to be housed.

Net recurrent cost per dwelling has increased slightly from $8 117 in 2015‑16 to $9 164 in 2016‑17. The cost has increased due to greater expenditure on maintenance, insurance and rates.

Tasmania’s *Affordable Housing Strategy 2015‑2025* and *Action Plan 2015‑2019* (Action Plan) outline the housing reform agenda for Tasmania over the next 10 years.

Capital initiatives will contribute to increasing supply of over 900 affordable housing properties.

Overall, an additional 1 600 households in need will be assisted by June 2019.

## Children and Youth Services

### Children Services

| **Performance Measure** | **Unit of Measure** | **2013-14 Actual** | **2014-15 Actual** | **2015-16 Actual** | **2016-17 Actual** |
| --- | --- | --- | --- | --- | --- |
| Mothers attending the eight week Child Health Assessment | % | 87.6 | 86.9 | 86.81 | 89.82 |
| Children in notifications (per 1 000 population)3,4 | Rate | 71.0 | 77.3 | 86.4 | 53.15 |
| Average daily children in active transition at Response6 | Number | 24.7 | 15.5 | 65.5 | 83.6 |
| Investigation outcome determined within 28 days3 | % | 31.9 | 34.7 | 19.7 | 20.3 |
| Children who were the subject of a substantiation  during the previous year, who were the subject of a  subsequent substantiation within 12 months 3,7 | % | 21.5 | 18.5 | 23.6 | n/a |
| Average daily children in out of home care | Number | 1 064.9 | 1 046.2 | 1110.6 | 1179.7 |
| Children with approved case and care plans | % | 72.6 | 68.3 | 55.2 | 60.3 |
| Foster care households with five or more foster children5 | % | 5.1 | 5.2 | 5.0 | 6.9 |
| Children in out of home care who had 3+ non-respite placements in the last 12 months | % | 3.2 | 4.5 | 4.2 | 4.8 |
| Children actively managed while waiting for  therapeutic family violence counselling services Number | % | 112 | 90 | 59 | 338 |

Notes:

1. Due to the lag effect from continual entry of data into information systems, the data reported for 2015-16 has been retrospectively updated and therefore differs slightly from that reported in the 2015-16 DHHS Annual Report.
2. CHaPS was transferred to the THS on 1 January 2017, however this data is for the full financial year. This CHaPS performance indicator has transferred to the THS Budget Chapter and will be included in the THS Annual Report from 2017-18.
3. The 2016-17 actuals are preliminary and may differ from figures published in ROGS or Child Protection Australia as figures for these publications are not provided until 29 September each year.
4. The population figures used to calculate this measure are taken from ROGS.
5. From February 2016, any notification to Child Safety Service finalised under Section 17(2)(a) of the *Children, Young Persons and Their Families Act 1997* (i.e. the notification was based on information or observations that were not sufficient to constitute reasonable grounds for the belief or suspicion contained in the notification) was classified as a child concern report for the purpose of national and state level reporting and was not counted as a notification. This change to reporting has only been applied to the above indicator from 1 July 2016. As such, the rate of children in notifications for Tasmania for 2016-17 appears to have decreased compared to previous years.
6. Children in active transition at Response are actively managed while awaiting allocation to a child safety officer for an investigation.
7. Due to data lag issues, the total percentage of resubstantiations is not yet able to be reliably reported.
8. During the financial year, the indicator was revised to reflect a change in business process for managing new referrals to CHYPP. From January 2017,  A referral assessment is undertaken within 24 hours of initial contact with the service, and may result in one of a variety of approaches to supporting the child/ren.

CHaPS continues to provide a high level of initial engagement and support to parents of newborn children.  The data report attendance rates at the eight week Child Health Check, with this data recorded to align with other key performance measures across Children Services.  The data indicates the number of mothers attending the eight week Child Health Assessment increased slightly across Tasmania in the first half of the financial year 2016-17.  CHaPS provides a range of Child Health Checks to parents of Tasmanian children from two weeks to five years of age.  The service transitioned from DHHS to become part of the THS from 1 January 2017.

There is a shifting national trend towards rising numbers of children receiving child protection services across Australia.

The number of children who were the subject of a notification has declined during 2016-17 due to the change in counting rules. However, even though there was a decrease in reported service activity for Child Safety Service intake functions, it should be noted the overall number of children placed on an order and/or in care continued to grow in Tasmania during 2016-17.

During 2016-17, a daily average number of 83.6 children were in active transition from Intake to Response, representing an increase from 65.5 in 2015-16. There has been a consistent effort over recent months to reduce the number of children in active transition at Response, including an independent Panel of senior clinicians and managers to oversee a review of cases recommended for closure following a referral for investigation. As a result of these efforts, the number of children in active transition at Response had declined considerably by 30 June 2017 to 12 children statewide.

The Government’s 2017-18 Budget has allocated funding of $6 million in the development of a replacement to the now aging DHHS child protection client information technology. Any new system is expected to integrate with other critical information systems, and support new processes and practice in the Child Safety Service.

Anecdotal feedback from frontline child safety services staff indicates Tasmania is experiencing greater case complexity in notifications requiring investigation, often due to a range of issues including parental substance abuse and mental health. DHHS has a number of strategies to assist child safety staff in working with complex cases. These include a contract with the Australian Childhood Foundation for professional development of staff in their understanding of, and response to, trauma; and a strong commitment to learning and development in partnership with non‑Government providers of service.

CSS through their Out of Home Care team and partnerships with relevant non-Government Organisations provide care for children living away from their parents for protective or other reasons related to child safety and wellbeing.

Reform of the out of home care system is ongoing as part of the *Strong Families, Safe Kids* project which is a comprehensive redesign of the Child Safety Service.

A key objective of the *Strong Families, Safe Kids* project is to promote a common understanding of child wellbeing across the service system, to deliver better outcomes for children.Outputs include a common Child and Youth wellbeing Framework and the translation of child wellbeing messages to targeted communication materials.

Recently, the Department of Education (DoE) and DHHS identified three common objectives that both Agencies will focus on. These are:

* delivering better outcomes for children in out of home care
* delivering better outcomes for Tasmania’s most vulnerable children and their families, and
* building an integrated database across DoE and DHHS to report on child wellbeing.

A sector-wide symposium on child wellbeing was held in late-2016 to underpin the development of the framework and ongoing stakeholder communication.

As part of *Strong Families, Safe Kids*, the Children’s Assessment and Referral Alliance draft was published in June 2017, describing a new ‘front door’ involving government and non‑government services working together to ensure children and families in need are supported to access appropriate services, and that serious concerns for the safety and wellbeing of children are responded to quickly and effectively.

*Safe Homes, Safe Families* launched in August 2015, is a coordinated, whole-of-government response to Family Violence. Under *Safe Homes, Safe Families*, a wide range of agencies and key partners work together to deliver a cohesive response to family violence. In the Safe Families Coordination Unit, DHHS and other key agencies, led by the Department of Police, Fire and Emergency Services, work collaboratively to provide greater interaction with, and support to, women and children experiencing family violence, and to ensure they receive the services they require.

*Safe Homes, Safe Families* also collects and collates a range of information and data to ensure that service providers are well placed to meet the needs of the women and children requiring support and safety.

**Custodial and Community Youth Justice**

| **Performance Measure** | **Unit of Measure** | **2013-14 Actual** | **2014-15 Actual** | **2015-16 Actual** | **2016-17 Actual** |
| --- | --- | --- | --- | --- | --- |
| **Custodial Youth Justice** |  |  |  |  |  |
| Average daily young people in Youth Justice detention1 | Number | 11.6 | 10.3 | 9.2 | 10.7 |
| Distinct number of young people in youth justice detention1 | Number | 56 | 52 | 33 | 65 |
| **Community Youth Justice** |  |  |  |  |  |
| Average daily young people in Community Youth Justice1 | Number | 309.2 | 242.7 | 229.5 | 197.1 |
| Distinct number of young people in Community Youth Justice 1 | Number | 643 | 523 | 475 | 407 |
| Community Service Orders completed before the statutory expiry date1 | % | 92.0 | 86.4 | 91.7 | 94.5 |
| Youth Justice Community Conferences held within six weeks of receipt of referral for conference 1 | % | 81.7 | 86.2 | 84.1 | 85.1 |

Note:

1. Due to the lag effect from continual entry of data into information systems, the data reported for 2015-16 may have been retrospectively updated and therefore differ from that reported in the 2015-16 DHHS Annual Report.

The average daily number of young people in detention was 10.7 in 2016-17. This is up from the value of 9.2 observed in 2015-16 and in contrast with the declining trend in the reported number of Custodial Youth Justice clients observed between 2013‑14 and 2015‑16.

The average daily number of people in Community Youth Justice has continued to decrease, falling from 229.5 in 2015-16 to 197.1 in 2016-17.

The number of young people engaged with Community or Custodial Youth Justice Services is predominantly influenced by external services. The factors affecting activity levels include referral practices and diversionary programs implemented by Tasmania Police, as well as the effectiveness of prosecutions and sentencing options selected by the Courts.

## System Management

### Health System Management

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Performance Measure** | **Unit of  Measure** | **2013-14**  **Actual** | **2014-15**  **Actual** | **2015-16 Actual** | **2016-17 Actual** |
| Implementation of Government reform agenda  goals achieved within published timeframe1 | % | na | 100 | 752 | 962 |
| Service Agreements developed and administered in accordance with the THO Act, and policy settings endorsed by the Minister for Health | Number | 3 | 3 | 13 | 13 |

Notes:

1. This performance measure was introduced in the 2014-15 Budget and, as such, prior year actuals are not available for this measure.
2. The health reform goals are those specified in the Government’s Agenda 2016 and Deliverables 2017. The target of 100 per cent was not achieved due to timeframes regarding the upgrade to the Launceston Ambulance Station upgrade. Significant capital works under Stage 1 was completed with Stage 2 to be completed in 2017-18.
3. One Service Agreement was required in 2015-16 due to the establishment of the single THS on 1 July 2015.

**Patients First**

Throughout 2016-17, DHHS continued to support the THS in the delivery of the *Patients First* initiative.

In February 2017, the Minister for Health announced a second stage of the *Patients First* initiative, which included a number of recurrent bed openings across the State to further improve whole-of-hospital patient flow.

The actions within the *Patients First* and *Patients First (Stage 2)* initiatives are being monitored and actioned by the DHHS and THS through the Service Agreement.

**THS Service Agreement 2016-17**

The *Tasmanian Health Organisations Act 2011* (the Act) requires an annual Service Agreement between the Minister for Health and the THS to be in place by 30 June for the forthcoming financial year.

The Service Agreement is the key agreement between the Minister for Health and the THS, and sets out the agreed expectations of the THS.

The Service Agreement is complemented by a Performance Framework, which provides the arrangements for monitoring THS performance against the Service Agreement requirements.

As system manager, it is the responsibility of DHHS to ensure that THS performance against the requirements of the Service Agreement is monitored and managed to ensure that where necessary, the performance intervention options available to the Minister under the Actare effectively implemented.

DHHS undertakes quarterly performance review meetings with the THS to identify and manage any emerging performance issues.

The 2016-17 Service Agreement was issued by the Minister for Health on 29 June 2016.

There were four amendments to the Service Agreement throughout 2016-17 to incorporate initiatives such as:

* the transfer of CHaPS from DHHS to THS
* changes to elective surgery Key Performance Indicator (KPI) targets, and
* the requirements of *Patients First Stages 1 and 2.*

All four amendments were signed by the Minister for Health and the Chair of the THS Governing Council.

**Performance Escalations**

During 2015-16, a level one performance escalation was initiated for unsatisfactory performance against the following service agreement KPI:

* Time until most admitted patients (90 per cent) departed the emergency department.

In the 2016-17 Service Agreement, the above KPI was re-defined as:

* Percentage of patients admitted through the ED with an ED length of stay less than eight hours.

The level one performance escalation initiated in 2015-16 transferred to this re-defined KPI and remains in place.

In February 2017, a level one performance escalation was initiated for unsatisfactory performance against four additional service agreement KPIs:

* Percentage of all emergency department presentations seen within recommended time
* Percentage of all emergency patients with an ED length of stay less than four hours
* Percentage of all ED patients with an ED length of stay less than 24 hours, and
* Ambulance offload delay – 30 minutes

Consistent with the requirements of a level one performance escalation, the THS was required to submit performance improvement plans for all five KPIs to the Minister for Health, outlining the strategies that would be implemented to remediate performance and a timeframe for the achievement of KPI targets specified in the 2016-17 Service Agreement.

### Human Services System Management

| **Performance Measure** | **Unit of Measure** | **2013-14 Actual** | **2014-15 Actual** | **2015-16 Actual** | **2016-17 Actual** |
| --- | --- | --- | --- | --- | --- |
| Organisations receiving a Quality and Safety Review within relevant timeframes | % | 60 | 42.5 | 31 | 23.75 |
| Target Population transferred to NDIS trial within agreed timeframes1 | % | 81.1 | 100 | 100 | 83.7 |
| Social Housing owned and/or managed by the Community Sector2 | % | 34.0 | 42.7 | 42.4 | 41.5 |

Notes:

1. Target population transitioned to NDIS is as per 31 March 2017 quarterly report, being the latest data available; once the 30 June 2017 quarterly report is available this measure will be updated.
2. The agreed National Target for community managed social housing stock is 35 per cent. The 2016-17 target was revised to 42.7 per cent in the 2016-17 Budget Papers to reflect the level of social housing stock actually under community management at that time. Although 2016-17 actuals are slightly below that revised target, they are still well above the national target.

**Quality and Safety Reviews**

DHHS conducts regular reviews of funded community sector organisations under the *Quality and Safety Framework for Tasmania’s DHHS Funded Community Sector*. DHHS funded organisations are continuing to actively participate in the review process and are showing a commitment to continuous improvement against quality and safety standards. The Department is responsible for triennial reviews under the Framework. However, quality and safety standards are also monitored annually through DHHS funding agreement management.

**NDIS Transition to Full Scheme**

The NDIS trial for the 15 to 24 year old cohort saw over 1 100 young people supported by the NDIS. A Bilateral Agreement for transition to full scheme was signed by the Tasmanian and Australian Governments on 11 December 2015.

The transition of the remaining 9 500 Tasmanians with disability to the NDIS commenced in 2016-17 with people aged 12 to 28 as well as individuals in specialist disability supported accommodation transitioning.

**Social Housing**

Community housing providers now have an established presence as managers of social housing in Tasmania.

Some 3 900 properties have transferred under the Better Housing *Futures* program since its commencement.

The involvement of the community sector in the management of social housing has led to improvements in the way tenants, with special needs in particular, are supported, the building of strong, resilient communities and a concentrated investment in maintenance across the Tasmanian social housing portfolio.

### Children Services System Management

| **Performance Measure** | **Unit of Measure** | **2013-14 Actual** | **2014-15 Actual** | **2015-16 Actual** | **2016-17 Actual** |
| --- | --- | --- | --- | --- | --- |
| Planned strategic projects with milestones achieved | % | 65 | 59 | 71 | 86 |
| Planned regular operational performance reviews completed addressing key issues within the remit of Children’s Services | % | 100 | 100 | 100 | 861 |
| Planned quality appraisals completed within relevant timeframes | % | 100 | 100 | 100 | 100 |

Note:

2016-17 saw the move to a more proactive performance improvement process and as a result, 37 targeted reviews were identified of which 32 were successfully completed.

CYS has successfully completed a number of strategic projects including the CYS Practice Manual, Delegations Review, amendments to the *Youth Justice Act 1997* and the Family Violence Action Plan, Actions 8 and 9. The Out of Home Care Reform and Youth at Risk Projects were also completed with the release of a Strategic Plan for Out of Home Care in Tasmania 2017-2019 and a Youth at Risk Strategy.

An Out of Home Care Foundations project commenced as part of the broader program of work outlined in the Out of Home Care Strategic Plan.  The Out of Home Care Foundations project seeks to build the foundation for a more accountable, integrated and coordinated out of home care system.  Children and young people with lived experience of the care system are contributing to the development of an Outcomes Framework for children and young people living in out of home care. Work has also commenced on a Quality and Accountability Framework and future model for foster care.

Following the release of the Youth at Risk Strategy DHHS commenced development of a detailed cross government implementation plan across the seven key action areas. It is anticipated that implementation will occur over four years.

The Child Protection Redesign project, *Strong Families, Safe Kids* continued to meet key deliverables including the release of a Child and Youth Wellbeing Framework and a service model for people seeking information, advice and referral in regard to significant concerns for the safety and wellbeing of children.

Performance information dashboards are updated daily by the Performance and Evaluation Unit in CYS and are available for routine access by a range of CYS staff. This allows for proactive performance improvement including the identification of targeted reviews to be undertaken.

Quality appraisals were undertaken by staff in the CYS Quality Improvement and Workforce Development Unit on individual cases as required. These appraisals occur in response to practice issues arising in relation to the Child Safety Service, Community Youth Justice and the Ashley Youth Detention Centre.

CYS is in the process of finalising a Quality Improvement Framework. All service delivery and business support areas will be assessed against this framework on a regular basis commencing in 2017-18. The framework will draw on industry standards including the National Out of Home Care and Australian Juvenile Justice Administration standards.

**Safe Pathways**

In 2016, the DHHS undertook a comprehensive review into Safe Pathways following a number of concerns being raised in relation to children under the care of Safe Pathways.  All children placed by the Secretary in the care of Safe Pathways were transitioned to other out of home care providers pending the outcome of the review.  The review was finalised and the contract was terminated due to non‑compliance by Safe Pathways with the administrative requirements of the Funding Agreement.  Financial acquittals for all Special Care Packages delivered by Safe Pathways have now been completed.

Funding provided to Safe Pathways in the 2015‑16 and 2016-17 financial years is detailed below.

| **Funding** | **2015-16**  **$** | **2016-17**  **$** | **Total**  **$** |
| --- | --- | --- | --- |
| Special Care Packages1 | 160 510 | 999 730 | 1 160 240 |

Notes:

1. No further payments will be made to Safe Pathways for Special Care Packages in 2017-18.

# DHHS in 2017-18

In September 2016, the Secretary released the *DHHS Corporate Plan 2016-18.* The Corporate Plan sets out the vision, commitment and principles of the DHHS and establishes five strategic priorities, with supporting actions. The following sections set out some of our key initiatives within these five areas of focus.

**Healthy and Safe Tasmanians**

In 2017-18 we will continue implementing key smoking, healthy eating and physical activity initiatives as part of Healthy Tasmania.

We will also complete construction of a new crisis accommodation centre in Hobart that will greatly increase our ability to deliver accommodation for victims of family violence, substantially increasing places compared with what is currently available.

The project will be completed in December 2017.

We will continue to implement the Youth at Risk Strategy that will include youth justice reform resulting in a more streamlined, therapeutic system for young people at risk.

We will also provide more supported accommodation for young people at risk. The Moonah and Devonport supported accommodation for young people will be completed in 2017-18.

We will also continue to implement key priorities under *Rethink Mental Health – A long term plan for Mental Health in Tasmania 2015-25*, the T*asmanian Suicide Prevention Plan for Tasmania 2016-20*, the *Youth Suicide Prevention Plan for Tasmania 2016-20* and the *Suicide Prevention Workforce Development and Training Plan for Tasmania 2016-20*.

**Well-Governed Systems**

We will continue to embed the role and functions of system manager within DHHS, the THS and external stakeholders. This will include the administration of:

* the annual Service Agreement between the DHHS and THS
* the DHHS performance framework
* the statewide clinical governance framework, and
* health and human services public reporting.

We will also review and enhance existing records management policies and procedures and support My Health Record and other national and local initiatives designed to give people control of their health and well-being information and provide more seamless and responsive professional intervention.

**Integrated Services**

We will continue to implement the Joined-Up human services project in 2017-18. Additional clients will be brought into the service so that 30 individual clients are receiving support in 2017-18. We will also commence delivering the service to families who are in need of multiple services.

Redesigning the Child Protection System in the State will continue to be a major priority. This will include continuing to place the well-being of children at the centre of services, building an integrated risk assessment and planning system and the recruitment of additional staff.

Closely aligned will be the reform of the out of home care system in the State. This will see a continuum of care implemented that will provide a range of placement options for children and young people. Phase 1 of these reforms will focus on specialised care services including Sibling Group Care, Residential Care and Therapeutic Services with Phase 2 focusing on Family Based Care - primarily on foster care.

During 2017-18 we will also re-model the Home and Community Care (HACC) system in the State as part of our approach to implement an efficient community care system that is integrated with aged care, disability and primary health services.

**Evidence-Based Services**

In 2017-18 we will produce an updated framework for DHHS funded community sector delivered services. This will flow from the review of the DHHS Purchasing Framework for Outsourced Services.

The updated framework will provide more robust oversight of grants to community organisations, centralised grants administration and a clearer picture of how funded organisations’ strategic priorities match those of the DHHS and state government.

We will continue the roll out of the *Affordable Housing Strategy 2015-25* and the *Affordable Housing Action Plan 2015-19*.

Over the course of the Action Plan, 1 600 households will be provided with additional support, including construction of 941 new homes as well as access to affordable homes in the private market. Through the Minister for Health, the State of Public Health Report 2018 will be submitted to both Houses of Parliament as required by the *Public Health Act 1997*.

**An Engaged Workforce**

In 2017-18, DHHS will involve its people in the creation of a set of values for the Department.

Our values will underpin all aspects of our business, from decisions we make, to the people we hire, to the way we engage with each other and our stakeholders.

All staff will also develop Performance and Development Agreements during the year and an internal communications strategy will be implemented to improve communication and collaboration and engagement within the organisation.

We will also finalise a training needs analysis for the organisation that will see continued investment in the development and growth of our people.

*This page is intentionally blank*