

FUTUREHEALTH



TASMANIA'S HEALTH PLAN



COMMUNITY FORUMS

SEPTEMBER - OCTOBER 2008

REPORT OF PROCEEDINGS

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Executive summary

The recent Tasmania's Health Plan Community Forums, held in September and October around the state, provided an opportunity for discussion and information-sharing about the progress of the implementation of the Plan.

Tasmania's Health Plan is a blueprint for the reform of Tasmania's health services into the future. The Plan was developed with input from consumers, health professionals and services providers and commits to a three year program of consultation activities during the implementation stage. Community Forums are part of this process.

Participants and speakers came from a range of public, non-government and private organisations including all levels of government, the University of Tasmania, General Practice and the Tasmanian community.

The agendas for the three regional Community Forums were developed by the three Tasmania's Health Plan Consumer Representative regional groups. Some Consumer Representatives also spoke at the forums – adding their unique perspectives to the day.

From the point of view of the Department of Health and Human Services (DHHS) the forums provided a chance to inform people on the progress that has been made in implementing the Plan, as well as to hear views and receive advice.

Pre-reading information was provided to Community Forum participants so that discussions could start with some common background knowledge.

Deputy Secretary State-wide System Development Mary Bent and DHHS Secretary David Roberts also outlined progress on key developments at all three Community Forums, bringing a whole-of-state perspective to the day.

Regional speakers' panels brought their local experience and expertise to bear and generously shared their knowledge and stories.



DHHS Secretary David Roberts and DHHS Deputy Secretary (State-wide System Development) Mary Bent

All of the speakers' presentations – either individual or panel – have been summarised in this report and any Power Point presentations have been included in the appendices.

Standout messages include:

- There is a Plan and we are putting it to work
- Sustainability is not just about money!
- Health is everyone's business – not just the 'health department'
- Healthy ageing starts from birth
- "Working together works"
- Communicate and innovate

Not all the issues raised at the Community Forum could be resolved at those relatively short half-day meetings. These 'burning questions' were noted and have been addressed in this report.

Some participants provided written or verbal feedback on the process and content of the Community Forums and a summary of these comments has also been included.

Next steps are briefly outlined – concluding with a look forward to 2009's first Community Forum in March.

Background

Tasmania's Health Plan

In May 2007, the Tasmanian Government released Tasmania's Health Plan – a blueprint for the reform of Tasmania's health services into the future.

Tasmania's Health Plan is underpinned by two supporting documents – the Primary Health Services Plan, focusing on health services delivered in the community, and the Clinical Services Plan, focusing on services delivered in the major hospitals and by the ambulance service.

Implementation of Tasmania's Health Plan involves more than 100 projects, many of which will be put in place during the next two years and others within the next five years.



One of the Consumer Representative presenters at the Community Forums, Emma Fry, brought along a collection of shoes symbolising the many types of people Tasmania's Health Plan seeks to benefit.

Our commitment to consult

Tasmania's Health Plan was developed in consultation with consumers, health professionals and service providers and commits to engaging communities in the implementation process:

"Implementation of the changes outlined in this Plan will be carried out through processes which effectively involve local health professionals, health facility staff, local government and community members." (page 130, Primary Health Services Plan)

Tasmania's Health Plan Community Forums are one component of this commitment. Over the next three years, Community Forums will provide a regional perspective to the implementation of the Plan by showcasing progress in implementing the Plan in each region and providing an opportunity for feedback and advice to those working to implement it.

Who was involved?

Participants represent a cross-section of the community (see **Appendix I** for a list of participants), with the same individuals coming together regularly over several years to discuss the implementation of the Plan. Participants include:

- Consumer representatives
- Local, state and Commonwealth government representatives
- Health care professionals and hospital staff
- Representatives of volunteer and non-government organisations (NGOs)
- University of Tasmania staff
- Union representatives

The September-October 2008 Community Forums were the second round of regional community forums to take place in Hobart, Launceston and Burnie. The results are summarised in this report.

Developing the agenda

In the first round of Community Forums, held in March 2008, the focus was on providing participants with an overview of progress across the whole of Tasmania's Health Plan. Each forum had the same agenda.

As part of the preparation for the September - October Community Forums, all Tasmania's Health Plan Consumer Representatives were contacted individually, and some attended follow-up meetings, to provide feedback on the March Community Forums and to set the agenda for the October Forums.

This meant that the regional forums better reflected local concerns and that each of the Community Forums were slightly different.

Appendix 3 provides the agenda for each of the three October forums.

It was decided to have a mixture of panels, individual speakers and group discussion, in order to allow a broader range of perspectives to be expressed.

Most importantly, Tasmania's Health Plan Consumer Representatives took the floor in panels or as individuals, to give their perspective on current health system issues and the implementation of Tasmania's Health Plan.

It was also decided that Consumer Representatives would meet again after the Community Forums to discuss the outcomes and plan for the next round of Forums to be held in March 2009.

These meetings were combined with site visits to Community Health Centres and major acute hospitals.

The consultation process is part of the continuing contribution of Tasmania's Health Plan Consumer Representatives. Each region is represented by a group of 10 individuals who have committed to ongoing involvement over a three year period.

Southern Consumer Representatives Meeting



From left to right (front row): Linley Grant, Emma Fry, Debra Carnes. (Back row): Geoffrey Duniam, John MacKean, Peter Hills.

Northern Consumer Representatives Meeting



From left to right (front row): Douglas Ewington, Brian Bates. (Back row): Margot Smart, Suzanne Linnett.

North West Consumer Representatives Meeting



From left to right (front row): Norm Britton, Marjorie Jones, Bruce Miller. (Back row): Kay Denman, Ross Hines, Kate Beer.

What was said?

Key speakers

Deputy Secretary Mary Bent

(Speech as delivered:)

Welcome. These are the second round of community forums associated with implementation of Tasmania's Health Plan.

Thanks to our community representatives for their input and assistance in developing these.

Today we will provide information about what we have done – through discussions and fact sheets – but we will not be able to cover everything. There are almost 100 projects underway. You can track their progress on our web site through the *Project Progress* chart.

Progress has been strong, recognising that initial planning time is required before projects can be operationalised, and is influenced by the level of shared responsibility required for new service provision models and on the nature of the collaborative partnerships required to undertake the projects.

The future is, after all, something that is created - - created first in the mind and will, and created next in activity. As you will see, some of our projects are in the thinking and planning stage and others are in the “doing” stage.

Information will be available about what's going on in your local area. eg chronic disease demonstration service in Launceston, Clarence Integrated Care Centre, and also about state-wide developments such as the establishment of the Tasmanian Clinical Advisory Committee.

Most importantly this forum provides us a chance to hear your views and to receive advice on key topics that community believe are important. The formal discussions are available for this but you may also want to discuss with us informally what your views on our plans are for the next six months. Key areas of activity include:

- Developing our consumer engagement strategy;
- Developing our chronic disease strategy;



DHHS Deputy Secretary Mary Bent

- Statewide planning – for a cystic fibrosis state-wide service and also for renal services;
- Increasing allied health and rehabilitation services in the North;
- Establishing networks in chronic disease, mental health, emergency medicine, palliative care, women's and children's services;
- More work with GPs, especially in mental health; and
- Working with the Commonwealth government and a range of stakeholders in relation to Integrated Care Centres and GP Super Clinics.

In conclusion I would like to reflect on where we are at in our implementation of Tasmania's Health Plan.

Our future is not some place we are going to, but one we are creating. “We do not have simple paths to follow, they have to be made, and the activity of making them, changes both the maker and the destination” (John Schaar Futurist). That's a key benefit of working together.

These forums give us a richer view of what is going on, help us comprehend better the things we may not otherwise see. They contribute to our building a better health and human service system for Tasmania and the Tasmanian people. I trust you find the day useful, informative and challenging. I know we will.

Health Consumer Emma Fry

(Speech as delivered:)

On behalf of the consumer reps of the Southern region, I'd like to welcome you all to today's exciting forum.

I'm chronically ill and have spent my life negotiating health systems. What started as asthma as an infant has scarred my lungs and instead of growing out of it, I have grown into it, or rather, it has grown into me. My airways have become 'fixed' in a closed-like position meaning I have 22% lung function and may as well be an old smoker. I have a permanent sub-cut infusion of Bricanyl and I regularly spend at least 10 hours a week at the RHH with IV infusions, have to get monthly dilatations so I can swallow properly and may ultimately need a lung transplant. As if that weren't enough to ensure my mother (who is also my carer) is totally grey without chemical intervention, I have bi-polar! I am not saying all of this for sympathy, just to contextualize who I am.

In addition to representing chronically ill young people, I am also trying within this platform to represent the over 18, under 35 age group. It is vital that we do not forget any demographic. It is all too easy to fall into the cyclical trap of focusing upon one or two 'buzz groups', groups that have been neglected for years, that come into the spotlight and get long overdue attention, at the expense of other groups that then get neglected until they become a buzz group again – and so on it goes.



Tasmania's Health Plan Consumer Representative Emma Fry.



Tasmania's Health Plan Consumer Representative Emma Fry.

Those of my peers who are aware and care about our health system are concerned that much focus and initiative in health reform is aimed at children or over 35s, and they are feeling somewhat glossed over. Of course this is not entirely the case, however it is a palpable mood amongst the 'Bridget Jones' singleton demographic.

Beyond the health arena, young adults in 2008 are increasingly concerned and frightened for their future and that of their parents, not just for the plight of children they may have in years to come. Idealism is no longer a rite of passage for youth, it is luxury travel that we, as a group, no longer can afford or perhaps it is that, in the information overloaded world of the 21st century, we choose not to buy it. Instead we seem to invest in cynicism and a woefully hedonistic approach to

our lives where instant gratification is sought. We are concerned for the future and the present, we have little regard for the past and we choose to solve problems by blaming others or tossing our hands up, claiming it's all too hard. As a group, we need to change, in order to earn reform. We need to listen to our elders, we need to take responsibility for our actions and consequences of our choices. We think we are so grown up, yet what we need most to do is in fact grow up.

There is perhaps no area of greater need for this than health. It is an area where we CAN affect change. I truly believe this or I wouldn't be standing here talking to you today.

Thanks to a disturbing amount of negative publicity my peers now know our health system is sick but they need to recognise that we can indeed make it well, starting with ourselves and by embracing opportunities like this forum and consumer representation work.

As I said earlier, I am chronically ill. I am lucky to be a sick puppy because it has opened my eyes to the state of our health care system. Wherever possible, I seek to educate my healthy peers that we need to act, we need to help and I beg them not to take their health for granted, neither their health care system.

Thank you for listening to my young voice and I look forward to a vibrant southern forum and hearing from our guest speakers on the issues we put on our agenda for today. I believe we will get there, one step at a time and as a reminder of that little bit of idealism I just splurged on, I raided my mum's and my wardrobes before coming today, and brought these.....to represent working together from all walks of life, not forgetting any shoe type, however buzzed or unfashionable!!!!



Susan Fry helps daughter Emma make a point about one size not fitting all.

I also thought I should walk the talk, rather than just speak, so from today I will break my lifelong habit of wearing odd socks and will wear matching socks until our health system is well and my mum will now wear the odd socks until the system is well, so for her sake I won't delay today's treatment for our system any further.....



Susan and Emma Fry sent in this photo to show their commitment to the 'sock challenge'.

Secretary David Roberts

The Secretary of the Department of Health and Human Services attended, listened, and spoke at all three Tasmania's Health Plan Community Forums.

Appendix 4 provides a copy of his presentations on the New Royal Project and integration initiatives in the North West (covered by the Chief Executive Officer of the North West Regional Hospital, Jane Holden, at the North West Community Forum).

Below are some notes from his comments on transport and accommodation issues.



DHHS Secretary David Roberts.

Transport and accommodation

The Banscott Review of patient transport and accommodation in Tasmania has been completed. The Government is working on its response as we speak and we will be releasing it along with the report shortly.

It's definitely an exciting time in this area and we would have loved to share more details with you here today but, it is essential the Government's response is considered carefully and thoroughly.

Not only is the Review an extensive piece of work... it's one that will provide us with a blueprint for years to come. We want and need to get it right.

That said, we are committed to ensuring these forums are adequately briefed on the developments and we are happy to hold a separate forum on the review's findings if people feel that would be helpful in the coming months.

What I do want to say is that we know it's essential that transport and accommodation services are improved. They are critical to the successful implementation of Tasmania's Health Plan.

The Australian Government has committed \$10 million to improve patient transport services in Tasmania's North and North West. The Banscott Review will form the basis for our proposal on how this money will be spent – discussions are continuing between our Federal and State Ministers about priority initiatives for this funding.

The Banscott Review examined financial assistance and eligibility, the need for improved coordination and administration of transport services and a range of health-related transport and accommodation options.

You can rightly expect improvements in all these areas in the year ahead.

I ask for your patience as we work our way through this process and look forward to reporting back to you as soon as we possibly can.

Panel discussions

Health services integration: Hospital and community

Two Forums included panel discussions on health services integration across hospital and community services.

At the **Northern Community Forum**, Suzanne Linnett (Tasmania's Health Plan Consumer Representative) led the discussion with a personal account of renal dialysis services. She emphasised that she, and other dialysis patients, cannot wait for more renal services in the community – they are needed now.

Chief Executive Officer (CEO) of the Launceston General Hospital (LGH) John Kirwan followed, noting that Northern Tasmania has the highest prevalence in Tasmania of:

- Lung cancer
- Lymphomas
- Diabetes
- Asthma
- Cervical cancer (rate is reducing)
- Heart disease (rate is reducing)

John then outlined strategies to deal with these issues. He confirmed that the LGH's direction was set out under Tasmania's Health Plan (particularly the updated Clinical Services Plan) and noted the current work in progress:

- the development of the Department of Emergency Medicine (DEM);
- the development of the Launceston Integrated Care Centre;
- expansion of renal satellite services;
- expansion of rehabilitation and allied health services;
- expansion of parking availability (for patients as well as staff); and
- upgrading staff and student accommodation to contemporary standards.



Northern panel from left to right: Phil Edmondson (GP North), Suzanne Linnett (Consumer Representative) and John Kirwan (DHHS - LGH).

Current issues, in terms of hospital capacity, included high occupancy levels, DEM over crowding, and other services being full or close to capacity.

Phil Edmondson (CEO, GP North) took up the discussion there – outlining the development of the Primary Health Chronic Disease Demonstration Service, a project under Tasmania's Health Plan (a presentation, which he developed but did not present at the Community Forum, has been included in **Appendix 5 – Panel Speakers Presentations**).

This type of partnership service addresses many of the issues raised by the previous two speakers: treating the increasing numbers of people with chronic disease within constraints such as workforce shortages and the need for health workforce reform; the need for new models of care; the need for more care in the community; and better partnerships across the health sector, between General Practitioners (GPs) and DHHS services, such as primary health, to avoid hospitalisation.



In the **North West Community Forum**, this panel discussion started with Jane Holden, the CEO of the North West Regional Hospital (NWRH) talking about the regional integration initiatives (included in **Appendix 4 – Secretary’s Presentations**).

Jane noted that this integration initiative did not threaten the capacity or budgets of the various components of the North West health services system. Primary health would maintain a separate budget, as would the Mersey Community Hospital. The new North West Area Health Services Network would, however, potentially provide for some efficiencies across services as better communication provided for more effective treatments.

Karen Schnitzerling (Manager/Director of Nursing, West Coast District Hospital, DHHS) spoke about integration in practice through her experiences at HealthWest – the network of primary health services and rural hospitals services across Tasmania’s West Coast. This was a previously fragmented health service run by many authorities.

Integration was developed through the sharing of services across the West Coast (ie community services, packages of care, regional health services); working with other agencies (police, education, child & family services); working with other health services (ie drug and alcohol, women’s health, child health etc); and establishing a Community Advisory Committee.

The benefits of integration included:

- Sharing staff across services
- Reduction of isolation for professionals
- Increased collaboration
- Improved client access to services



North West panel from left to right: Jane Holden (DHHS - NWRH), Elvie Hales (GP North West), Karen Schnitzerling (DHHS - HealthWest).

- Can improve client outcomes as there is a team approach
- Reduces parochialism within health services – flow-on effect to community
- Staff have better understanding of health services offered on West Coast and can impart that to clients
- Staff learn about a broader aspect of health care (primary health care) and can participate – help spread the message

Elvie Hales (CEO GP North West) talked about the work that was already being undertaken under Tasmania’s Health Plan across the state and the work that was planned for the North West, including an examination of the relationship between Practice Nurses and Community Nurses.

Elvie noted the challenges that were particularly relevant to general practice included communication between services (timely and relevant information is essential to better health outcomes); workforce shortages (including the inequities in accessing overseas-trained doctors when some practices are classified as ‘areas of need’ while adjacent practices are not); and the need for support for medical students in the community, especially in rural communities.

Health services sustainability: Rural health

Two Forums included panel discussions on the sustainability of rural health services.

At the **Northern Community Forum**, Brian Bates (Tasmania's Health Plan Consumer Representative) led the discussion, outlining some of the challenges associated with distance and lack of public transport, patchy GP coverage and an ageing rural population.

He suggested that solutions included the relocation of services to rural sites, to reduce stress placed on patients who have to travel for treatment by making services available in their local area. He also thought there should be more utilisation of Community Nursing and packages of care.

Brian noted that local patients like being treated locally by local staff.

Phil Morris (Area Manager, Primary Health North, DHHS) focused on how rural health can be provided sustainably and on some of the work DHHS was doing in this area:

- Supporting staff by improved leadership of health services – having a Director of Nursing in each facility
- Altered shift patterns for better handover
- Fast track recruitment
- Looking at ways services can work together
- Working with general practice organisations to support GP practices
- Integrate services with the LGH – using step down, blood transfusion and pharmacy
- Working on partnerships such as the HeadSpace mental health service for young people.



Northern panel from left to right: Brian Bates (Consumer Representative), Phil Morris (DHHS - Primary Health), Dr Brian Bowring (GP).

Dr Brian Bowring is a practising rural GP in George Town, North East Tasmania. He is the Chair of the Rural Health Education Foundation and a Senior Clinical Lecturer with the University of Tasmania Discipline of General Practice.

Dr Bowring noted that when he started practising, more than a few of his fellow students wanted to work in rural Tasmania. He wondered if that was still the case and thought maybe it was not.

So it was clear that service delivery must change if rural services were to remain sustainable.

The workforce needed to change – this was happening, but not enough and not quickly enough.

People have to think outside and beyond bricks and mortar – maintain decentralised services but in new ways.

While some GPs were not in favour of Nurse Practitioners, Dr Bowring spoke in favour of their use in appropriate settings.

In all areas, services need to be backed up and not left to 'sink or swim' on their own.



At the **Southern Community Forum**, this panel discussion started with Dr Geoff Chapman, a GP who spent nine years in solo rural GP at Bothwell, in the Central Highlands of Tasmania, before moving to the city to facilitate his children's education.

Geoff is a practising GP and the Medical Director of GP South (the Division of General Practice in Southern Tasmania). He is also on the Board of General Practice Tasmania (the state GP Divisions body) and the regional training provider, General Practice Training Tasmania.

Geoff emphasised the need for a cooperative approach between all levels of government, particularly between the Australian and state governments, in order to deal effectively with the challenges that faced rural Tasmanians today.

The old ways of working were no longer good enough. In the face of increasing workforce ageing and shortages, change was needed now.

Peter Lorraine (Primary Health) referred to his extensive experience in the provision of primary health services in regional, rural and remote communities. He spoke personally to give an insight to some of the pleasures and challenges of working in rural health (his presentation has been included in **Appendix 5 – Panel Speakers Presentations**).

The CEO of the Tasmanian Ambulance Service (TAS), Grant Lennox, spoke on the role of ambulance and health transport in rural areas, providing emergency ambulance care, rescue and transport services and a non-emergency patient transport service through a network of 50 stations state-wide.



Southern panel from left to right: Dr Geoff Chapman (GP), Grant Lennox (DHHS - TAS), Andrew O'Brien (DHHS - TAS), Peter Lorraine (DHHS - Primary Health).

There are also over 500 volunteer ambulance officers who either provide support and work alongside paramedics in 14 stations, or respond from 23 wholly volunteer stations in smaller rural and remote areas including King, Flinders and Bruny Islands.

Andrew O'Brien (TAS) spoke in more detail regarding the three First Response Services staffed by trained volunteers. This response is aimed at providing early defibrillation in cardiac arrests cases through the use of a community-based service.

St John Ambulance has provided the initial training involved in the program. St John has also provided Automated External Defibrillators through a Commonwealth Government funding arrangement. TAS provides on-going training, additional equipment and support services including workers compensation cover insurance.

The provision of this type of cooperative approach is invaluable in maintaining the sustainability of rural communities and the services in them.

Health services sustainability: Workforce

The Southern Community Forum included a panel discussion on the sustainability of the health workforce.

Peter Barnes (General Practice Workforce Tasmania) talked about how his organisation helps rural communities to retain access to sustainable GP services. This includes encouraging better links between general practice and the rest of the health system and enhancing the quality of rural practice.

Peter noted the 'good news' that the Australian health workforce has been growing at nearly double the rate of the population. However, the 'bad news' included workforce data suggesting that we currently have 50 GP vacancies in Tasmania. There are a range of strategies to meet this challenge, but Peter noted that most of Tasmania's new GPs now come from overseas. (Peter's presentation has been included in **Appendix 5** – Panel Speakers Presentations.)

Fiona Stoker is the DHHS Chief Nursing Officer and an Adjunct Clinical Associate Professor at the University of Tasmania School of Nursing. She noted that not only was the demand for health services increasing but the capacity of the health sector was reducing as new recruits to the professions chose to commit to a life with a more equitable work-home balance.

Fiona talked about the need for workforce planning and the ability to have data to plan our workforce for the future. She noted that there will be a national workforce planning tool available in the near future.



From left to right: Peter Barnes (GP Workforce), Fiona Stoker (DHHS), Prof. Judi Walker (UTAS)

Fiona gave examples of workforce innovation and reform for a flexible workforce including an extended role for nurses and how these roles were leading some clinical services in the UK.

Professor Judi Walker has overall responsibility for the University of Tasmania's Faculty of Health Science's academic rural health portfolio. She is Chief Executive of the University's Rural Clinical School, the Faculty's Deputy Dean and Deputy Chair of Academic Senate.

Judi spoke about the work she is currently doing in developing the new University of Tasmania Health Workforce and Education Unit. Its function is to develop, coordinate and drive a response to the health workforce priorities. This work will be grouped into three key portfolios:

- Planning, research, modelling and evaluation;
- Innovation and improvement (responding to new workforce models through course and curriculum reform and innovation); and
- Health workforce education, training and continuing development.



Health services sustainability: Healthy ageing

The North West Community Forum included a panel discussion on healthy ageing. Sharon Griffiths (DHHS) began by speaking about her work as part of the Chronic Conditions Prevention and Management (CCPM) Team.

The CCPM work at a strategic level to address state and national priorities for the prevention and management of chronic conditions. This includes working in partnership with organisations dealing with chronic disease, building the capacity of health professionals and organisations through training and education, and supporting the development and expansion of key programs and self management approaches.

Some examples of the kind of training offered and details of the state-wide mapping project undertaken by the CCPM in the last 12 months were outlined and provided in an information sheet distributed at the Forum. This has been included at **Appendix 6**.

Anthony Speed, State Manager of the Tasmanian Office of the Australian Department of Health and Ageing talked about Australian Government health system reform activities including the development of a National Primary Health Care Strategy and a National Preventative Health Strategy, as well as the client services funded by his department.

In North West Tasmania there are approximately 12,250 people aged 70 years and over, and this figure is expected to increase by approximately 35% by 2020. On the basis of current planning benchmarks and data, the region as a whole is well serviced by residential care.



From left to right: David Coy (Central Coast Council), Anthony Speed (DoHA), Sharon Griffiths (DHHS - Population Health).

Additional packaged (home) care services are required to meet the planning benchmark and future places will continue to be allocated this financial year.

Strategies are being put into place in order to delay the need for residential care (through the Home and Community Care Services - jointly funded by Australian and State Governments) and assist with transition care from hospital to the home.

David Coy (Central Coast Council) spoke about the work done through the Council's *Positive Ageing Strategy 2007-2012*. Positive Ageing is not exclusive to those in their latter years, as people of every age can age positively.

The Council was showing leadership to the region and the rest of Tasmania, taking action to encourage healthy, positive, ageing. This included providing the opportunity for increased activity within the municipality, increasing beach access, developing the Turners Beach to Ulverstone Shared Pathway, and better footpaths.

It also included assisting older Tasmanians to access appropriate health services by providing transport, and staging activities where the older and younger members of the population could interact were also breaking down some of the barriers.

Nine ‘Burning Questions’

Participants at each of the Community Forums came up with a range of ‘burning questions’. These were ‘taken on notice’ and answers have been developed for this report. They have been grouped into nine broad categories below.



1. Engage with the community?

How can we involve consumers in service planning?

How do we better engage local government/other key stakeholders?

How do we improve communication?

As part of the reforms set out in Tasmania’s Health Plan, the DHHS has started a **Consumer and Community Engagement Strategy** project to establish guidelines and set expectations for services within DHHS to involve communities in policy development, priority setting, service design and individual care.

An interim consumer and community engagement policy has been circulated within DHHS to guide managers and staff in carrying out their consumer engagement responsibilities while a formal strategy is developed. The interim strategy identifies key issues that need to be considered in undertaking consumer engagement, and gives examples and types of engagement and engagement techniques.

Next steps include the development of some specific options for the future, and public consultation, on those options. DHHS will then develop the Consumer and Community Engagement Strategy based on what we have heard, together with an implementation plan and guidelines and processes for the establishment of consumer engagement mechanisms at the local service level.

The development and implementation of the Consumer and Community Engagement Strategy will contribute to improving communications between DHHS, local government and other key stakeholders in the community.

2. Stem the increase in chronic disease?

How can we prevent an increase in chronic disease, as well as provide services for people who already have chronic diseases?

How can we educate people on self-management?

Balancing our investment between treatment and prevention requires an investment in prevention and early intervention, educating people on self-management options, plus finding better ways of providing services for people who need it. The DHHS does work along this whole continuum now but we know we will have even greater challenges in the future, so we are currently seeking broad community input into the development of a **Tasmanian Strategy for Chronic Disease**. This will include a shared vision, principles, objectives and –

most importantly – actions for progressing chronic disease prevention and management in Tasmania.

Stakeholder workshops are being conducted at a number of locations, dates and times throughout the state during November 2008. Information is available from chronicdisease.strategy@dhhs.tas.gov.au

The **Primary Health Chronic Disease Demonstration Service** is a joint project being developed under Tasmania's Health Plan, between the DHHS and General Practice North. It seeks to establish primary chronic disease care in community settings, both urban and rural, thereby increasing access to multidisciplinary, integrated services for people living within the 63 telephone district. The service aims to work closely with patients' GPs to provide a one stop shop for people with stable Type 2 diabetes, to assist patients with the management of their chronic condition, thereby preventing complications and the need for acute medical intervention and even hospitalisation.

Tasmania's Health Plan has identified the increase in chronic disease as a major factor to be considered in the future and there are plans for a lot more work in this area.

3. Develop the health workforce?

How can we develop a workforce that will match our needs?

What is happening re nurse practitioners? What and why are there any?

How do we develop a flexible workforce for the future in the face of vested interests?

How do we get the workforce on side?



“Our role is clear. Our objective is to ensure that our health system most effectively uses a skilled workforce to best support service delivery to all Australians.”

Chair of the national Health Workforce Principal Committee, Mr David Roberts (DHHS Secretary)

The Australian health workforce is about to undergo significant reform. While we in Tasmania see the impact of health workforce shortages and inflexibilities, the problems we face are national, even international, in scope.

In Australia, government-supported health workforce planning and research occurs at both the national and state/territory levels. Australia-wide activities are undertaken by the National Health Workforce Taskforce, overseen and coordinated by the Health Workforce Principal Committee. The current Chair of this Committee is also the Secretary of Tasmania's DHHS.

Tasmania is working with other states and territories across Australia to share ideas about workforce needs and actions that can deal with the challenges we face.

At the same time, we are working at a local level to address these issues. David Roberts has committed himself to leading the move towards a more flexible workforce, with an extension of existing roles and the development of new roles.

As part of this commitment the DHHS sent 19 nursing and allied health care professionals to visit centres of excellence in the United States and United Kingdom from 27 August to 9 September 2008. Participants reviewed developments at leading hospitals and health care systems in the US and UK to respond to the pressures of an ageing workforce and rising demand for health services. The study tour was designed to inform the development of innovative approaches to future workforce planning and development in Tasmania.

In addition, through the **Partners in Health** arrangement with the University of Tasmania, there is a commitment to the expansion of allied health tertiary education within Tasmania. Work has already started in the areas of physiotherapy, paramedic training and clinical psychology. A new environmental health degree in the School of Human Life Sciences - Bachelor of Health Science (Environmental Health) - has for the first time been offered in Launceston this year.

Tasmania's Health Plan commits to the establishment of **Nurse Practitioners** in Primary Health Services. This project has recently commenced, with the new Assistant Director of Nursing for Primary Health Services taking the lead. This project will identify areas suitable for nurse practitioners and oversee the recruitment of nurse practitioners to the DHHS.

4. Create sustainable services?

How do we make health services sustainable into the future (especially rural health)?

What is 'acceptable cost'?

What are the critical factors required to enable us to use our resources flexibly?

Tasmania's Health Plan describes services designed for sustainability as:

- having sufficient patient volume to support and maintain the competence of health care professionals;
- supporting a staffing infrastructure that can withstand temporary shortages without excessive cost or operational burden;
- having quality equipment and facilities;
- having appropriate access to necessary clinical and non-clinical support services;
- having costs that are reasonable and manageable over time in the context of competing demands for limited resources; and
- having transparent and predictable funding allocations.

Tasmania's Health Plan introduced a new tiered service delivery model, services capability framework, accreditation processes and clinical audits to ensure that services provided are safe, high quality and sustainable.

Some Community Forum presenters outlined strategies the DHHS have put into place to ensure our services are sustainable, such as supporting staff and resources already in rural areas, and the provision of emergency services as backup to rural services. Information on the work that has been done in transitioning the Rosebery Community Hospital to become

the Rosebery Community Health Centre was provided and the project manager for the Central Highlands redevelopment spoke at the Southern Forum.

Tasmania's Health Plan defines acceptable cost as the best possible value for public expenditure so that the greatest community benefit can be achieved. A decision about whether a service cost is acceptable involved an assessment of the financial cost of providing the service, the benefits individuals and communities derive from the service, whether alternative services are available and the cost to individuals and the community of accessing those alternative services.

Tasmania's health services can be flexible if the DHHS, health providers and communities support the development of new services, types of service provider and adaptation to our changing environment.

5. Balance our investment?

How do we get the right balance of services between acute, chronic and primary care?

How do we get the funding right between acute and primary services?

Balancing our investment across the continuum of care means we need to find better ways of funding services for people who need it. The first step has been to provide services with a financial 'clean slate'.

The current government has made significant financial commitments to ensure that our hospitals and primary health services will not be starting with debt from previous Budget over-runs, and with no debt to be carried forward from 2007-08.

Our services have now been given a Budget that is based on actual spending and is therefore sustainable.

Under Tasmania's Health Plan, the DHHS is developing a **resource allocation model** for health services that will maintain and improve equity of resource distribution between services and regions.

6. Make integration work?

How will the budget/resources work?

What are the internal barriers to be addressed?

How do we make sure that we just don't make the same mistakes over again?

These questions came up in relation to the **North West Area Health Services Network** but are relevant to a range of projects being implemented under Tasmania's Health Plan. The North West arrangements do not pool the funding for existing services, such as Primary Health Services and the Mersey Community Hospital, but will allow for some flexibility in allocating resources.

The internal barriers to new arrangements are associated with having to set up new organisational arrangements. Change always takes time and it can be difficult for people to adjust to new circumstances.

The Clinical Services Plan (2008: page 47) outlines integration at various levels: functional (linking services across the health care system as a whole); organisational (through mergers,

contracts); professional (e.g. group practices); and clinical (increasing continuity, cooperation and coherence in the primary process of care delivery to individual patients).

The outcomes of such arrangements may be integration from the perspective of providers; integration from the perspective of consumers (who experience 'seamless' care); or integration from the perspective of both providers and consumers.

In the development of **Integrated Care Centres**, there is an opportunity for the Tasmanian health care system to develop physical facilities and governance and management arrangements that best support integrated care, complementing the current acute and primary health care systems while ensuring that patient access to existing resources is maintained.

Not 'making the same mistakes over again' requires a sound knowledge and practice of change management skills in order to develop integrated services that have:

- An agreed clinical model of care
- Appropriate training, professional development, quality assurance in the new model
- Effective information management
- Integrated governance mechanisms
- Commitment from health professionals

The DHHS has been working with people like Professor Claire Jackson, whose Service Integration Framework outlines each of the steps above to look beyond the 'bricks and mortar' of service collocation to enable clinical integration.

7. New service models?

GP Super Clinics are problematic and a move away from integration: How, with the shortage of GPs? Why, or what services are lacking? Is it setting up another organisation and increasing communication difficulties?

The purpose of GP Super Clinics is similar to that of Integrated Care Centres and, in some projects such as the redevelopment at Clarence, these facilities are being developed together. Core services at the Clarence Community Health Centre are set to be expanded through a Tasmanian and Australian Government collaboration, in line with recommendations in Tasmania's Health Plan.

It is intended that each GP Super Clinic will bring together general practitioners, practice nurses, visiting medical specialists and allied health professionals and other health care providers to deliver better primary health care, tailored to the needs and priorities of the local community.

GP Super Clinics will support primary health care providers to adopt models of care focussed on best practice integrated multidisciplinary team-based approaches and efficient and effective use of technology. GP Super Clinics will provide a greater focus on chronic disease prevention and management, as well as economies of scale in delivering high quality health care.

By focusing on the GP as a member of a multidisciplinary care team, GP Super Clinics use the GP's time more effectively – a good strategy for coping with GP shortages!

8. New services?

When is the Launceston Integrated Care Centre going to open? Why can't we provide some services now, in a temporary facility?

When are we going to get an increase in renal dialysis services in Launceston? Why can't we put some chairs in the community now?

The Australian Government has committed \$15 million to the Launceston ICC and expects a building which includes services that bridge the primary/hospital interface and provides an answer to the need for renal services. This expectation is shared by the State Government which has contributed \$3million.

There is a need to progress both the service planning and facility planning in order to meet very tight timelines set by Government for the development of the service. A process is now underway to identify a consultant who can develop the service model for the ICC. Work has been done to commence early site planning.

There are plans for increased renal dialysis services in Launceston. The DHHS is developing a state-wide approach to renal services that will provide direction to the long term care and options for patients requiring renal dialysis. The LGH is considering a range of options and is finalising its business case to address the immediate demand pressures and to identify potential longer term options.

There is broad agreement from DHHS and the LGH that there is a need to separate the existing inpatient and outpatient services. This may mean developing an interim satellite unit off-site if a suitable site can be identified. The LGH is working towards having an interim solution in place as soon as practicable.

9. Promote health?

What are we doing to prevent illness?

How do we provide incentives to the population for healthier lifestyles?

How can we gain collaboration without competition for ageing healthily in the North West community?

How do we get people to understand that health services are just a small part of the puzzle?

The promotion of health and well-being is everyone's business – not just the responsibility of the DHHS, other government departments, or your local GP. That being said, health promotion is an important DHHS activity and forms a part of the business of all staff and units within the Department. It involves developing and implementing strategies that address the health and wellbeing of people and communities through prevention, community development, health education, early intervention, media campaigns and primary health care practice.

Health promotion activities are offered through a range of settings including Community Health Centres, Multi-purpose Centres, hospitals and, through funding arrangements, with the community sector.

As part of the implementation of Tasmania's Health Plan, four additional **Health Promotion Coordinators** for Primary Health have been appointed and additional Health Promotion staff for Oral Health Services. These Health Promotion Coordinators work with DHHS staff to

support them in promoting healthy activities to their patients/clients. Another important health-focused initiative, the **Tobacco Cessation Strategy**, has also commenced as part of Tasmania's Health Plan.

Some of the strategies that are being used are focused on encouraging physical activity including involvement with Get Walking Tasmania, and information about how to be active living with asthma, during pregnancy, and with your children. Other strategies focus on healthy eating.

Work in the North West of the state will be assisted by the development of the **North West Area Health Services Network**, allowing for improved communication and local decision making about where scarce resources should be deployed. The DHHS will continue to work with the Cradle Coast Authority, as well as with individual municipal councils in the North West.

Health and wellbeing is created by a range of social, economic and environmental factors known as determinants (see diagram below). Some determinants such as age, gender and genetic makeup are fixed and there is little that can be done to change them. Other determinants include individual lifestyle and behaviours, psychosocial and community influences, living and working conditions and, beyond these, the broader macro-economic environment. While individual lifestyle factors are important we know that health and wellbeing are strongly affected by social and economic circumstances which are beyond the control of the individual.

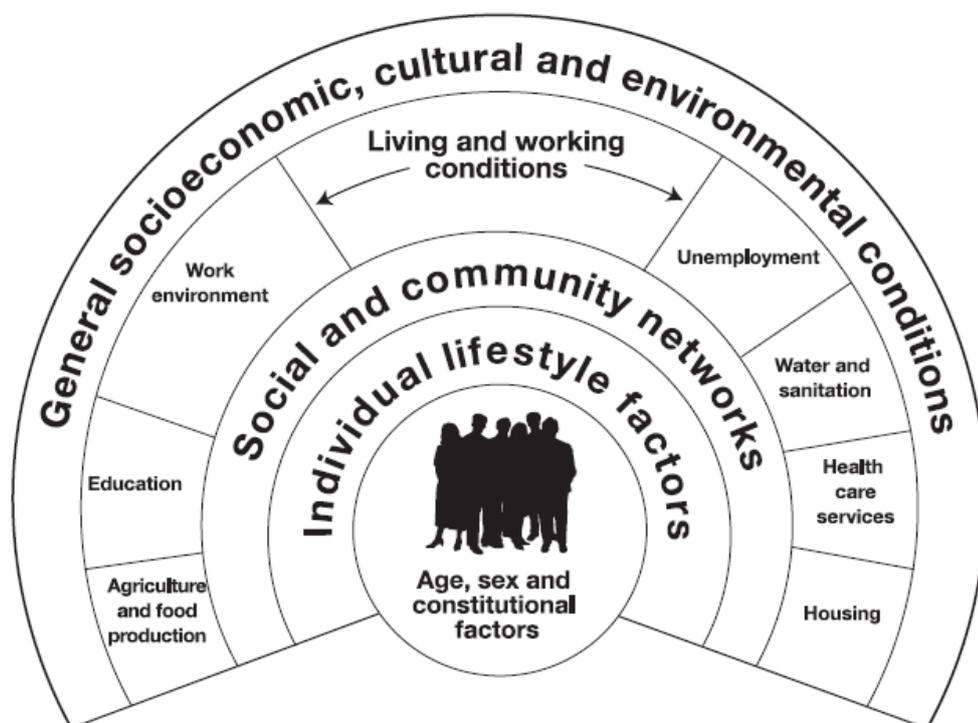


Figure 1: The Dahlgren and Whitehead model of health determinants, 1991

Feedback

A lot of the verbal feedback regarding the September-October Forums was very positive – with most describing the event as very worthwhile. Some participants provided written feedback on the Community Forums and this has been summarised below.

This included written feedback on issues of concern, such as workforce issues, service delivery issues and chronic disease. The need to integrate with GPs to provide service delivery and the need to access allied health care providers were two issues raised. The need for all levels of government to cooperate on health was noted. Another participant suggested that the issue of attracting and retaining practice nurses was one that should be a focus of State and Commonwealth discussions. Several comments were made regarding providing training opportunities for service providers, and making this practically accessible to staff. It wasn't all about health services though – the need to empower consumers via health promotion to become more self-reliant and the growing problem of obesity were also mentioned specifically.

Written feedback also addressed how the Community Forums could be improved. Some suggested improvements to the Forum process and others had suggestions for Forum content. Process issues included the need for more time for group discussion, more time for discussion with other tables of participants, more time for questions after speakers and better time-keeping of speakers. The fact that speakers did not interact with each other was seen as a missed opportunity by some participants, who would have enjoyed seeing panels engage in more discussion and less presentation.

Content issues included a desire for more information about how collaboration will occur in practice – between health professionals and between different levels of government. More detail on projects' progress was also requested.

Overall, however, the feedback was very positive. Participants felt the Forums were well-structured and the material presented effectively by the panel speakers. Many participants found the presentations by the DHHS Secretary, David Roberts, to be the most interesting part of the Forum. Professor Judi Walker was also singled out for particular praise by some participants. In the Community Forums where the Tasmania's Health Plan Consumer Representatives spoke (South and North) their contribution was seen as especially valuable.

Other main aspect of the Community Forums that participants valued was meeting with other people who are interested in the issues being discussed. Networking was seen as an important part of the Forum experience.

Some participants see the commitment to regular Community Forums as a welcome recognition by the DHHS that health services need constant, ongoing review.

Next steps

The Tasmania's Health Plan Community Forums are an important part of the Department's ongoing consultation in relation to the implementation of Tasmania's Health Plan. The forums will meet bi-annually for three years to provide input on regional issues and opportunities relating to the implementation of Tasmania's Health Plan.

The feedback collated in this report is being made available to a broad audience to raise awareness of these issues is to inform decision makers and influence health policy and interventions for the future.

In this first instance, this report will be provided to the Deputy Premier and Minister for Health and Human Services, the Hon Lara Giddings, MP. This report will be forwarded to all forum participants and will be made available to all DHHS staff and the public as a part of the Future Health website (www.dhhs.tas.gov.au/future_health).

The report will also be forwarded to the Department of Premier and Cabinet, recognising that an interdepartmental and 'whole-of-community' response would be optimal in addressing some of the issues raised, given the socioeconomic determinants of health and well-being discussed. Similarly, the Local Government Association of Tasmania will receive a copy to further communicate the innovation and reform issues raised.

The Department is committed to ongoing community consultation. The community forums are just one of a series of consultation and feedback mechanisms that are being undertaken throughout the implementation of Tasmania's Health Plan. These mechanisms include acute health and primary health services site visits, newsletters and website updates. The next round of regional community forums is scheduled to take place in March 2009.

References/Links to key documents

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http://www.dhhs.tas.gov.au/future_health/tasmanias_health_plan/primary_health_services_plan

Department of Health and Human Services, *Tasmania's Health Plan Summary*, DHHS, Hobart, May 2007.
http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0008/28484/HealthPlanSummary_nav.pdf

APPENDIX I – Community Forum participants

Participants at the Northern Community Forum: Launceston – 30 September 2008

Title	First Name	Surname	Organisation
Mr	Stuart	Auckland	Department of Rural Health, University of Tasmania
Mr	Peter	Barnes	General Practice Workforce Tasmania
Ms	Mary	Bates	Participant
Dr	Alison	Bleaney	General Practitioner, St Helens
Ms	Susie	Bower	Australian College of Midwives
Mayor	Doug	Burt	George Town Council
Ms	Sarah	Challenor	Kidney Health Australia
Ms	Deborah	Church	Cancer Council Tasmania
Mr	David	Clement	Community Representative
Mayor	Carole	Cox	Flinders Council
Ms	Heather	Donaldson	Arthritis Tasmania
Mr	Lawrie	Donaldson	General Practice Workforce Tasmania
Mr	Douglas	Ewington	Community Representative
Ms	Catherine	Featherstone	Statewide System Development, DHHS
Ms	Siobhan	Harpur	Statewide System Development, DHHS
Councillor	Ian	Howard	Meander Valley Council
Ms	Catherine	Katz	Health Services, DHHS
Ms	Sue	Kilpatrick	Department of Rural Health, University of Tasmania
Ms	Pip	Leedham	Health Services, DHHS
Mayor	Robert	Legge	Break O'Day Council
Mr	Rod	Meldrum	Health Services, DHHS
Mayor	Peter	Partridge	Dorset Council
Ms	Helen	Reid	Australian Department of Health and Ageing
Dr	Elizabeth	Shannon	Statewide System Development, DHHS
Mayor	Mark	Shelton	Meander Valley Council
Mrs	Margot	Smart	Community Representative
Ms	Kay	Thompson	Tasmanian Council of Social Services
Mayor	Albert	Van Zetten	Launceston City Council
Ms	Kate	Vallance	Health Services, DHHS
Mr	Geoffrey	Wiczorski	Heart Foundation

Presenters at the Northern Community Forum - Launceston – 30 September 2008

Title	First Name	Surname	Organisation	Role
Mr	Brian	Bates	Community Representative	Panel Member – Health Services Sustainability: Rural Health
Ms	Mary	Bent	Statewide System Development, DHHS	Main Speaker
Dr	Brian	Bowring	General Practitioner, George Town	Panel Member – Health Services Sustainability: Rural Health
Mr	Phil	Edmondson	GP North	Panel Member – Health Services Integration: Hospital and Community
Mr	Tony	Ibbott	Consultant, Wise Lord and Fergusson	Facilitator
Mr	John	Kirwan	Launceston General Hospital, DHHS	Panel Member – Health Services Integration: Hospital and Community
Ms	Suzanne	Linnett	Community Representative	Panel Member – Health Services Integration: Hospital and Community
Mr	Philip	Morris	Health Services, DHHS	Panel Member – Health Services Sustainability: Rural Health
Mr	David	Roberts	Secretary DHHS	Main Speaker

Participants at the North West Community Forum: Burnie - 1 October 2008

Title	First Name	Surname	Position
Ms	Kate	Beer	Community Representative
Mr	Norm	Britton	Community Representative
Ms	Catherine	Brown	Australian Department of Health and Ageing
Ms	Kay	Denman	Community Representative
Councillor	Colleen	Dibley	Waratah-Wynyard Council
Ms	Suzanne	Fairbrother	Community Representative
Ms	Catherine	Featherstone	Statewide System Development, DHHS
Mr	Ken	Fitzpatrick	Mersey Community Care
Mr	David	Frith	Health Services, DHHS
Mayor	Michael	Gaffney	Latrobe Council
Ms	Siobhan	Harpur	Statewide System Development, DHHS
Mr	Roger	Jaensch	Cradle Coast Authority
Mrs	Marjorie	Jones	Community Representative
Ms	Catherine	Katz	Health Services, DHHS
Ms	Lyndy	Lowmow	Cancer Council Tasmania
Mr	Rod	Meldrum	Health Services, DHHS
Mr	Bruce	Miller	Community Representative
Mr	Gerry	Moore	Tasmanian Council of Social Services
Councillor	Jeanie	Murrell	Circular Head Council
Ms	Lynette	Purton	GP North West
Ms	Maree	Redman	Australian College of Midwives Tasmania
Dr	Elizabeth	Shannon	Statewide System Development, DHHS
Ms	Marilyn	Steers	Australian College of Midwives Tasmania
Mr	Bob	Stubbs	Australian Department of Health and Ageing
Mayor	Don	Thwaites	Kentish Council
Mr	Matt	Tidswell	Community Representative
Ms	Kate	Vallance	Health Services, DHHS
Prof	Judi	Walker	Department of Rural Health, University of Tasmania

Presenters at the North West Community Forum: Burnie – 1 October 2008

Title	First Name	Surname	Organisation	Role
Ms	Mary	Bent	Statewide System Development, DHHS	Main Speaker
Mr	David	Coy	Central Coast Council	Panel Member – Health Services Sustainability: Healthy Ageing
Ms	Sharon	Griffiths	Health Services, DHHS	Panel Member – Health Services Sustainability: Healthy Ageing
Ms	Elvie	Hales	GP North West	Panel Member – Health Services Integration: Hospital and Community
Ms	Jane	Holden	North West Regional Hospital, DHHS	Speaker – North West Integrated Services
Mr	Tony	Ibbott	Consultant, Wise Lord and Fergusson	Facilitator
Mr	David	Roberts	Secretary, DHHS	Main Speaker
Ms	Karen	Schnitzerling	Health Services, DHHS	Panel Member – Health Services Integration: Hospital and Community
Mr	Anthony	Speed	Australian Department of Health and Ageing	Panel Member – Health Services Sustainability: Healthy Ageing

Participants at the Southern Community Forum: Hobart - 3 October 2008

Title	First Name	Surname	Position
Mr	Stephen	Aldous	School of Medicine, University of Tasmania
Mr	Peter	Alexander	Facilities Management, DHHS
Ms	Ella	Ashley	Heart Foundation
Mayor	Bertrand	Cadart	Glamorgan Spring Bay Council
Mr	Ken	Campbell	Health Services, DHHS
Ms	Debra	Carnes	Community Representative
Mr	David	Clements	Alcohol, Tobacco and Other Drugs Council Tasmania
Ms	Kate	Daly	Australian College of Midwives
Ms	Sue	Darcey	Australian Nursing Federation
Mr	Geoffrey	Duniam	Community Representative
Ms	Catherine	Featherstone	Statewide System Development, DHHS
Mayor	Deirdre	Flint	Central Highlands Council
Ms	Susan	Fry	Participant
Mr	David	Gardiner	General Practice Tasmania
Mrs	Linley	Grant	Community Representative
Ms	Siobhan	Harpur	Statewide System Development, DHHS
Mr	Richard	Harris	New Royal Project, DHHS
Mr	Peter	Hills	Community Representative
Mr	Mark	Jones	Community Representative
Ms	Catherine	Katz	Health Services, DHHS
Mrs	Robin	Koch	Community Representative
Mr	Grant	Lennox	Tasmanian Ambulance Service, DHHS
Ms	Carolyn	Mackintosh	Kidney Health Australia
Ms	Kelly	Madden	Maternity Coalition Tasmania
Ms	Sarah	Male	General Practice Tasmania
Mr	John	MacKean	Community Representative
Dr	Kath	McLean	Tasmanian Council of Social Services
Mr	Ben	Moloney	New Royal Project, DHHS
Rev	David	Parker	Community Representative
Mr	Michael	Pervan	Royal Hobart Hospital, DHHS
Dr	Elizabeth	Shannon	Statewide System Development, DHHS
Ms	Jackie	Slyp	Arthritis Tasmania
Mr	Geoff	Squibb	Optometrists Association of Australia, Tasmania
Ms	Celia	Taylor	Cancer Council
Mr	John	Toohy	Clarence City Council
Ms	Kate	Vallance	Health Services, DHHS
Mr	Geoffrey	Wiczorski	Heart Foundation

Presenters at the Southern Community Forum: Hobart – 3 October 2008

Title	First Name	Surname	Organisation	Role
Mr	Peter	Barns	General Practice Workforce Tasmania	Panel Member – Health Services Sustainability: Workforce
Ms	Mary	Bent	Statewide System Development, DHHS	Main Speaker
Dr	Geoff	Chapman	General Practitioner, Hobart	Panel Member – Health Services Sustainability: Rural Health
Ms	Emma	Fry	Community Representative	Speaker
Mr	Tony	Ibbott	Consultant, Wise Lord and Fergusson	Facilitator
Mr	Peter	Lorraine	Health Services, DHHS	Panel Member – Health Services Sustainability: Rural Health
Mr	Andrew	O'Brien	Tasmanian Ambulance Service, DHHS	Panel Member – Health Services Sustainability: Rural Health
Mr	David	Roberts	Secretary, DHHS	Main Speaker
Ms	Fiona	Stoker	Chief Nursing Officer, DHHS	Panel Member – Health Services Sustainability: Workforce
Prof	Judi	Walker	Faculty of Health Science, University of Tasmania	Panel Member – Health Services Sustainability: Workforce

APPENDIX 2 – List of/link to pre-reading

Information was provided on the following projects before the commencement of the Community Forums:

Access Point project

Aged Care and Rehabilitation Clinical Network

Cancer Clinical Network – Can NET

Chronic Disease Strategy

Clarence Integrated Care Centre / GP Super Clinic

Consumer and Community Engagement Strategy

Health Promotion Framework

Health Information Technology projects

New Royal project

Non Emergency Patient and Community Transport Services

Office for the Community Sector

Primary Health Chronic Disease Demonstration Service

Partners in Health - Projects with University of Tasmania

Rural Health Redevelopment – Central Highlands Health Project

Rural Health Redevelopment - Rosebery and West Coast Health Service Development

Tasmania's Medical Retrieval Services

The background information provided for the Community Forums is available at:

http://www.dhhs.tas.gov.au/future_health/tasmanias_health_plan/fact_sheets

APPENDIX 3 – Forum agendas

Northern Community Forum

Tuesday 30th September 2008, 2pm – 4.30pm

Hotel Grand Chancellor Launceston

Agenda

1.45 pm Participants arrive. Tea and coffee available

2.00 pm Introduction – facilitator (Tony Ibbott)

Welcome and Introduction – Deputy Secretary, Statewide System Development, Department of Health and Human Services (Mary Bent)

2.15 pm **Panel 1 – Health Services Integration: Hospital and Community**

- Panel member 1 – community representative (Suzanne Linnet) (5 mins)
- Panel member 2 – LGH representative (John Kirwan) (5 mins)
- Panel member 3 – general practice representative (Phil Edmondson) (5 mins)

Group discussions / Workshops (10 mins)

Audience questions and response time (5 mins)

2.45 pm **Break**

3.00 pm **Panel 2 – Health Services Sustainability: Rural Health**

- Panel member 1 – community representative (Brian Bates) (5 mins)
- Panel member 2 - Primary Health representative (Phil Morris) (5 mins)
- Panel member 3 - general practice representative (Dr Brian Bowring) (5 mins)

Group discussions / Workshops (10 mins)

Audience questions and response (5 mins)

3.30 pm Break

3.45 pm **Transport and Accommodation Forum Discussion**
(Secretary of the Department of Health and Human Services
(David Roberts)

4.00 pm **Other Statewide Developments** (David Roberts)

4.15 pm **Final speaker** - Summary of Outcomes; Next Steps (David Roberts)

4.30 pm **Close**

North-western Community Forum

Wednesday 1st October 2008, 1.30pm – 4.30pm

Burnie Civic Centre (Braddon Hall)

Agenda

- 1.15 pm Participants arrive. Tea and coffee available
- 1.30 pm **Introduction** – facilitator (Tony Ibbott)
- 1.35 pm **Welcome** – Secretary of the Department of Health and Human Services (David Roberts)
- 1.50 pm **Introduction** – Deputy Secretary, Statewide System Development, Department of Health and Human Services (Mary Bent)
- 1.55 pm Tony Ibbott to introduce proceedings for the day
- 2.00 pm North West Integrated Services Presentation (Jane Holden)
- 2.10 pm **Panel 1 – Health Services Integration: Hospital and Community**
- Panel member 1 – NWRH representative (Jane Holden) (5 mins)
 - Panel member 2 – DHHS primary health representative (Karen Schnitzerling) (5 mins)
 - Panel member 3 – general practice representative (Elvie Hales) (5 mins)
- Group discussions / Workshops (15 mins)
- Audience questions and response time (5 mins)
- 2.45 pm **Break**
- 2.50 pm **Panel 2 – Health Services Sustainability: Healthy Ageing**
- Panel member 1 – DHHS representative (Sharon Griffiths) (5 mins)
 - Panel member 2 – DoHA representative (Anthony Speed) (5 mins)
 - Panel member 3 – Local Government representative (David Coy) (5 mins)
- Group discussions / Workshops (15 mins)
- Audience questions and response (5 mins)
- 3.25 pm **Break**
- 3.45 pm **Transport and Accommodation Forum Discussion** (David Roberts)
- 4.00 pm **Other Statewide Developments** (David Roberts)
- 4.15 pm **Final speaker** - Summary of Outcomes; Next Steps (Mary Bent)
- 4.30 pm **Close**

Southern Community Forum

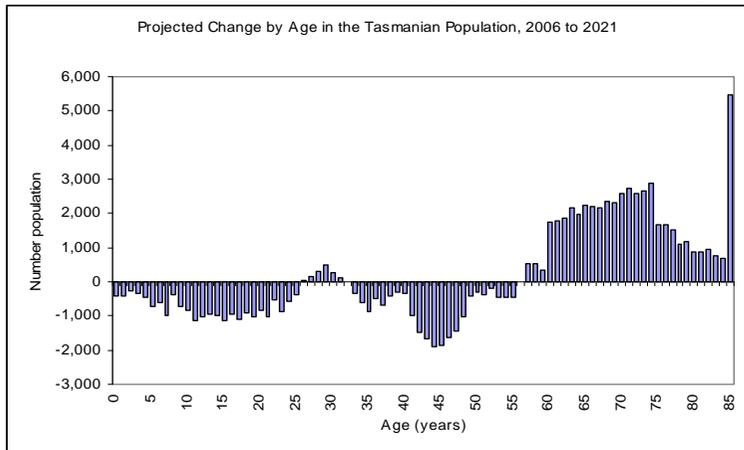
Friday 3rd October 2008, 1.30pm – 4.30pm

Venue: Hadley's Hotel

Agenda

- 1.15 pm Participants arrive. Tea and coffee available
- 1.30 pm **Introduction** – facilitator (Tony Ibbott)
- 1.35 pm **Welcome and Introduction** – Deputy Secretary, Statewide System Development, Department of Health and Human Services (Mary Bent)
- 1.40 pm Speaker – Southern Regional Consumer Representative (Emma Fry)
- 1.45 pm Tony Ibbott to introduce proceedings for the day
- 1.50 pm **Panel 1 – Health Services Sustainability: Rural Health**
- Panel member 1 – general practice representative (Dr Geoff Chapman) (5 mins)
 - Panel member 2 – DHHS representative (Peter Larraine) (5 mins)
 - Panel member 3 – DHHS representative (Andrew O'Brien) (5 mins)
- Group discussions / Workshops (15 mins)
- Audience questions and response (5 mins)
- 2.30 pm **Break**
- 2.45 pm **Panel 2 – Health Services Sustainability: Workforce**
- Panel member 1 – general practice representative (Peter Barnes) (5 mins)
 - Panel member 2 – DHHS representative (Fiona Stoker) (5 mins)
 - Panel member 3 – University representative (Professor Judi Walker) (5 mins)
- Group discussions / Workshops (15 mins)
- Audience questions and response (5 mins)
- 3.15 pm **North West Integrated Services Presentation** - Secretary of the Department of Health and Human Services (David Roberts)
- 3.45 pm **Transport and Accommodation Forum Discussion** – (David Roberts)
- 4.00 pm **Other Statewide Developments** - (David Roberts)
- 4.15 pm **Final speaker** - Summary of Outcomes; Next Steps (David Roberts)
- 4.30 pm **Close**

APPENDIX 4 – Secretary’s presentations



Projected growth in demand.

Tasmanian population is ageing at a more rapid rate than the populations of other States and Territories.

As one example, those aged over 70 years represented just under 11% of Tasmania's population in 2006.

By 2021, that ratio is expected to rise to 16.6% - an extra 28,000 people.



The THP helped us understand and recognise that:

- The life expectancy of Tasmanians is 1.3 years lower than the national average
- We have the second highest death rates for cancer overall;
- We have the second highest for respiratory cancers
- We have the second highest rates for accidents and intentional self-harm.
- More Tasmanians are obese,
- More die from smoking-related diseases;

The New Royal Project



Major State Health facility – The New Royal Project

- The projections are that within the next decade – by 2016/17 in fact, we will see a 30% increase in inpatient demand including more than 25,000 additional emergency presentations
- The existing Royal Hobart Hospital is already working to its capacity and bursting at the seams.
- The State Government commissioned consultants to undertake an options appraisal of potential sites – Conrad-Gargett
- Conrad-Gargett concluded that
 1. a new hospital build was required &
 2. that it should be close to or within the CBD



Major State Health facility – The New Royal Project

Site selection

- Four sites were measured against 12 selection criteria.
- A panel was established to conduct the investigation and the views of the public were sought on the criteria themselves.
- The panel's preferred Green-fields site was the railyards site at Macquarie Point, .

Rebuilding on the current site:

- This is still an option that has not been ruled out. The Health Minister has made it clear that the Business Case will guide the Government's final decision on that.



Preliminary Plan

In July a preliminary plan was presented showing how the hospital would fit into the area and what shape it might take, including:

- Access to the CBD
- Enhanced public access, on foot, by road, bus, ambulance and light rail.
- Planned collocation of a private hospital
- Sympathetic and complimentary to the Sullivans Cove Waterfront Authority strategic plan.
- A protected and respectful view from the Cenotaph
- New roads and enhanced traffic management in and through the CBD



The business case

The business case is scheduled to be presented to Cabinet in December. In the meantime, the project team is working through volumes of investigative and preparation work on both of the preferred options for the site

Cabinet will consider it. It will outline the costs, complications, issues and advantages of proceeding.

They'll be able to see how much it will cost, what the challenges are, whether the preferred site is actually feasible, what the timetable might beand so on. It will be a large document – make no mistake, this project is enormous.

Primary – Secondary Integration Moving Forward

Introduction

End of August this year I announced a new model for the planning, development and management of health services in the North West. This coincided with the Mersey Community Hospital State management contract and is designed to create a single health services management team – bringing health decision making back to a community level.

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What does integration mean?

- That all health services in the North West will be overseen by a CEO who is the single point of accountability for the sub region and to the state.
- That although budgets across community and hospital will remain independent, services will come under one umbrella with the goals of: **raising quality of care, avoiding overlap in service provision, closing off gaps in service provision and improving communication between service providers and with our patients/clients.**

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Why make a change?

- THP gives a state-wide framework in which a devolved structure such as this can operate
- We want to create a health system model where resources can be moved across the sector to best serve the needs of our communities.
- We want to reduce the bureaucracy for patients who need health care.
- Create local decision making about where scarce resources should be deployed
- Like Disability and Children and Family reform, to create a joined up healthcare service with sub regional communities.
- **Internationally this is where health services are moving – closer to the patients rather than the hospitals and providers.**

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Monitoring the system & moving it forward

In the North West we are establishing the North West Area Health Services Network a community forum.

The key objectives will be:

- To provide a communication forum
- To assist in the prioritisation of the sub regional funds
- To provide a feedback mechanism
- This move is a substantial move to the model that forum like this have been calling for and is the state of what we believe should be a state-wide roll-out.

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APPENDIX 5 – Panel speaker’s presentations



Primary Health Chronic Disease Demonstration Service

A window to integrated primary health service delivery for diabetes

Community Forum Presentation October 2008



The Model

An integrated team focussed service delivery model for community based diabetes care. (new funding)

Represents a unique and challenging opportunity for collaboration between DHHS and other jurisdictions.

The ‘Demonstration’ Service is very much a work in progress but will be predicated on the principles of :

- Integration
- Coordination
- Accessible multidisciplinary team care
- Timely communication
- Planned Care
- Broad based funding (pulling together resources)



The Problem

- Chronic disease prevalence increasing exponentially and service access must change to meet future needs. (diabetes highest priority)
- Multiple services across the region:
 - Provided under different funding programs – state, federal, private
 - Covering differing geographical areas – often from a central location
 - With varied and incomplete scope - sometimes duplicated
- This makes the primary health care system fragmented and difficult to navigate for both patients and service providers
- Much of the available resourcing supports duplicated administration and infrastructure within each service area.



Benefits

- One point of access
- One administration system
- One record management system
- Standardised referral and feedback system
- Ability to access a number of funding sources
- Services can be provided to all geographic areas from within that area!
- Equity and access to standardised service provision – rural and urban alike.



Progress to Date

- Discussions with DHHS (ongoing)
- Currently finalising service agreement with DHHS
- Grant agreement has been signed with DHHS (establishment costs and Information Management development)
- QVH Level 4 Floor Plan has been developed & redevelopment work started (owner funded).
- Project management team established.
- Project working & advisory groups operational.



Where to from here?

- Service commencement early 2009.
- Initial period – 3 years.
- Potential blueprint for future planning across other regions and in other chronic disease areas.

Central Highlands Health Service Project

Panel 2 Health Services Sustainability: Rural Health



Peter Lorraine
Project Manager
Central Highlands Health Service Project

Department of Health and Human Services



Capital Expenditure Improvement and upgrading of infrastructure

There are many examples that demonstrate the governments commitment to improving health infrastructure in Tasmania's rural communities:

- Georgetown
- Smithton
- Queenstown
- Rosebery



Planned redevelopments and upgrades at:

- Flinders Island
- King Island
- Bruny Island

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Sustainability Issues

A perpetual challenge!

- Senior nurse positions to support sites
- Increased training commitment
- Service integration
- Linkages with major hospitals
- Support for GP practice
- Focus on quality and safety



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Community Development Approaches

- Positively engaging with communities
- Building capacity
- Building partnerships
- A new approach at Ouse



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The General Practice Workforce

Southern Tasmania

The Good News

Between 2007 and 2008, the number of GPs in Tasmania increased by 1

The participation rate also increased

GPs are providing more services to the community this year compared to last year.

The Less than Good News

- 1. We, the people, are collectively getting older, bigger, slower, sicker and more complex in our illnesses
- 2. GPs are getting wiser about the need for a work/life balance

Strategies?

1. Immigration
2. Increase in the number of medical students
3. Increased exposure to general practice in hospital years
4. Incentives for underserved areas
5. Managing the demand - Sharing the workload with others
6. Promoting health



Information sheet for North-western Community Forum 1 October 2008

Chronic Conditions Prevention and Management (CCPM) Team - Population Health

Why is dealing with chronic conditions important in Tasmania?

- A **higher proportion of Tasmanians** report a long term health condition than the national average (79% compared to 76.7%).¹
- Many chronic conditions **can be prevented or their progress slowed through addressing risk factors** such as physical inactivity, poor nutrition, smoking, stress and at risk use of alcohol and drugs.
- The Tasmanian population is **ageing faster** than any other state of Australia. This means that increasing rates of chronic conditions can be expected and continuing **high demand on health services**.
- Improving the care that people receive when they are living with a chronic condition and supporting people to self manage are **key strategies for improving health outcomes and quality of life**.

¹ Reference ABS, 2006 National Health Survey, 2004-05

Tasmania's Health Plan 2007 identifies the need to address chronic disease with a greater focus on early intervention, prevention and management.

There are many positions across DHHS working to address the prevention and management of chronic conditions. This includes the Chronic Conditions Prevention & Management Team which is part of the Health Priorities Unit in Population Health.

For more on Population Health see:

http://www.dhhs.tas.gov.au/about_the_department/structure/the_department/director_of_public_health/population_health

The **CCPM Team** works at a strategic level to address state and national priorities for the prevention and management of chronic conditions. This includes development of policies and strategic frameworks to support evidence based and integrated approaches; working in partnership with organisations dealing with chronic disease; building the capacity of health professionals and organisations through training and education and supporting the development and expansion of key programs and self management approaches.

Work underway or completed by the CCPM Team over last 12 months:

Training/education

Chronic Condition Self Management:

- Organised training in the Flinders Model of Chronic Condition Self Management – 2 day training workshops held in April 2008 with 47 participants attending from across the state.
- Leader Training delivered in the Stanford Chronic Disease Self Management Program (CDSMP) – September 2007
- Health coaching – skills consolidation workshops to be held in early 2009.

Program Support

- Ongoing support to the *Get the Most Out of Life* Programs (Stanford CDSMP).

Policy and Planning

- A key project undertaken in the last 12 months was a state-wide mapping process. The purpose of this was to better understand the current level of knowledge and skills, activities and programs relating to CCPM around the state. Consultations were held with key stakeholders in primary health, acute health, and the non government sector

Statewide Mapping Overview



A number of themes were identified across the state including:

- **Knowledge and understanding of CCPM** – varying levels of knowledge and understanding of chronic condition self management
- **Training and education** – identified need for further education, training and ongoing support for health professionals
- **Program sustainability** – issues identified included the need to have a range of CCPM programs that are appropriate to the target audience, consistently accessible and evidence informed
- **Current climate** – challenges included the changing health systems environment and the geographic spread of the Tasmanian community
- **Resources** – lack of access to adequate resources was identified as a significant barrier to being able to provide CCPM activities and programs

In the North West:

- 37 services/individuals were contacted
- 22 CCPM programs were identified ranging from disease specific to more generic programs
- A good understanding of health activities exists however easy access to service availability was deficient
- Awareness of the various models of CCPM is limited, however a majority of services/individuals saw CCPM as part of their core business
- Isolation and transport impact on people accessing services / programs
- Strong collaborative relationships and links to external service providers is evident within community groups
- New leadership within DHHS provides potential for partnership development with a focus on the prevention and management continuum
- A collaborative approach to training is required to reflect population needs and problems of isolation from main centres

Where to from here?

- Identify key opportunities to increase understanding of CCPM
- Progress development of state-wide approach to self management
- Develop a sustainable approach to training including identifying ways to support ongoing education and training

The CCPM Team and where to find them:

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