



DEPARTMENT OF HEALTH AND HUMAN SERVICES

ANNUAL  
REPORT

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**2015–16**

**Department of Health and Human Services Annual Report 2015-16**

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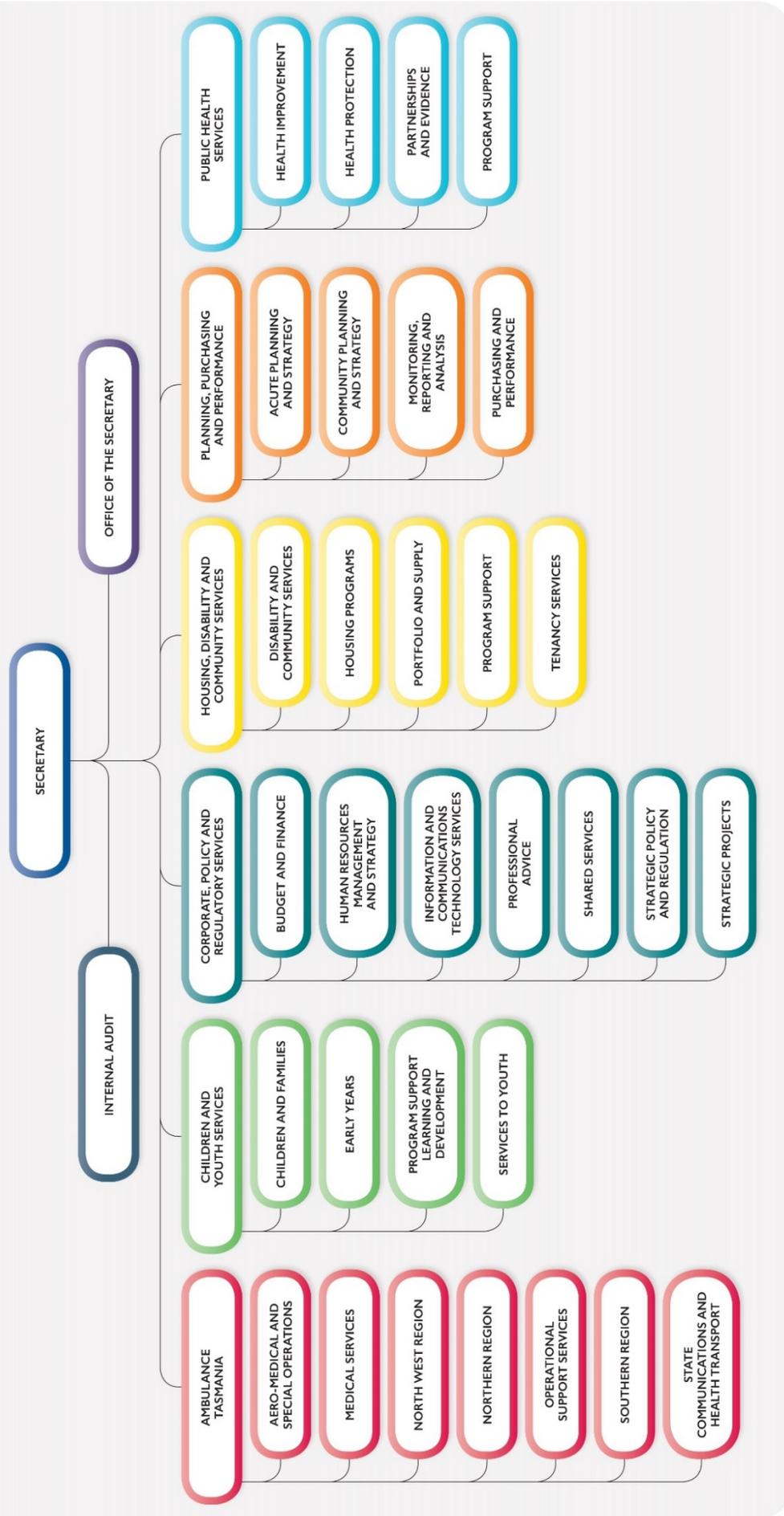
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# Key Acronyms

AHPRA	Australian Health Practitioner Regulation Agency	RTI	Right to Information
AIHW	Australian Institute of Health and Welfare	TAO	Tasmanian Audit Office
AMS	Asset Management Services	THO	Tasmanian Health Organisation
AT	Ambulance Tasmania	THS	Tasmanian Health Service
CHaPS	Child Health and Parenting Services	WHS	Work Health and Safety
COPMM	Council of Obstetric and Paediatric Mortality and Morbidity		
CPRS	Corporate Policy and Regulatory Services		
CPS	Child Protection Services		
CSCS	Cancer Screening and Control Services		
CYS	Children and Youth Services		
DCS	Disability and Community Services		
DAP	Disability Action Plan		
DHHS	Department of Health and Human Services		
ECP	Extended Care Paramedic		
FRP	Financial Recovery Plan		
FRT	Financial Recovery Team		
FTE	Full Time Equivalent		
HAPS	Housing Assessment Prioritisation System		
HDCS	Housing, Disability and Community Services		
KPI	Key Performance Indicator		
LGH	Launceston General Hospital		
NDIA	National Disability Insurance Agency		
NDIS	National Disability Insurance Scheme		
NWRH	North West Regional Hospital		
PHS	Public Health Services		
PIP	Performance Improvement Plan		
PPP	Planning, Purchasing and Performance		
RHH	Royal Hobart Hospital		
ROGS	Report on Government Services		

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## JUNE 2016



# Secretary's Letter of Transmittal

Dear Ministers

In 2015-16 the Department of Health and Human Services (DHHS) has continued to work hard to improve the health and wellbeing of patients, clients and the Tasmanian community through sustainable, high quality and safe health and human services systems.

Over the past two years, DHHS has changed how it plans, manages, purchases and delivers health and human services. We have evolved to a role of manager of a number of health and human services systems, which has repositioned us as both a steward and strategic partner in health and human services delivery across the public, private and community sectors.

The Government's reform priorities have guided our strategic direction, and have challenged us to be innovative as we look to provide better services that meet our stakeholders' needs.

I'm pleased to report we've made significant progress in providing Tasmanians with more responsive, more efficient and sustainable services.

This year we have largely completed the reshaping of DHHS into a sharply focused system manager to better steer and monitor health and human services delivery.

This report sets out in detail our work and progress in 2015-16, so here I will briefly summarise some of our major initiatives and achievements.

On 1 July 2015, the single Tasmanian Health Service (THS) was established, following the amalgamation of the three Tasmanian Health Organisations (THOs). Throughout 2015-16, we have worked with the THS to continue implementing the *One State, One Health System, Better Outcomes* reform program to implement a health system that functions effectively as a truly statewide service.

We progressed several initiatives to improve ambulance services as part of broader measures to better support patient transport, accommodation and care coordination.

In August 2015, the Government announced a comprehensive redesign of Child Protection Services (CPS) in Tasmania. The resulting Strong Families – Safe Kids Implementation Plan, published in May 2016, is a comprehensive strategy to reposition CPS as part of a broader child and family service system. It recognises the role of government, community and families in keeping children safe and well. The strategy will better support our child protection workers in doing their important job and we've also improved how we recruit and retain them.

In September 2015, *Tasmania's Affordable Housing Strategy 2015-2025* and *Affordable Housing Action Plan 2015-2019* were released to guide our efforts to improve housing affordability over the next 10 years. Allowing the community sector to manage social housing has many positive outcomes including the flexibility to support tenants with special needs, having a social mix of tenants and providing a range of community initiatives. Legislative amendments to the *Homes Act 1935* and the *Residential Tenancy Act 1997* were also passed in May 2016 to support the Strategy.

In October 2015, we launched *Rethink Mental Health: Better Health and Wellbeing – A Long-Term Plan for Mental Health in Tasmania 2015-2025* to provide a coordinated and integrated mental health system and improve the mental health and wellbeing of Tasmanians.

DHHS has continued to support the phasing in of the National Disability Insurance Scheme (NDIS) in 2015-16. The Bilateral Agreement for transition to the full NDIS was signed by the Tasmanian and Australian Governments on 11 December 2015, which will guide the transition from the trial phase through to the full roll-out in July 2019.

In March 2016, we launched a new five year strategic direction for suicide prevention as outlined in the new Tasmanian Suicide Prevention Strategy 2016-2020; Tasmania's first Youth Suicide Prevention Plan 2016-2020; and the Suicide Prevention Workforce Development and Training Plan for Tasmania 2016-2020.

We've also made real progress on family violence initiatives. We are responsible for five actions under *Safe Homes, Safe Families: Tasmania's Family Violence Action Plan 2015-2020*. We are already improving access to counselling services for children and young people who have experienced family violence. Additionally, the new Rapid Rehousing initiative commenced in Tasmania in 2015-16 to provide safe and supported housing in the private rental market for families and individuals escaping family violence.

Through the Youth at Risk strategy, we have begun a rigorous process to ensure that young people at risk in our community are supported and provided with the best possible chance of living healthy, fulfilling lives. This whole-of-system approach includes a comprehensive look at future options for youth detention in our State. We will continue work on the Youth at Risk strategy in 2016-17.

We have also focused on preventive health in 2015-16, in line with the Government's goal to make Tasmania the healthiest state in the country by 2025. The Healthy Tasmania Five Year Strategic Plan – Community Consultation Draft was released on 20 December 2015 to which we received over 100 public submissions. Implementation of the Healthy Tasmania Five Year Strategic Plan will commence in 2016-17.

In addition to this important progress toward improving the health and wellbeing of Tasmanians, we have also worked within our own organisation in 2015-16 to improve our governance and strengthen the processes which support us to undertake our work. Initiatives have included:

- the introduction of a Major Projects Framework to enhance our capability to undertake the major reform projects which we have responsibility for delivering, and development of a new Corporate Plan to set our strategic direction for the next two years, and
- following the results of the 2015 People Matter staff survey, we have put several strategies in place including developing formal change consultation processes and dedicated resources for health and wellbeing initiatives.

In 2016-17, we will continue to work together to deliver on the Government's priorities and agenda, and support continual improvement in how we fulfil our core responsibilities and how we function as an organisation.

DHHS considers transparency as an essential ingredient in running effective health and human services. To this end, we will continually improve how we provide information in our annual reports to ensure we're presenting you and all Tasmanians with relevant and easy to interpret information on our activities and performance. This includes progressive review and revision of our various performance indicators.

Ministers, I am very pleased to provide the DHHS Annual Report to you for the 2015-16 financial year.



Michael Pervan  
**Secretary**

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PART ONE

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## DHHS Overview

DHHS improves, promotes, protects and maintains the health, safety and wellbeing of Tasmanians through service planning and managing, procuring and delivering high quality health and human services.

As outlined in our last Annual Report, a comprehensive organisational review was undertaken during 2014-15 to clarify and strengthen the Department's role as system manager, reduce duplication and create a leaner, more efficient organisation. In 2015-16, we have worked to consolidate the recommendations of this review and reshaped DHHS to enable us to deliver better, more responsive and more efficient health and human services for all Tasmanians into the future.

## What We Do

As a system manager, DHHS has an important role as a steward and strategic partner in health and human services delivery. The roles and responsibilities of system management are shared across all operational and departmental groups.

The core components of system management include:

- monitoring and oversight of the health and human services systems
- describing and enacting the strategic direction of the health and human services systems
- continuous improvement in the quality of care and service provision
- planning and purchasing of services
- performance management (of service providers)
- public and internal system reporting

- regulatory functions, including regulating public and private health service accreditation; licensing and regulating public hospitals, day procedure centres and non-emergency patient transport providers; and regulation of radiation materials and poisons
- intergovernmental relations
- contract management
- industrial relations, and
- planning and purchasing of capital resources.

DHHS also has a major role in direct service provision. Our four operational Groups (Ambulance Tasmania; Children and Youth Services; Housing, Disability and Community Services; and Public Health Services) deliver a range of essential public services.

Vital corporate support services and core system manager functions are provided by our two departmental Groups: Corporate, Policy and Regulatory Services; and Planning, Purchasing and Performance. More information about each of the Groups is outlined below.

### Ambulance Tasmania

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 includes 55 ambulance response locations across the State. There are also approximately 600 community defibrillators registered with AT under the life-saving Early Access to Defibrillation program.

Tasmania has a wide dispersal of highly qualified paramedics throughout urban and rural areas across the State. This includes approximately 600 Volunteer Ambulance Officers across Tasmania.

## DHHS Overview

### Children and Youth Services

Children and Youth Services (CYS) provides a range of services and support 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. These services are delivered by a professional workforce who are supported by the Program Support and Quality Improvement and Workforce Development teams.

Client service activities include:

- CHaPS 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. This service will transfer to the THS in 2016-17.
- CPS 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 service centre based and home visits occur throughout Tasmania as needed.
- 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 services including local and international adoption and aftercare for young people who have left out of home care. Services are service centre based in Hobart, supported by staff located within each area.
- 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.
- CYS funds community service organisations to deliver some specific services through contracting arrangements.

### Housing, Disability and Community Services

Housing, Disability and Community Services (HDCS) provides affordable housing, quality disability and family services to vulnerable people, families and their carers.

HDCS has the following key responsibilities:

- Planning and monitoring performance to ensure the overall affordable and social housing system is operating effectively, and providing direction and evidence for housing and homelessness policy and systems reform.
- Progressing initiatives 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 (Safe Homes, Safe Families)*.
- Maintaining the Department's housing supply by delivering new; maintaining existing; and selling ageing stock.
- Managing the Department's social housing tenants and residential tenancy management agreements with community housing providers.
- Delivering programs to support Tasmanians living with disability, including oversight of the transition to the NDIS.
- Providing counselling and support for men, women and children affected by sexual assault through the Sexual Assault Support Service Inc.
- Providing community programs and services for vulnerable families and people to build individual and community resilience and capacity.

## Public Health Services

Public Health Services (PHS) works to improve and protect the health and wellbeing of all Tasmanians by supporting them to make healthy choices and to live in safe environments, working in partnership with individuals, groups and communities.

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* and the *Food Act 2003*. PHS also manages population health threats and risks, such as communicable disease outbreaks and public health emergencies.

In 2015-16, these services included:

- regulation of over 800 tobacco retailers, including 200 controlled purchase operations
- regulation of approximately 800 outdoor smoking areas at licensed venues
- provision of vaccines and support services to 206 immunisation providers, including 29 councils and 103 high schools, and
- over 5 300 calls to the Public Health Hotline.

## Corporate, Policy and Regulatory Services

Corporate, Policy and Regulatory Services (CPRS) manages the delivery of an efficient and effective statewide health and human services system by leading the provision of strategic corporate, policy and regulatory services to DHHS and portfolio Ministers.

The key roles of CPRS are to:

- across Group boundaries, coordinate high quality, timely and accurate strategic policy advice to the Secretary, portfolio Ministers and Departmental Executive
- manage intergovernmental relations
- lead the implementation of strategic, policy and reform initiatives on behalf of portfolio Ministers and the Secretary
- provide shared services (including asset management, procurement services and payroll services) across DHHS and the THS

- manage 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, and
- provide Professional Advice, namely the Office of the Chief Nursing and Midwifery Officer, Chief Allied Health Advisor and Mental Health and Drug Directorate.

## Planning, Purchasing and Performance

Planning, Purchasing and Performance (PPP) performs the core system management functions of strategy and planning, purchasing, performance management, monitoring, reporting and analysis on behalf of the Secretary and responsible Ministers.

PPP has a whole-of-system focus, working in a network model to strategically bring these functions together in managing health and human services service delivery organisations, including the THS.

PPP also provides access to statistical information for all departmental purchased services to ensure all stakeholders have access to quality data and support evidence-based decision making.

As a whole, the service delivery, corporate support and system manager functions of all six of the Department's operational and corporate Groups work in partnership to meet the objectives of the health and human services systems on behalf of the Government and the Tasmanian community.

## Financial Overview

In 2015-16, the total budgeted expenditure for DHHS was \$1.696 billion and the budgeted annual appropriation from the Consolidated Fund for recurrent services was \$1.165 billion.

The Department's 2015-16 Budget distributed by Output included:

- Health Services System Management 7.06 per cent
- Tasmanian Health Service 38.34 per cent
- Statewide Services 5.81 per cent
- Human Services 21.91 per cent
- Children Services 6.73 per cent
- Independent Children's Review Services 0.05 per cent
- Capital Investment Program 10.26 per cent, and
- Special Capital Investment Funds 9.84 per cent.

## Expenses

Department of Health and Human Services Expenditure Budget 2015-16 by Major Category

Budget Expenditure by Output	2015-16 \$ '000
Health Services System Management	119 696
Tasmanian Health Service	650 128
Statewide Services	98 546
Human Services System Management	3 379
Human Services	368 157
Children Services System Management	5 124
Children Services	108 934
Independent Children's Review Services	922
Capital Investment Program	173 963
Special Capital Investment Funds	166 780
<b>Total</b>	<b>1 695 629</b>

The Department had \$1.672 billion in physical assets under its control in 2015-16, and the annual appropriation from the Consolidated Fund for recurrent services was \$1.194 billion.

The Statement of Comprehensive Income identified that total expenses for 2015-16 amounted to \$1.412 billion.

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

- salaries and employee related expenses at \$183.876 million
- patient and client services at \$41.697 million and
- property, including rent, rates, maintenance and electricity at \$62.902 million.

Capital Expenditure for property, plant and equipment in 2015-16 totalled \$124.698 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.

## Department of Health and Human Services Actual Expenditure 2015-16

<b>Actual Expenditure by Output</b>	<b>2015-16</b>
	<b>\$ '000</b>
Health Services System Management	167 089
Tasmanian Health Service	639 069
Statewide Services	89 126
Human Services System Management	6 246
Human Services	330 875
Children Services System Management	3 480
Children Services	109 140
Independent Children's Review Services	836
Capital Investment Program	56 186
Special Capital Investment Funds	9 695
<b>Total</b>	<b>1 411 742</b>

<b>Actual Expenditure by Type</b>	<b>2015-16</b>
	<b>\$ '000</b>
Salaries and wages	135 354
Other employee related expenses	28 378
Superannuation expenses	20 144
Depreciation and amortisation	25 171
Consultants	3 254
Maintenance and property services	62 902
Communications	2 614
Information technology	17 471
Travel and transport	5 003
Medical, surgical and pharmacy supplies	5 707
Patient and Client Services	41 697
Service Fees	4 928
Other supplies and consumables	6 574
Grants and subsidies	1 038 791
Finance costs	8 856
Other expenses	4 898
<b>Total</b>	<b>1 411 742</b>

# Revenue

## Department of Health and Human Services Revenue 2015-16 by Major Category

Revenue	2015-16 \$ '000
Revenue from Government	1 231 925
Revenue from Special Capital Investment Funds	24 682
Grants	99 696
Sales of goods and services	71 089
Interest	66
Contributions received	0
Other revenue	24 031
<b>Total revenue and other income from transactions</b>	<b>1 451 489</b>

Note: Sale of goods and services includes residential rental, interstate charging, Ambulance Fees and Compensable Fees for Motor Vehicle Accidents.

# Net Assets

Net Assets of \$1.556 billion is made up of:

Net Assets	2015-16 \$ '000
Total Assets	1 832 819
Total Liabilities	276 337
Net Assets	1 556 482

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

# Workforce Overview

During 2015-16, DHHS consolidated the recommendations from the 2014-15 DHHS organisational review with the establishment of Program Supports Units within operational Groups and centralised corporate functions into the CPRS and PPP Groups.

The new structure saw operational units and corporate teams work together on a number of workforce strategies including:

- the restructure of Housing Tasmania following the implementation of the Better Housing *Futures* Program
- improvements to recruitment and retention strategies for Child Protection and Support Workers roles
- reorganisation of Payroll Services, and
- commencement of the NDIS full scheme transition.

Another major focus during 2015-16 was addressing the results from the People Matter Survey, which surveys all Tasmanian State Service agencies and authorities about their work and work environment each year. In particular, a high priority has been placed on improving communication and employee engagement across DHHS. A number of strategies were also implemented in response to the Survey including the development of formal change consultation processes and dedicated resources for health and wellbeing initiatives.

There was also a continued focus on workforce development with formal induction programs, a review of all human resources procedures and improved access to development options.

The links between the University of Tasmania and DHHS were strengthened with a large increase in the number of corporate intern placements. During 2015-16, the four hundredth DHHS/THS employee benefiting from the Academic Program within the School of Medicine, which commenced in 2009.

In 2016-17, workforce planning to support the ongoing implementation of the NDIS will continue to be a priority for DHHS, as it will see changes to the way in which disability services are delivered across Tasmania. There will also be negotiations on a number of major enterprise agreements occurring during 2016-17.

## Current Workforce Profile

The DHHS workforce figures for 2015-16 reflect the flow-on effects of the DHHS organisational review (detailed in the DHHS Overview section), which has seen a reduction of full time equivalent

positions, and achievement of budget savings over the last four years.

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

	2012-13 <sup>1</sup>	2013-14 <sup>1</sup>	2014-15 <sup>1</sup>	2015-16
Allied Health Professional	304.16	303.82	296.89	302.16
Ambulance Tasmania Award	309.77	324.89	306.81	340.13
Health and Human Services	1 022.14	1 030.99	874.02	873.30
Medical Practitioners	10.93	12.03	10.03	12.39
No Award	1.00	1.00	1.00	1.00
Nursing	125.20	119.59	106.96	112.14
Senior Executive Service (SES)	24.90	22.20	23.50	24.20
Visiting Medical Officers	0.58	0.53	0.50	0.62
<b>Total</b>	<b>1 798.68</b>	<b>1 815.05</b>	<b>1 619.71</b>	<b>1 665.94</b>

Note:

- Due to organisational changes, data for previous years has been remapped to the current organisational structure, and 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) to the THS, and the transfer of some administrative functions from the THS to DHHS, including the Royal Hobart Hospital (RHH) Redevelopment.

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

	2012-13 <sup>1</sup>	2013-14 <sup>1</sup>	2014-15 <sup>1</sup>	2015-16
Permanent full-time	1 288	1 294	1 173	1 220
Permanent part-time	472	495	454	476
Fixed-term full-time	126	122	86	71
Fixed-term part-time	53	58	31	39
Part 6 <sup>2</sup>	30	27	25	26
Casual	31	36	26	25
<b>Total</b>	<b>2 000</b>	<b>2 032</b>	<b>1 795</b>	<b>1 857</b>

Notes:

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

## Total Number of Paid Employees by Award 2015-16

	Award	Departmental <sup>1</sup>	Operational <sup>2</sup>	Total
Health Services	Allied Health Professional	10	31	41
	Ambulance Tasmania Award		362	362
	Health and Human Services Award <sup>3</sup>	240	347	587
	Medical Practitioners Award	6	13	19
	No Award	1		1
	Nurses Award	17	10	27
	Senior Executive Service	8	6	14
	Visiting Medical Officer	2	1	3
	<b>Health Services Total</b>	<b>284</b>	<b>770</b>	<b>1 054</b>
Human Services	Allied Health Professional	1	302	303
	Health and Human Services Award	3	369	372
	Nurses Award		117	117
	Senior Executive Service	1	10	11
<b>Human Services Total</b>	<b>5</b>	<b>798</b>	<b>803</b>	
<b>Total</b>		<b>289</b>	<b>1 568</b>	<b>1 857</b>

## Notes:

- 1 Departmental areas are responsible for the provision of support for policy, planning, funding performance monitoring and improvements across the service groups; and interface with Government. DHHS departmental areas comprise CPRS, PPP and the Office of the Secretary.
- 2 Operational areas deliver services to the public. The Department's operational areas are AT, CYS, HDCS and PHS.
- 3 This Award includes employees from Shared Services that support DHHS and the THS.

## Total Number Paid Employees by Gender

	2012-13 <sup>1</sup>	2013-14 <sup>1</sup>	2014-15 <sup>1</sup>	2015-16
Female	1 297	1 300	1 144	1 197
Male	703	732	651	660
<b>Total</b>	<b>2 000</b>	<b>2 032</b>	<b>1 795</b>	<b>1 857</b>

## Note:

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

## Total Number Paid Employees by Gender by Portfolio

	Health	Human Services
Female	572	625
Male	482	178
<b>Total</b>	<b>1 054</b>	<b>803</b>

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

	2012-13 <sup>1</sup>	2013-14 <sup>1</sup>	2014-15 <sup>1</sup>	2015-16
40 001-45 000	10	2	1	0
45 001-50 000	60	62	27	13
50 001-55 000	172	174	132	46
55 001-60 000	206	182	49	157
60 001-65 000	137	78	145	131
65 001-70 000	206	132	115	66
70 001-75 000	187	240	179	205
75 001-80 000	253	238	249	118
80 001-85 000	133	175	168	263
85 001-90 000	149	208	115	167
90 001-95 000	171	169	235	169
95 001-100 000	138	78	55	167
100 000 plus	178	294	325	355
<b>Total</b>	<b>2 000</b>	<b>2 032</b>	<b>1 795</b>	<b>1 857</b>

## Note:

- <sup>1</sup> Due to organisational changes, data for previous years has been remapped to the current organisational structure, and these figures therefore differ from those previously published in DHHS Annual Reports. The organisational changes include the transfer of CSCS 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 Age Profile

	2012-13 <sup>1</sup>	2013-14 <sup>1</sup>	2014-15 <sup>1</sup>	2015-16
15-19 years	1	1	0	0
20-24 years	53	53	33	46
25-29 years	155	146	112	131
30-34 years	246	268	210	199
35-39 years	225	236	244	247
40-44 years	285	281	246	274
45-49 years	300	294	256	273
50-54 years	316	307	293	267
55-59 years	241	257	226	225
60+ years	178	189	175	195
<b>Total</b>	<b>2 000</b>	<b>2 032</b>	<b>1 795</b>	<b>1 857</b>

Note:

- <sup>1</sup> Due to organisational changes, data for previous years has been remapped to the current organisational structure, and these figures therefore differ from those previously published in DHHS Annual Reports. The organisational changes include the transfer of CSCS to the THS, and the transfer of some administrative functions from the THS to DHHS, including the RHH Redevelopment.

## Indicators of Organisational Health

## Leave

	2012-13 <sup>1</sup>	2013-14 <sup>1</sup>	2014-15 <sup>1</sup>	2015-16
<b>Annual Leave</b>				
Average number of days used per paid FTE	22.1	22.8	22.9	21.6
Number of FTEs with entitlements equal to the two year limit	1.0	2.6	2.6	1.0
Number of FTEs in excess of two year limit	77.0	61.5	54.1	64.4
<b>Long Service Leave (includes Maternity Leave)</b>				
Average number of days used per paid FTE	3.3	3.4	3.8	4.4
<b>Personal Leave Days (includes sick, carers and family leave)</b>				
Personal leave days per average paid FTE	12.3	12.6	14.4	13.2
<b>Overtime Hours (includes callback and overtime hours)</b>				
Overtime/callback paid hours per average paid FTE	52.0	45.4	41.5	44.1
<b>Turnover Rate (rate at which people were leaving DHHS as at 30 June)</b>				
Total number of separations (FTEs) divided by the average paid FTE	11.2%	9.6%	15.3%	8.2% <sup>2</sup>

Notes:

- <sup>1</sup> Due to organisational changes, data for previous years has been remapped to the current organisational structure, and these figures therefore differ from those previously published in DHHS Annual Reports. The organisational changes include the transfer of CSCS to the THS, and the transfer of some administrative functions from the THS to DHHS, including the RHH Redevelopment
- <sup>2</sup> The turnover rate is the rate at which people were leaving DHHS as at 30 June 2016.

## Workplace Health and Safety

DHHS recognises the importance of work health and safety (WHS). We strive for continual improvement of the Department's WHS environment, and support a range of activities and strategies. In 2015-16, WHS initiatives have included:

- Improved 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 (AMS) in the improvement of Emergency Management planning and maintenance.
- A review of the WHS training and development needs 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 injury management.

DHHS received 116 workers compensation claims during 2015-16, compared to 129 claims<sup>1</sup> in 2014-15. The major areas of injury were:

- 88 non-stress claims (decreased by 19.3 per cent when compared to 109 in 2014-15) with notable reductions in subcategories connecting with objects (decreased by 41.7 per cent) and muscular stress claims (decreased by 20.4 per cent).
- 28 stress claims (an increase of eight stress claims from 2014-15).

### Notes:

- <sup>1</sup> The 2014-15 figure reported here is slightly different to that reported in last year's Annual Report due to organisational structural changes.
- <sup>2</sup> The 2014-15 figure reported here is slightly different to that reported in last year's Annual Report due to adjustments made to the 2014-15 payroll periods (fortnight) in the 2015-16 financial year.

Total claim costs (normal weekly earnings plus associated costs) for 2015-16 were \$4.93 million, an increase of approximately \$755 000 from 2014-15 where total claim costs were \$4.17 million.<sup>2</sup> The increase is due to common law and disability payments relating to settlements. Year on year costs increased by \$558 000 and \$48 000 respectively.

During 2015-16, there were five settlements paid, four stress claims with a total common law and disability cost component of \$1.32 million and one non-stress claim with a common law cost component of \$60 000.

Cash cost (premium paid plus normal weekly earnings paid, less normal weekly earnings reimbursements from insurer) for 2015-16 was \$4.12 million, a decrease of \$1.52 million from 2014-15 where the cash cost was \$5.64 million.

## Stakeholder Engagement

DHHS recognises the importance of consulting with Tasmanians about their health and wellbeing. In 2015-16, DHHS consulted widely to develop plans and strategies to improve the lives of Tasmanians, particularly our most vulnerable.

Examples of broad consultation in 2015-16 include:

- the *Affordable Housing Strategy*
- the redesign of CPS
- the Healthy Tasmania Five Year Strategic Plan (Healthy Tasmania Strategic Plan)
- the Youth at Risk strategy, and
- the development of a suite of suicide prevention measures.

As outlined earlier, the Government announced a comprehensive review of CPS in Tasmania in August 2015. A Redesign Reference Group was established to provide expert advice to DHHS in development of the Redesign, which included a broad consultation program with a variety of stakeholders, including CPS staff, service providers, children and their families. Following the release of the Reference Group's final report in March 2016, DHHS undertook an extensive consultation process with other Government agencies to consider the ways in which the report's recommendations could be implemented. This consultation resulted in the Strong Families, Safe Kids – Implementation Plan, which was published in May 2016.

In 2015-16, DHHS completed the extensive stakeholder consultation program for the *Affordable Housing Strategy*, which commenced in 2014-15. This consultation included a series of workshops with stakeholders from the community sector, the private sector and industry groups.

Throughout the year we consulted with the community and medical experts to develop a plan to support the Government's goal of making Tasmania the healthiest population in Australia by 2025.

This is necessarily an ambitious target as Tasmanians have some of the worst population health outcomes in Australia. These include high rates of chronic disease and health risk factors like smoking, obesity, poor nutrition, low physical activity levels, and risky alcohol consumption.

Community and medical expert input led directly to the development of the Healthy Tasmania Strategic Plan, which will be progressed in 2016-17. It lays the foundation for us to work together for better health and wellbeing for all Tasmanians over the next five years. As part of the consultation process, DHHS will continue to share progress with the community.

In recognition of the devastating effect suicide has on individuals, families and communities, the Government launched a new Tasmanian Suicide Prevention Strategy 2016-2020; the first Youth Suicide Prevention Plan for Tasmania 2016-2020; and the first Suicide Prevention Workforce Development and Training Plan for Tasmania 2016-2020 in March 2016.

These plans reflect the outcomes of an extensive statewide and online consultation process. This consultation included young people, the youth sector, the broad suicide prevention workforce, clinicians, GPs, mental health consumers and people bereaved by suicide. Together these plans set the course for collaborative action to reduce suicide and its effect over the next five years.

While suicide prevention is a shared community responsibility, it is the Department's overall responsibility to implement the new strategic direction. We will do this with support from the Tasmanian Suicide Prevention Committee, the Tasmanian Suicide Prevention Community Network and the Tasmanian community. Again, we look forward to reporting progress on these plans and strategies to the community.

## Stakeholder Engagement

We also consulted extensively with the community to inform our Youth at Risk strategy. DHHS has commenced work with other agencies and stakeholders to develop the strategy, which considers options for custodial youth justice, including youth detention.

## 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 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 several regular internal publications that 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 communication from the Secretary.

We will also consider several other Tasmanian youth service reforms underway across Government that affect youth at risk services as we develop our strategy.

### Library Services

DHHS Library Services supports staff information and research needs.

It comprises four libraries: the AT Library and Wingfield Library in the State's south, and the Buttfield Library and Ramsay Library in the State's 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 2015-16 follows.

### Key Publications 2015-16

DHHS Annual Report 2014-15	2015
<i>Safe Homes, Safe Families: Tasmania's Family Violence Action Plan</i>	2015
Safe Homes, Safe Families Implementation Plan	2015
<i>Tasmania's Affordable Housing Strategy 2015-2025</i>	2015
<i>Tasmania's Affordable Housing Strategy Action Plan 2015-2019</i>	2015
<i>Rethink Mental Health: Better Mental Health and Wellbeing – A Long Term Plan for Mental Health in Tasmania 2015-2025</i>	2015
Healthy Tasmania Five Year Strategic Plan – Community Consultation Draft	2015
2015-16 Service Agreement Tasmanian Health Service	2015-16
2015-16 Service Agreement Performance Framework	2015-16
Northern Hospice Feasibility Study	2016
Strong Families – Safe Kids Implementation Plan	2016
Tasmanian Suicide Prevention Strategy 2016-2020	2016
Youth Suicide Prevention Plan for Tasmania 2016-2020	2016
Suicide Prevention Workforce Development and Training Plan for Tasmania 2016-2020	2016
<i>Patients First Report (with the THS)</i>	2016

# Disability Framework for Action

In response to the *National Disability Strategy 2010-2020*, Tasmania has developed and implemented a framework which aims to embed the rights of people living with disability into the structures and processes of all State Government agencies. This framework is the *Disability Framework for Action 2013-2017*.

In accordance with the *Disability Framework for Action 2013-2017*, DHHS and the THS developed the *Disability Action Plan 2013-2017*. The Plan outlines initiatives which will help improve the lives of Tasmanians living with disability.

In 2015-16, progress has been made under the Plan, with almost all actions either completed or underway.

Key achievements over the last 12 months include:

- Progressing the NDIS. As at 30 June 2016 1 035 NDIS participants had transitioned into the scheme with funded and approved plans in Tasmania, exceeding the bilaterally agreed target for 2016. A collaborative working relationship between the Government, the National Disability Insurance Agency (NDIA) and the disability sector is a major factor in this success.
- The *Affordable Housing Strategy* was released in September 2015, which incorporates strategies specific to individuals with disability, ensuring we meet the needs of clients today and meet their changing needs over their lifetime.

- The refurbishment of properties to meet Platinum or Gold standard set out in the Liveable Housing Design Guidelines, and new properties being purchased or built for people living with disability, which will be completed during 2016-17. The development of Trinity Hill youth accommodation units to provide independent and supported housing for vulnerable young people, including those living with disability. More information on Trinity Hill is available in the case study as detailed in the 'Key Achievements 2015-16' section.

DHHS will continue to work together in 2016-17 to ensure the actions set out in the *Disability Action Plan 2013-2017* are met.

## Key Achievements 2015-16

It has been another year of change for DHHS in 2015-16, but also one of consolidation of reforms commenced two years ago. We have worked hard to progress the important reform priorities the Government has set for us across a number of areas, while maintaining and striving to improve our service delivery and system management roles to best serve the Tasmanian community.

We have progressed important work to support and protect the most vulnerable in our community; implemented actions to respond to family violence; provided more housing for Tasmanians in need; and worked to improve the health and wellbeing of all Tasmanians. Some of our key achievements during 2015-16 are outlined below.

### **Continuing implementation of a redesigned health and human services system**

In 2015-16, DHHS progressed significant work on a number of reforms designed to support better outcomes in Tasmania's health and human services systems.

The THS was established on 1 July 2015 with the transition of the three regional THOs into a single statewide service. Work on health system reform has continued to be progressed collaboratively between DHHS (as service purchaser and system manager) and the THS.

Led by the CEO, the primary role of the THS is to provide and coordinate health services and health support services across Tasmania. These services are provided in a range of inpatient, outpatient, community health, residential aged care and in-home settings.

Services delivered by the THS include acute, subacute, emergency, non-admitted, primary health care, palliative care, oral health, cancer screening, mental health and alcohol and drug services. The services provided are flexible

enough to provide an integrated, holistic and patient-centred approach to health care delivery.

We worked with the THS in 2015-16 on continued implementation of the *One State, One Health System, Better Outcomes* reform program (One Health System reforms), aiming to design a health system that functions effectively as a true statewide service. Achievements in 2015-16 include the opening of the new North West Cancer Centre in Burnie and commencement of the development of statewide service delivery models for 41 clinical services areas.

Several initiatives to improve ambulance services also progressed in 2015-16, as part of broader measures to better support patient transport, accommodation and care coordination. Further information is available in the case study on additional investment in ambulance services later in this section.

The *Rethink Mental Health: Better Mental Health and Wellbeing – A Long-Term Plan for Mental Health in Tasmania 2015-2025* (the *Rethink Mental Health Plan*) was launched in October 2015. This is a long-term plan to deliver a coordinated and integrated mental health system and improve the mental health and wellbeing of Tasmanians. The *Rethink Mental Health Plan* brings together actions to strengthen mental health promotion, prevention and early intervention, and to improve care and support for people with mental illness, their families and carers.

Consistent with the *Rethink Mental Health Plan*, the Government launched three key documents in March 2016:

- the Tasmanian Suicide Prevention Strategy 2016-2020

- the Youth Suicide Prevention Plan for Tasmania 2016-2020, and
- the Suicide Prevention Workforce Development and Training Plan for Tasmania 2016-2020.

These documents recognise the specific knowledge, services and resources that exist in Tasmania and have been developed to align with the health system and broader mental health reforms, detailed in the *Rethink Mental Health Plan*. The strategy documents demonstrate a renewed focus and commitment to suicide prevention and aim to reduce suicide, suicidal behaviour and its impacts in Tasmania.

The Government announced a comprehensive redesign of CPS in Tasmania in August 2015, resulting in the Strong Families – Safe Kids Implementation Plan published in May 2016. This is a comprehensive strategy that will reposition CPS as part of a broader child and family service system and recognise the role that government and the community has in keeping children safe and well, as well as the need to support families to meet their obligations as primary carers for children.

Strong Families – Safe Kids will deliver a more integrated and professionally capable system for the protection of children, with a strong focus on building strength in children and families. It emphasises the need to protect children at high risk, but also ensures a range of integrated government, community support and intervention services to build support for families and children experiencing adverse circumstances so the potential for long-term harm is reduced.

The reforms are a fundamental change in the way that child protection services are delivered in Tasmania. The measures will support our child protection workers to do their job and create a stronger and safer future for Tasmania's children and young people.

DHHS has continued to support the phasing in of the NDIS in 2015-16. The Bilateral Agreement for transition to the full NDIS was signed by the Tasmanian and Australian governments on 11 December 2015, which will guide the transition from the trial phase through to the full roll-out in July 2019. We will be continuing this work in 2016-17.

### Delivering the Government's reform agenda

In addition to those initiatives discussed above, DHHS has worked to progress the Government's broader reform agenda in 2015-16, which has included deliverables under *Our Plan for the Next 365 Days*, and, from March 2016, *Agenda 2016*. DHHS has had, and continues to have, key initiatives to take forward as part of this program of work.

The *Affordable Housing Strategy* and *Affordable Housing Action Plan* were released in September 2015 to guide Tasmania's efforts to improve housing affordability over the next 10 years.

Implementation of the *Affordable Housing Action Plan* is underway and there has been significant progress on a number of activities. To the end of June 2016, under the *Affordable Housing Action Plan*, 140 new households have been assisted to access safe and affordable housing. Some key achievements in 2015-16 include:

- HomeShare assisted 65 households into home ownership, including 14 public housing dwellings and the construction of 51 new homes
- Streets Ahead assisted 38 households into home ownership, which is almost double the number assisted the previous year
- around 350 sites have been identified for potential public housing redevelopment, and

## Key Achievements in 2015-16

- Trinity Hill Supported Youth Accommodation Facility was completed and 37 young people were living at the facility at the end of June 2016. The Trinity Hill case study in this section provides more information.

Concurrently, legislative amendments to the *Homes Act 1935* and the *Residential Tenancy Act 1997* were passed in May 2016. The changes allow the Director of Housing to lease, transfer or sell homes and land to housing providers and housing support providers. This will support the Tasmanian Government to progress the Community Housing Stock Leverage Program under the Strategy, allowing community housing organisations to leverage additional borrowing capacity to increase housing supply.

DHHS has worked hard in 2015-16 to progress initiatives responding to family violence, and has responsibility for implementing five actions under *Safe Homes, Safe Families*.

We are improving access to counselling services for children and young people who have experienced family violence, in partnership with non-government organisations. Additional services were provided by CatholicCare for statewide counselling services to children, which reduced the Children and Young People's Program wait list. In June 2016, the Australian Childhood Foundation was announced as the successful provider of additional counselling services for children and young people across the State.

Support Help Empowerment (SHE), Huon Domestic Violence Service, Yemaya, and Anglicare (for the RAIN Program in Burnie) were funded to increase capacity as an interim response to increased demand on adult family violence services. SHE was announced in June 2016 as the successful provider for statewide counselling services for adults experiencing family violence and supporting groups of people within the community at

higher risk of experiencing family violence, including women with disability, women from culturally and linguistically diverse backgrounds and Aboriginal women.

In 2015-16, the new Rapid Rehousing initiative commenced in Tasmania to provide safe and supported housing in the private rental market for families and individuals escaping family violence. Enabling legislation was passed and nine homes were acquired providing practical assistance to address the immediate needs of these families and individuals.

Also within the Department's responsibilities under the *Family Violence Action Plan*, the THS has provided forensic medical examinations for victims of family violence, which began in April 2016. The pilot program, based at the RHH, undertakes forensic evaluation and documentation of injuries by a specialist forensic nurse examiner. The forensic nurse examiner can be called as an expert witness or supply a medico-legal report as evidence providing the justice system the best possible chance of convicting perpetrators of family violence.

DHHS is working with the Hobart Women's Shelter in providing dedicated crisis accommodation for women and women and their children affected by family violence. A new site has been acquired in the South for women and their children who need housing and support to stabilise their crisis. This initiative will progress further in 2016-17.

We have also been focused on preventative health in 2015-16, in line with the Government's goal to make Tasmania the healthiest state in the country by 2025.

The Healthy Tasmania Five Year Strategic Plan – Community Consultation Draft was released on 20 December 2015. The Tasmanian community was invited to respond to the Consultation Draft, and over 100 public submissions were received. The Health Council of Tasmania ran four community forums in February 2016, and DHHS subsequently ran four forums in conjunction with local councils.

Other achievements in the preventative health space include PHS' partnership with 26Ten to establish the Health Literacy Network. This collaboration aims to raise public awareness and to ensure health and community services make it as easy as possible for individuals and communities to access, understand and use information to make effective decisions about health and health care. The Health Literacy Network currently has 157 members from more than 49 organisations across Tasmania, and continues to grow. The Department's Move Well Eat Well joint program with the Department of Education continued to grow in 2015-16, with 80 per cent of all schools and 80 per cent of all Long Day Care centres engaged with the program.

Work continued in 2015-16 on the Joined Up Human Services Project, which is a long-term four staged approach to develop a joined up service system. It forms part of the Government's long term vision for a better service experience for Tasmanians. Efforts in 2015-16 included consultation and collaboration with the community sector and different government agencies to build a shared vision for a more joined up response to service system. A dedicated project team continues to collaborate with the community sector to progress this work.

### **Facilitating safe access to medicines**

In recognition of the support within the Tasmanian community for medical cannabis, and changes to national arrangements governing its cultivation, production, manufacture and possession, on 23 April 2016 the Tasmanian Government announced the introduction of a Controlled Access Scheme (CAS) for medical cannabis.

The CAS will allow for Tasmanian medical specialists to prescribe medical cannabis products to their patients in certain circumstances where treatment with conventional medicines has been unsuccessful.

DHHS is working to deliver a CAS which will achieve an appropriate balance between patient safety and providing access to medical cannabis products.

### **Improving organisational governance and building our capabilities**

As highlighted earlier, DHHS has undergone significant organisational change in 2015-16, implementing the recommendations of the organisational review completed in 2014-15. This has involved restructuring of the Department's corporate functions to create a more efficient and effective service delivery model with clear frameworks to support the operational functions of DHHS. Implementation of the review's recommendations is ongoing, recognising the way we deliver our corporate functions, and how we are structured and operate, will always be subject to ongoing refinement and improvement.

In recognition of the number of major reform projects with a whole-of-agency or whole-of-government opportunities that DHHS has responsibility for delivering, a new Major Projects Framework was introduced in 2015-16 to enhance our capability to manage strategic projects. The Framework is discussed in more detail in the case study later in this section.

## Key Achievements in 2015-16

DHHS undertook several initiatives in 2015-16 to strengthen our focus and approaches to risk management, with a view to embedding risk approaches within our day-to-day business. We also commenced the development of a new corporate plan in 2015-16 to set the strategic direction for DHHS over the next two years.

More information on the Department's approach to risk management and development of the new Corporate Plan is available in the Corporate Governance and Risk Management section in Part 2 of this Annual Report.

## Case Study

### Additional Investment in Ambulance Services

The One Health System reforms included a strong focus on improved access to services, with the Government committing an additional \$24 million over four years to provide better support for patient transport, accommodation and care coordination.

Included in this package was funding for AT to employ an additional 12 paramedics in the Devonport/Latrobe area to provide additional coverage in peak periods; and funding for three additional paramedics to be employed in the North of the State as extended care paramedics (ECPs).

The recruitment of the additional paramedics for both of these initiatives was carried out during 2015-16 to enable commencement of the expanded services from 2016-17.

*Extended Care Paramedics:* ECPs are experienced paramedics with advanced training and skills in patient assessment, delivery of quality care and coordination of appropriate referral pathways. ECPs reduce the need for patients to be transported to an emergency department by treating some patients in their home.

A trial of ECPs was conducted in Launceston in 2013-14. The trial was very successful, finding that ECPs were able to significantly improve the integration of care provided for certain patients, particularly patients transitioning out of acute care and back in to the community.

In the trial, a high proportion (69 per cent) of patients seen by ECPs were able to be treated at home rather than transported to a hospital. There were no adverse incidents during the trial.

The implementation of the ECP program on an ongoing basis will improve services for patients by enabling them to receive certain types of care in their homes as well as reducing pressure on our acute health services (in particular our emergency departments).

The three paramedics selected to be ECPs will complete an intensive training program in the second half of 2016, and will be providing services under their expanded scope of practice from late September 2016.

*Additional Paramedics in Devonport/Latrobe:* In the development of the White Paper on delivering safe and sustainable clinical services, it was identified that certain changes to the clinical service profiles of our hospitals, such as the consolidation of maternity services in Burnie, may result in additional demand for emergency ambulance services in the Devonport/Latrobe area.



Figure 1: Ambulance Tasmania's First Intervention Vehicle, which is operated by the ECPs

The Government addressed this by investing \$5.4 million in the Patient Transport Initiative over four years to provide an increased level of emergency ambulance coverage operating out of AT's Latrobe station. The employment of 12 additional paramedics in the Devonport/Latrobe area represents a significant increase in AT's emergency response capacity in the region, with two extra crews now operating during peak periods. The expanded service commenced on 27 June 2016.

# Case Study

## DHHS Major Projects Framework

In 2015-16, DHHS introduced a new Major Projects Framework to enhance its capability to manage strategic projects.

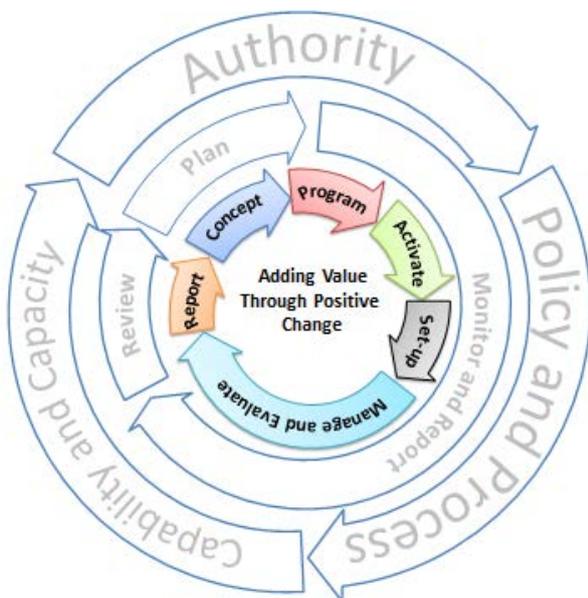
DHHS is undertaking a number of major reform projects with whole-of-government or whole-of-agency implications. These Major Projects will drive significant improvements in terms of delivery of services across DHHS, in the THS and in the non-government sector. The Major Projects Framework is designed to improve the quality of project outcomes delivered to the Tasmanian community.

The Major Projects Framework provides authority, accountability, strategic alignment and capability to the project cycle. It reduces departmental risk and is embedded within the broader operating environment and strategic planning process for DHHS.

The Framework divides the project cycle into six stages and emphasises the importance of planning, programming and resourcing projects prior to full implementation. The Framework also promotes clear roles, responsibilities and accountabilities for Major Projects, as well as a shared commitment to the delivery of Major Projects by the Departmental Executive.

The scope, timing and resources available for the implementation of all Major Projects are endorsed by the Departmental Executive, which is also kept informed of progress and risks.

By taking a portfolio approach to project management, DHHS can decide where resources are best directed and can respond to changes in departmental priorities. It ensures that DHHS works together to support and deliver strategic projects. This approach increases the likelihood of successful outcomes for individual projects because issues, risks and resources are managed better than if the projects were managed in isolation.



There are around 20 projects currently on the Major Projects Program. One third of these are managed centrally by the Strategic Projects Unit and two thirds are managed by business units. Examples of Major Projects include Strong Families – Safe Kids; Youth at Risk; Joined Up Services; Affordable Housing and Better Access to Palliative Care.

Figure 2: Major Projects Framework

## Case Study

### Trinity Hill helping young people flourish

Construction of the \$14.2 million Trinity Hill supported accommodation facility for young people in North Hobart was completed during 2015-16.

Managed by Anglicare Tasmania, Trinity Hill is providing independent and supported housing for up to 46 vulnerable young people aged 16 to 25 years, including 16 living with disability.

In addition to providing the comforts of home, the centre engages residents in training, employment and educational activities to help them flourish in our community.

The centre includes:

- 24-hour onsite staff
- a live-in caretaker house and manager residence
- offices, communal meeting areas and consulting rooms, and
- training rooms, commercial kitchen, gym, computer room, library and laundry.

The facility provides tenants with stable, supported, long-term accommodation. It enables them to access key services, reconnect with their family and community, and to focus on employment, education and training opportunities.

Trinity Hill's 30 standard units are available for young people registered as priority applicants on the social housing waitlist and those at immediate risk of homeless.

The remaining 16 units are for vulnerable young people living with disability who have a funded support package through the NDIS.

At the end of June 2016, there were 37 young people living at Trinity Hill, and Anglicare Tasmania was continuing to allocate tenants.

Tasmania now has 10 supported accommodation centres around the State. Three are in the North, two in the North West and five in the South. Another new facility in Devonport will commence construction during 2016-17.



*Figure 3: Trinity Hill Supported Accommodation Centre*

## Performance Measures 2015-16

DHHS measures its performance against targets which see us striving for quality health and human services for all Tasmanians.

In 2015-16, our 1 857 staff delivered services across the State which protect our most vulnerable Tasmanians and help them to live their lives safe and well.

We work together across our programs, projects and services, all contributing to goals that ensure the health and wellbeing of the Tasmanian community is maintained and enhanced. We are committed to quality and consistency in everything we do.

The performance indicators that follow are a snapshot of our journey over the past four years.

### Ambulance Tasmania

Performance Measure	Unit of Measure	2012-13 Actual	2013-14 Actual	2014-15 Actual	2015-16 Actual
Total Ambulance Responses	Number	76 377	78 911	78 749 <sup>1</sup>	81 409
Emergency Ambulance Responses	Number	47 315	48 607	47 799 <sup>1</sup>	49 644
Satisfaction with Ambulance Services <sup>3</sup>	%	98.0	98.0	98.0 <sup>2</sup>	98.0
Median Emergency Response Times (statewide) <sup>4</sup>	Mins	11.6	12.1	12.3	12.9
Median Emergency Response Times (Burnie) <sup>4</sup>	Mins	9.7	10.2	9.8	10.1
Median Emergency Response Times (Devonport) <sup>4</sup>	Mins	9.5	10.1	10.2	10.5
Median Emergency Response Times (Hobart) <sup>4</sup>	Mins	10.8	11.1	11.5	11.9
Median Emergency Response Times (Launceston) <sup>4</sup>	Mins	10.3	10.7	11.0	11.7
Ambulance Services expenditure per person <sup>5</sup>	\$	122.52	129.81	127.27	N/A

#### Notes:

- 1 The 2014-15 Actual response figures reported here are slightly different to those reported in last year's Annual Report due to more up to date data being available.
- 2 The 2014-15 Actual satisfaction figure reported here is slightly different to that reported in last year's Annual Report due to more up-to-date data being available.
- 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 2015-16 will be published in the Report on Government Services (ROGS) in January 2017. The figure provided here for 2015-16 is AT's target for 2015-16.
- 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 2014-15 dollars using the General Government Final Consumption Expenditure (GGFCE) chain price deflator. The GGFCE replaces the Gross Domestic Product implicit price deflator used previously. Estimated Resident Populations (ERPs) to June 2011 used to derive rates are revised to the ABS final 2011 Census rebased ERPs. The final ERP replaces the preliminary 2006 Census based ERPs used previously. Population data relates to 31 December, so that ERP at 31 December 2011 is used as the denominator for 2011-12. The rates will also differ from those reported in prior years as each year the then-current GDP deflator is applied to all years to enable meaningful comparison. The figures here are those reported in ROGS. The figure for 2015-16 is not yet available and will be published in ROGS in January 2017.

The demand for Ambulance Services in 2015-16 was 81 409 responses, an increase of 2 660 ambulance responses, or 3.4 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. The case study on additional investment in ambulance services in the previous section provides more information on initiatives that are providing additional resources.

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

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

The 2015-16 median emergency response time for Tasmania is 12.9 minutes. Approximately 50 per cent of all Tasmanian emergency calls were responded to within that timeframe.

The increase in demand for services can explain the decline in median emergency response times.

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

According to the Rural, Remote and Metropolitan Areas index, Tasmania has almost twice the national average population in rural and remote areas than other jurisdictions. Tasmania also has the lowest proportion of its population living in highly accessible locations.

Strategies to reduce the impact of demand are a focal point of AT operations. These include public education campaigns and community announcements, improvements in technology and encouraging the public to only call an ambulance through 000 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 CRP provides for a re-engineering of the way work within the AT State Operations Centre is approached.

Additionally, work progressed in 2015-16 on upgrading AT's Guardian Computer Aided Dispatch system. The planned transition to the upgraded system will occur in 2016-17.

## Public Health Services

Performance Measure	Unit of Measure	2012-13 Actual	2013-14 Actual	2014-15 Actual	2015-16 Actual
<b>Vaccines</b>					
Vaccine coverage in children aged 12-15 months	%	92.7	89.8	90.4	92.9
Vaccine coverage in children aged 24-27 months	%	94.0	93.5	88.7	89.7

### Performance

Reported vaccination coverage in the 12-15 month age cohort increased by 2.5 per cent from 2014-15 to 2015-16 to be just above the Australian national average of 92.7 per cent. (*Data Source:* Australian Childhood Immunisation Register as at 31 December 2015).

Reported vaccination coverage in the 24-27 month age cohort increased by 1.0 per cent from 2014-15 to 2015-16, and is just below the Australian national average of 90.1 per cent. (*Data Source:* Australian Childhood Immunisation Register as at 31 December 2015).

Previously reported drops in vaccination coverage rates 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 these new vaccines becomes routine.

### Additional Vaccination Initiatives

Separate to the performance measures above, DHHS introduced two Tasmanian Government funded vaccination initiatives over 2015-16. A program to protect young infants against whooping cough (pertussis) by providing free vaccine to women in their third trimester of pregnancy began in June 2015.

Around 5 000 doses of pertussis vaccine have been provided, indicating good take-up of the new program.

Additionally, in late 2015 we implemented a program to provide hepatitis B vaccine to those (mostly adult) populations in Tasmania who were unvaccinated and most at risk of hepatitis B. This time-limited program, funded until June 2017, has distributed around 700 doses of hepatitis B vaccine to providers for this initiative. DHHS is providing more information to providers and those at risk of hepatitis B, aiming to increase uptake of the vaccine.

During 2015-16, Cancer Screening and Control Services (CSCS) transferred from PHS to the THS. The performance indicators for CSCS will now be reported on by the THS in its Annual Report.

## Housing, Disability and Community Services

Performance Measure	Unit of Measure	2012-13 Actual	2013-14 Actual	2014-15 Actual	2015-16 Actual
<b>Disability Services</b>					
Accommodation support clients	Number	1 326	1 346	1 222	1 209 <sup>1</sup>
Community access clients	Number	1 567	1 419	1 074	1 083 <sup>1</sup>
Supported accommodation waiting list	Number	142	111	93	82
Community access waiting list	Number	176	82	76	88

Performance Measure	Unit of Measure	2012-13 Actual	2013-14 Actual	2014-15 Actual	2015-16 Actual
<b>Housing Tasmania</b>					
Public Housing occupancy rate <sup>2</sup>	%	97.1	98.1	98.3	98.5
Applicants housed <sup>3</sup>	Number	1 011	1 066	1 085	926
New allocations to those in the greatest need <sup>2</sup>	%	89.3	85.3	80.5	95.5
Households assisted through Private Rental Assistance	Number	4 128	4 100	3 666	3 544
Applicants on wait list	Number	2 310	2 465	2 771	3 573
Average wait time for people who are housed	Weeks	37.9	35.7	42.2	47.7
Average time to house Category I applicants	Weeks	16.2	20.7	22.4 <sup>4</sup>	N/A <sup>5</sup>
Average time to house Priority applicants <sup>6</sup>	Weeks	N/A	N/A	N/A	43.0
Net recurrent cost per dwelling <sup>2,7</sup>	\$	8 015	10 644	8 379	8 117
Turnaround time <sup>8</sup>	Days	27.9	28.9	21.5	20.4

### 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 2017.
- 2 Housing Tasmania data is provided from ROGS where appropriate. Some figures for 2014-15 data may be updated from the previous year's Annual Report to reflect final reported data. For 2015-16, ROGS data is not yet available, therefore internal data has been used.
- 3 This includes applicants housed into public or community housing from the Housing Register.
- 4 These figures are as at 14 June 2015. Housing Tasmania moved to a new Housing Assessment Prioritisation System (HAPS) at 15 June 2015.
- 5 This indicator has been replaced by Average time to house Priority applicants due to the new HAPS. See Note 6 below for more information.
- 6 This indicator has replaced Average time to house Category I applicants due to the new HAPS. 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.
- 7 The national methodology for determining this figure changed from 2013-14 to 2014-15. We have reported previously cited figures for 2012-13 and 2013-14. Figures for 2015-16 are estimates that are subject to audit review and will be finalised in ROGS.
- 8 A national review of turnaround time, led by the AIHW, is taking place due to discrepancies in jurisdiction's reporting of ROGS data. It is not known when this review will be completed. Turnaround time data from 2012-13 reflects Housing Tasmania's data definitions.

## 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 11.8 per cent from 93 people in June 2015 to 82 in June 2016. 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.

## Housing Tasmania

There is 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.

Housing Tasmania is performing well in reducing the time taken from when a public housing property becomes vacant to when it is re-tenanted (turnaround time) with a reduction from an average of 27.9 days in 2012-13 to 20.4 days in 2015-16. This demonstrates an improved efficiency in service delivery practices.

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 applicants on the Housing Register has continued to increase in 2015-16. The Housing Connect access and support system, along with the release of the *Affordable Housing Strategy*, has encouraged more people to seek assistance, and the Housing Register has expanded to include public and community housing with a greater range of housing choices.

The community access waiting list increased by 15.8 per cent from 76 in June 2015 to 88 in June 2016. 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.

A change in the assessment system for applicants was undertaken in 2014-15 to a two category system of Priority and General. This means that there are now more applicants in the priority category and time to house performance indicators for priority applicants are not comparable to previous results.

When people are housed, Housing Tasmania performs extremely well at targeting housing to people most in need. In June 2016, 95.5 per cent of people housed were priority (also known as greatest need) applicants. Tasmania's performance has been well above national averages for the past five years.

## Children and Youth Services

Performance Measure	Unit of Measure	2012-13 Actual	2013-14 Actual	2014-15 Actual	2015-16 Actual
<b>Children Services</b>					
Mothers attending the eight week Child Health Assessment	%	85.0	87.6	86.9 <sup>1</sup>	86.7
Children in notifications (per 1 000 population) <sup>2,3</sup>	Rate	68.5	71.0	77.3 <sup>1</sup>	86.4
Average daily children in active transition at Response <sup>4</sup>	Number	8.9	24.7	15.5	65.5
Investigation outcome determined within 28 days <sup>2</sup>	%	48.5	31.9	34.7 <sup>1</sup>	19.7
Children who were the subject of a substantiation during the previous year, who were the subject of a subsequent substantiation within 12 months	%	17.7	21.5	18.5	N/A <sup>5</sup>
Average daily children in out of home care	Number	1 034.0	1 064.9	1 046.2 <sup>1</sup>	1 110.6
Children with approved case and care plans	%	77.8	72.6	68.3 <sup>1</sup>	55.2
Foster care households with five or more foster children <sup>2</sup>	%	7.6	5.1	5.2 <sup>1</sup>	5.0
Children in out of home care who had 3+ non-respite placements in the last 12 months	%	3.8	3.2	4.5	4.2
Children actively managed while waiting for therapeutic family violence counselling services	Number	69	112	90 <sup>1</sup>	59

### Notes:

- 1 Due to the lag effect from continual entry of data into information systems, the data reported for 2014-15 may have been retrospectively updated and therefore differ from that reported in the 2014-15 DHHS Annual Report.
- 2 The 2015-16 actuals are preliminary and may differ from figures published in ROGS or Child Protection Australia.
- 3 The population figures used to calculate this measure are taken from ROGS.
- 4 Children in active transition at Response are actively managed while awaiting allocation to a child protection worker for an investigation.
- 5 Due to data lag issues, the total percentage of resubstantiations is not yet able to be reliably reported.

CHaPS maintained a high level of initial engagement with parents of newborn children, and the proportion of parents attending at eight weeks decreased slightly across Tasmania in 2015-16.

There is a shifting national trend toward rising numbers of children receiving child protection services and this trend is reflected in Tasmanian data as well. A steady increase in notifications received from Tasmania Police, conceivably due to a more broad ranging response to family violence, has been particularly evident in Tasmania in recent years.

During 2015-16, a daily average number of 65.5 children were in active transition from the functional area of Intake to Response, representing an increase from 15.5 during 2014-15.

The timeframe for the allocation and determination of matters for investigation is influenced by a number of other factors, including: the readiness and capacity of other agencies to accept referrals; the timeliness of receipt of information from other agencies; and the complexity of cases referred.

Feedback from frontline CPS staff indicates Tasmania is experiencing greater case complexity in notifications requiring investigation, often due to a range of issues including substance abuse and parental mental health.

DHHS has a number of strategies to assist child protection 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 development of better targeted in-house learning and development resources.

As outlined above, a comprehensive redesign of CPS commenced in August 2015. This resulted in the Strong Families – Safe Kids Implementation Plan, which will seek to deliver a service that assists with better management of the child protection workflow, thereby reducing delays and improving performance against these indicators.

The Strong Families – Safe Kids Implementation Plan was published in May 2016 and includes system demand indicators such as those reported above to monitor progress. The project is seeking to re-focus current intake services to an advice and referral service that is connected to the broader government and non-government service network, with the aim of improving the ability of the State to manage the 'front door' of the system. As part of the \$20.5 million investment commencing from

2016-17, the Strong Families – Safe Kids Implementation Plan includes \$2.5 million to identify and purchase additional intensive family support services for children and families on the brink of entering the statutory service system and to design an assertive family support model. The intention of these initiatives is to ease pressure on the service system thereby creating an environment that is more conducive to improving the safety and wellbeing of children.

Out of Home Care Services provide care for children placed away from their parents for protective or other reasons related to child safety and wellbeing.

The daily average number of children in Out of Home Care in Tasmania increased to 1 110.6 during 2015-16.

During 2015-16, 4.2 per cent of children in care had three or more non-respite placements in the previous 12 months. Carer availability is a critical factor in improving stability for children in care.

Reform of the Out of Home Care system is continuing to provide a needs-led, quality assured, financially viable, safe and outcomes-focused response to children who cannot live at home.

Performance Measure	Unit of Measure	2012-13 Actual	2013-14 Actual	2014-15 Actual	2015-16 Actual
<b>Custodial Youth Justice</b>					
Average daily young people in Youth Justice detention	Number	18.4	11.6	10.3 <sup>1</sup>	9.2
Distinct number of young people in youth justice detention	Number	72	56	52	33
<b>Community Youth Justice</b>					
Average daily young people in Community Youth Justice	Number	389.7	309.2	242.7	229.5
Distinct number of young people in Community Youth Justice	Number	811	643	523 <sup>1</sup>	475
Community Service Orders completed before the statutory expiry date	%	83.8	92.0	86.4 <sup>1</sup>	91.7
Youth Justice Community Conferences held within six weeks of receipt of referral for conference	%	86.1	81.7	86.2	84.1

Note:

- 1 Due to the lag effect from continual entry of data into information systems, the data reported for 2014-15 may have been retrospectively updated and therefore differ from that reported in the 2014-15 DHHS Annual Report.

A continuing decline in the reported number of Custodial Youth Justice clients has been observed in recent years. The average daily number of young people in detention fell again during 2015-16 to 9.2, from 10.3 in 2014-15.

Similarly, the average daily number of people in Community Youth Justice has continued to decrease, falling from 242.7 in 2014-15 to 229.5 in 2015-16.

# System Management

## Health System Management

Performance Measure	Unit of Measure	2012-13 Actual	2013-14 Actual	2014-15 Actual	2015-16 Actual
Implementation of Government reform agenda goals achieved within published timeframe <sup>1</sup>	%	N/A	N/A	100	75 <sup>2</sup>
Service Agreements developed and administered in accordance with the THO Act, and policy settings endorsed by the Minister for Health	Number	3	3	3	1 <sup>3</sup>

### 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 365 Day Plan and Agenda 2016. The target of 100 per cent was not achieved due to timeframes regarding the demolition of 'B Block' and 'B Fan' as part of the RHH Redevelopment.
- 3 One Service Agreement was required in 2015-16 due to the establishment of the single THS on 1 July 2015.

### *Patients First Initiative*

In March 2016, following a directive from the Minister for Health, the Secretary and the THS CEO jointly reviewed patient flow issues at the RHH and Launceston General Hospital (LGH).

A review report was provided to the Minister, with the 19 recommendations being accepted by Government and resulting in the *Patients First* initiative, announced by the Minister on 5 April 2016.

There are 19 actions outlined in the *Patients First* initiative to manage demand in the emergency departments and improve whole-of-hospital patient flow at the RHH and LGH. DHHS is leading work on Actions 11 (Connecting patients to bulk billing GPs) and 13 (Enhanced role of paramedics), with the THS responsible for the remaining initiatives.

### THS Service Agreement 2015-16

The 2015-16 financial year was the first year of operation of the single THS, following the amalgamation of the three THOs.

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.

It is the responsibility of Governing Councils to ensure that the THS delivers the requirements of the service agreement. As system manager, it is the responsibility of DHHS to ensure that THS performance against those requirements is monitored and managed to ensure that where necessary, the performance intervention options available to the Minister under the Act are effectively implemented.

The THS 2015-16 Service Agreement was signed by the Minister for Health on 29 June 2015 and co-signed by the THS Chair on 1 July 2015. It was tabled in Parliament on 19 August 2015. In addition, the Minister issued the 2015-16 Service Agreement Performance Framework and the 2015-16 Tasmanian Health Service Purchasing and Funding Guidelines that accompany the 2015-16 Service Agreement.

### Service Agreement Performance Framework

The Service Agreement Performance Framework provides the arrangements for monitoring THS performance against the requirements of the service agreement. The Framework also provides DHHS and the THS with a clear delineation of roles, responsibilities and expectations in response to identified service agreement performance issues.

The Framework is applied throughout the year in the monitoring and management of identified performance issues and responding in accordance with defined processes. Quarterly performance review meetings are held with the THS to focus on quarterly performance against the requirements of the service agreement and identified and emerging performance issues.

### Performance Escalations and Directions

There is a Level One (unsatisfactory performance) performance escalation currently in place across the THS for the Service Agreement Key Performance Indicator (KPI) "time until most admitted patients (90 per cent) departed the emergency department."

There have been two previous Level One escalations for this KPI initiated at the LGH.

In accordance with the requirements of a Level One performance escalation, Performance Improvement Plans (PIPs) have been received from all four major hospitals.

The PIPs include a proposed timeline and performance trajectory to return performance to the eight hour target specified in the Service Agreement.

The Level One performance escalation will remain in place, with regular meetings scheduled between DHHS and the THS to monitor progress against the PIPs, until such time as performance at all facilities is returned to the eight hour target.

### *Ministerial Direction 'Appointment of a Financial Recovery Team'*

The Act provides for responsible Ministers to give the THS Governing Council directions in relation to the function and powers of the THS and the Governing Council.

On 10 November 2015, responsible Ministers directed the THS Governing Council to implement six actions. This included:

- appointing a Financial Recovery Team (FRT) to prepare a new Financial Recovery Plan (FRP) with a focus on FTEs and achievement of critical elective surgery targets
- strengthening vacancy control
- developing a statewide medical workforce and locum reduction plan
- commencing a Workplace Renewal Incentive Program and Targeted Negotiated Voluntary Redundancy program, and
- implementing an appropriate executive structure.

A revised FRP was delivered by the FRT in December 2015. Significant progress has been achieved with implementation of the actions, as directed by responsible Ministers.

The THS Governing Council is responsible for overseeing the implementation of all actions, including strategies detailed in the FRP, and is providing monthly progress reports to responsible Ministers.

### **Tasmanian Health Service**

The THS operates four major hospitals, each with a specific role in the system:

- the RHH is the principal tertiary referral hospital for residents of Southern Tasmania and also provides a number of statewide services
- the LGH is the principal referral hospital for the North and North West of Tasmania and also provides a number of tertiary services for residents of those areas
- the North West Regional Hospital (NWRH) in Burnie provides acute general hospital services in the North West Region, and
- the Australian Government owned Mersey Community Hospital at Latrobe will be a dedicated elective surgery centre for all Tasmanians and continue to provide a mix of general hospital services to the local community.

Sub-acute inpatient care is provided at the major hospitals and the THS' network of rural hospitals (including multi-purpose services and multi-purpose centres). The rural hospitals also provide some emergency care as well as a wide range of community health services. Some rural facilities also provide residential aged care.

The THS also provides a range of services at the community level that includes allied health, community nursing (including specialised nursing), home care, palliative care, dementia services, specialised case management services, aids and appliances and health promotion programs. These services are generally provided from community health centres and rural facilities, but can also be provided in patients' homes, schools and workplaces.

## Human Services System Management

Performance Measure	Unit of Measure	2012-13 Actual	2013-14 Actual	2014-15 Actual	2015-16 Actual
Organisations receiving a Quality and Safety Review within relevant timeframes <sup>1</sup>	%	N/A	60	42.5	31
Target Population transferred to NDIS trial within agreed timeframes	%	N/A	81.1	100	100
Social Housing owned and/or managed by the Community Sector <sup>2</sup>	%	17.0	34.0	42.7	42.4

### Notes:

- 1 The 2015-16 target in the 2015-16 Budget Papers was 60 per cent. The 2015-16 target was revised in the 2016-17 Budget Papers to be 40 per cent, to reflect the Department's capacity to undertake Quality and Safety Reviews.
- 2 The 2015-16 target in the 2015-16 Budget Papers was 35 per cent, which reflected the agreed National target. The 2015-16 target was revised in the 2016-17 Budget Papers to 42.7 per cent to reflect the current level of social housing stock under community management.

### NDIS Trial

As Tasmania has already undertaken significant reform of the specialist disability service system, the State submitted a proposal, which was accepted, to be included as a trial site for the NDIS from 1 July 2013. The cohort of young people aged 15 to 24 was chosen for the trial, as this was considered an opportunity to address some of the long standing transitional issues for young people moving from school to employment or vocational options and for those young people moving out of state care.

The NDIS trial for the 15 to 24 cohort saw over 1 100 young people supported by the NDIS, exceeding the expected Bilateral targets for the trial. The transition of the remaining 9 500 Tasmanians with disability to the NDIS will commence in 2016-17. A Bilateral Agreement for transition was signed by the Tasmanian and Australian Governments on 11 December 2015.

### Social Housing

The Tasmanian Government is undertaking housing reform by building the capacity of the community sector to better respond to the growing demand for social housing. Around 3 900 properties have been transferred for management by the community sector under the Better Housing *Futures* initiative.

The management of social housing by the community sector results in many positive outcomes including flexibility in supporting tenants with special needs, having a social mix of tenants and providing a range of community initiatives.

The innovative model also provides access to Commonwealth Rental Assistance, GST savings and greater investment in maintenance.

Housing Tasmania will build on this initiative through *Tasmania's Affordable Housing Action Plan*, which has sought innovative proposals, including under the Community Stock Leverage Program, to increase supply from the existing social housing portfolio. This will initially increase supply by around 150 properties. This initiative will provide additional borrowing capacity and recurrent financial incentives for the community housing organisations to construct additional houses targeted towards priority applicants.

The proportion of social housing stock owned and managed by community organisations has varied slightly by 0.3 per cent from 2014-15 to 2015-16 but is likely to remain stable or slightly increase in the future. This is consistent with a trending national increase of the proportion of community housing stock in the social housing portfolio.

### Quality and Safety Reviews

The program of DHHS led Quality and Safety Reviews of funded community sector organisations continues. Organisations are engaging in the process and demonstrating a commitment to continual improvement and the provision of quality services. In addition, program areas regularly monitor community service organisations' continuous improvement against quality and safety plans as part of their general funding agreement management role.



Figure 4: Social Housing in Hobart

## Children Services System Management

Performance Measure	Unit of Measure	2012-13 Actual	2013-14 Actual	2014-15 Actual	2015-16 Actual
Planned strategic projects with milestones achieved	%	N/A	65	59	71
Planned regular operational performance reviews completed addressing key issues within the remit of Children's Services	%	100	100	100	100
Planned quality appraisals completed within relevant timeframes	%	100	100	100	100

During 2015-16, five of seven strategic projects undertaken within CYS were either successfully completed or tracking well. These projects included the *Family Violence Action Plan*, Child Protection Redesign, implementation of legislative amendments to the *Youth Justice Act 1997*, the Out of Home Care Reform Project and the Youth at Risk Project.

CYS continues to progress the CPS Practice Manual Project and the Delegations Review. Work continues to progress on these important projects.

Performance information dashboards are updated daily by the Performance and Evaluation Unit in CYS and are available for

routine access by a variety of staff in CYS. In addition, review of performance in relation to specific issues is undertaken on an as-needs basis. During 2015-16, five such reviews were scheduled and completed.

Quality appraisals are undertaken by staff in the Quality Improvement and Workforce Development Unit in CYS for practice issues arising in relation to CPS, Youth Justice Services and the Ashley Youth Detention Centre. Key drivers for service quality are determined by applying a combined understanding of research techniques and practice knowledge to identify issues to be addressed through workforce development strategies.

## Tasmanian Audit Office Reports

DHHS is committed to the continual improvement of the information presented in our Annual Reports each year, to ensure we are actively looking for ways to disseminate relevant, easy to interpret information on our activities and performance.

Since 2013, the Tasmanian Audit Office (TAO) has issued reports regarding key performance indicators and efficiency indicators in the Budget Papers.

Three key reports are relevant to mention here: Output Based Expenditure, Key Performance Indicator Management – Performance Measures, and the Key Performance Indicators Trial Project.

DHHS is progressively reviewing its Performance Indicators as part of the annual Budget development process. This work will continue to be progressed during 2016-17 with a comprehensive review of performance information to be undertaken, in the context of the various structural and service delivery reforms that have been and are being implemented across DHHS.

This review will also consider the TAO's recommendations, noting there are inherent challenges in establishing comparative efficiency measures for health and human services.

DHHS and the THS are working collaboratively on developing a revised set of Performance Indicators for the THS that will complement KPIs included in the Service Agreement. It is anticipated that revisions will be made to the Performance Measures published in the 2017-18 Budget Papers.

## DHHS in 2016-17

In 2016-17, DHHS will seek to deliver key projects and reforms to build services that continue to improve the health, wellbeing and safety of Tasmanians, aligning with our strategic priorities.

### Healthy and Safe Tasmanians

The Healthy Tasmania Strategic Plan was released on 30 July 2016. It centres on four priority areas for action: smoking; healthy eating and physical activity; community connections; and chronic conditions screening and management. DHHS is responsible for overseeing the implementation of the majority of the reforms outlined in the Healthy Tasmania Strategic Plan, with support from other agencies where required.

In 2016-17, DHHS will develop an implementation framework to support the Healthy Tasmania Strategic Plan, and begin the implementation and rollout of key initiatives. Tasmanian communities will be key partners in delivering the actions outlined in the Healthy Tasmania Strategic Plan, and DHHS will engage in ongoing discussion with the community and key stakeholders throughout the implementation process.

In 2016-17, we will continue to strengthen the DHHS service response to people experiencing family violence through ongoing implementation of initiatives under *Safe Homes, Safe Families*. These include ongoing rollout of the rapid rehousing initiative pool of 50 homes for those needing accommodation due to family violence, and commencing construction of new crisis accommodation in Hobart.

Work will also continue in 2016-17 on the Youth at Risk strategy, which will provide the Government with a long term, evidence based, whole of government, strategic direction for responding to the safety and rehabilitative needs of all young people. The strategy is being developed through a consultative model that will ensure a collaborative approach which recognises expertise relating to young people and their needs.

### Well-Governed Systems

In 2016-17, we will continue to embed sound business practices across DHHS to assure Tasmanians that their health and human services are effectively managed.

This will include strengthening internal corporate governance arrangements and fulfilling the role of DHHS as system manager and source of expertise to the Ministers for Health and Human Services.

In 2016-17, DHHS will focus on developing and implementing a contemporary, evidence-based Children and Youth Services Practice Manual to provide guidance, procedures and policies to strengthen practices across Children and Youth Services.

To improve mental health outcomes in Tasmania and reduce suicide rates, in 2016-17 DHHS will continue the roll-out of prevention programs from the Government's key strategic plans of mental health and suicide. We will also continue to work with the THS in establishing a single statewide mental health system to align with the One Health System reforms as part of the Government's long term *Rethink Mental Health Plan*.

### Integrated Services

Throughout 2016-17, DHHS will continue to build on progress which has been made against key reforms in Tasmania's health and human services systems.

To deliver a more seamless experience and better outcomes for individuals, families and communities, DHHS will continue implementation of the five elements of the Joined Up Human Services Project.

We will also continue the implementation of DHHS-led One Health System reforms, including the completion of statewide models of care for the majority of clinical services.

The redesign of Tasmania's child protection system will continue in 2016-17 to deliver an integrated child protection system for Tasmania that places the safety and wellbeing of children at the centre and supports vulnerable children and families in ways more relevant to their needs. Reforms to the Out of Home Care system will also continue to progress in 2016-17.

### Evidence-Based Services

Work which has been underway to strengthen the Department's grants management process and reduce administrative burden will continue in 2016-17, with completion of the review of the *DHHS Purchasing Framework for Outsourced Services*.

To inform Government of the status of public health in Tasmania, the next Tasmanian Population Health Survey will be undertaken in late 2016. This survey will provide a detailed account of Tasmania's health and the factors which contribute to both good and poor health in our population. Results of this survey will become available during 2017 and will be an important information source for the *State of Public Health Report 2018*.

Under the *Tasmanian Affordable Housing Strategy 2015-25*, work will continue across the government, community and private sectors in 2016-17 to increase access to and the supply of safe and appropriate and affordable houses.

DHHS will continue to play a key role as Tasmania begins the transition to the full NDIS to progressively support around 10 600 Tasmanians living with disability. Another 1 100 new people are expected to enter the NDIS in 2016-17, with services being available to children aged 12 to 14 from 1 July 2016.

The second phase of the 2016-17 NDIS transition to the full scheme will begin on 1 January 2017 with services becoming available to adults aged 25 to 28.

### Engaged Workforce

Throughout 2016-17, we will pursue a variety of measures to build and support the Department's workforce to deliver efficient, safe and high quality health and human services.

We will seek to strengthen the diversity of our workforce through development and implementation of a *Workforce Diversity and Disability Action Plan*. To promote a work environment free from discrimination and harassment, DHHS Wellbeing Officers and a DHHS Wellbeing Network will also be established.

Over 2016-17, we will also seek to engage all staff in the review and redevelopment of the DHHS Values.

A key focus for 2016-17 is to improve internal communication across DHHS to support increased staff engagement and understanding of the Department's strategic direction. To facilitate this, an Internal Communications Strategy will be developed for DHHS.