



Part 2

Our Direction

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Health

The health portfolio within the Agency covers a range of public health services and health promotion programs. These services include, but are not limited to, hospitals, ambulance, primary and community health, mental health, alcohol and drugs, cancer screening and control, oral health, population health (such as health promotion and disease prevention) and public and environmental health (such as immunisation and tobacco control).

The Agency also liaises closely with the Australian Government on programs and services that are jointly funded and with other Tasmanian Government agencies on collaborative projects.

Strategic Direction

The Tasmanian Government developed the original Tasmania's Health Plan in 2007 with the aim of transforming the delivery of care across Tasmania and to guide its development for the next 10 to 15 years. A key theme of Tasmania's Health Plan was to ensure the sustainability of our health services so that they remain affordable and available to the Tasmanian community.

Also affecting the health system is the Australian Government and the states and territories agreeing to change how our health system is funded and managed.

These national reforms build on the strategic directions that the Agency has been putting in place through Tasmania's Health Plan and aim to ensure that we can meet rising demand for health care and provide high quality health services over the next decade and into the future to our patients and clients.

As the reforms are put in place, it is a further opportunity for us all to build a shared spirit of responsibility towards delivering the very best results for our patients and clients.

The aims of the national health reforms complement those included in Tasmania's Health Plan and strengthen them through a collaborative approach to creating a safe, sustainable and efficient health system that provides all Tasmanian people with the care they need when they need it.

An efficient health system is particularly important given the Agency's current budget situation. We need to find better and more efficient ways of doing things and the development of a Nationally Efficient Price for public hospital services, through national health reform, will help to achieve this.

To address changes and challenges in the health environment Tasmania's Health Plan is being revisited to ensure that the State's health plan reflects both the changing needs of Tasmanians and the important changes to the health care environment being brought about by national health reform. This will ensure that Tasmania continues to have a clear strategic vision for health care which remains relevant even as circumstances change.



Clarence Integrated Care Centre

The recent opening of the Clarence Integrated Care Centre (ICC) at Rosny offers a new era for local residents to better manage their own health needs and chronic health conditions. The \$18.5 million centre jointly funded by the Tasmanian and Australian Governments includes the \$5.5 million Australian Government funded GP Super Clinic and the ICC facility, funded through a State Government investment of \$13 million.

The Integrated Care Centre is a contemporary model of service delivery designed to provide care to the community sooner and to the same quality as an acute care facility, as well as delivering care closer to home to minimise the travel burden. The Centre provides the community access to the services they require when they need them and strengthens the relationship between the acute hospital setting and service providers in the community. The key focus areas of the ICC include delivering services that support self-management, chronic disease management strategies and developing primary service options for acute care.

The range of services provided at the ICC includes community nursing and respiratory clinics alongside adult mental health, alcohol and drug, chronic and complex disease and youth health services. The Centre will manage chronic health conditions such as diabetes, asthma and heart disease as well as identify early relapses and complications, help prevent further illness and encourage healthy living.

The Centre provides a wide range of services directly to the community, meaning many patients with complex healthcare needs will no longer need to travel to hospital for treatment. With an ageing population placing more pressure on the acute end of our hospital system, it is critical new and innovative ways of delivering vital healthcare services are introduced where needed.

Other services on offer to the community include drug and alcohol education, youth health and chronic and complex disease services, making it easier for Eastern Shore residents to access appropriate health care services. Since opening in July 2012, the Clarence ICC has already seen a doubling of patient numbers attending the ICC, reducing demand on Royal Hobart Hospital services and assisting patients with reduced travel.

New technologies in use at the Centre and further investments in research means there are now options to provide some health services in a community setting which were previously exclusive to hospitals. One example of this is the use of telehealth home monitoring for clients with particular chronic diseases. Clients are trained how to use the telehealth equipment and monitors, set up in their homes, so their health may be monitored remotely, taking approximately 10 minutes per day. Vital signs are automatically recorded and transmitted from the monitor to a central base within the ICC where a nurse reviews the patient's clinical information and develops an action plan accordingly. This innovation enables early detection and intervention. Feedback from patients indicates they feel empowered to manage their chronic disease and also feel supported and safe given their information is being routinely monitored.

The Integrated Care Centre will make a significant contribution to training health care professionals for the future through collaboration with the University of Tasmania and GP Training Tasmania. Links are also being formed with the Menzies Research Institute to determine what methods of chronic disease prevention and management work effectively.



National Health Reform

The National Health Reform Agreement was signed by the Australian, State and Territory governments in August 2011. The associated reforms have required major funding and structural changes to Tasmania's health system, creating a real opportunity to secure a sustainable health system.

The aims of the national health reforms complement those included in Tasmania's Health Plan and strengthen them through a collaborative approach to creating a safe, sustainable efficient health systems that provide all Tasmanians with the care they need when they need it.

Transition arrangements commenced in 2011 and a solid framework is being implemented following the *Tasmanian Health Organisations Act 2011* being passed through Parliament in November 2011.

The establishment of three Tasmanian Health Organisations are new structures that commenced on 1 July 2012, to help run our health care system. A Governing Council for each Tasmanian Health Organisation has been appointed and each Council has been set up as an independent, local organisation that is now responsible for providing public hospital services.

A Primary Healthcare Organisation known as a Medicare Local has also been established by the Australian Government as an independent legal entity with strong links to local communities, health professionals and service providers.

Funding legislation was passed through the Tasmanian Parliament in June 2012 in preparation for the introduction of Activity Based Funding. From 1 July 2012, hospitals commenced being funded based on the activity they undertake. Activity Based Funding will enable hospitals to make more informed decisions on the best and most appropriate use of their resources. It encourages more efficient patient treatment and recognises the costs associated with different procedures.

These national health reforms build on the strategic directions that the Agency has been putting in place through implementing Tasmania's Health Plan and aim to ensure we can better accommodate the rising demand for healthcare and provide high quality health services over the next decade and into the future.

An efficient health system is particularly important given the Agency's current budget situation. We need to find better and more efficient ways of doing things and the national health reform will help to achieve this.



Tasmania's Health Plan 2013

Tasmania's Health Plan was first published in 2007. The Plan sought to define the way that Tasmania's community based health services and major acute hospitals would be developed, and how roles would be delineated to provide sustainable excellence in public health care for Tasmanians.

The Plan was a blueprint for infrastructure and service development of Tasmania's public hospitals, and led to major developments for the four major Tasmanian public acute hospitals, including the once in a generation redevelopments of the Royal Hobart Hospital and the Launceston General Hospital.

In the five years since Tasmania's Health Plan was released there have been changes in the healthcare and wider environments. Some of the most important changes include; the introduction of the National Health Reform program; the creation of Tasmanian Health Organisations and Tasmania Medicare Local; the creation of a system purchasing and management model between the Department of Health and Human Services and Tasmanian Health Organisations; changes in the fiscal environment at state, national and global levels; and changes in the health care needs and priorities of the Tasmanian community.

It is therefore timely to revisit our Health Plan in order to take stock of the changes that have occurred since 2007, to address the new challenges to health service provision that continue to emerge, and to assess how best the principles of Tasmania's Health Plan can be realised and the program of reform and improvement continued in the coming years.

Explicitly, *Tasmania's Health Plan 2013* will:

- update the 15-year vision for Tasmania's health system in the light of changing circumstances and trends
- provide a coherent strategic framework for decision making over the next five years which identifies the priorities for service delivery reform and improvement to maximise the health outcomes for Tasmanians given the resources available to the system
- deliver the National Health Reform within a broader statewide healthcare strategy
- produce a *Statewide General Practice and Primary Care Plan*, as is required under the National Health Reform Agreement in partnership with Tasmania's Medicare Local and
- deliver a health sector that contributes effectively to other cross-governmental strategies (eg A Healthy Tasmania - Health and Wellbeing Strategy, Tasmania's Economic Development Plan).

To deliver on these objectives, the Department of Health and Human Services will engage clinicians, health and allied health workers, health sector leaders, peak and representative agencies, and importantly, members of Tasmanian communities, to determine the priorities for health services and their reform, to gather information, and to support accountable decision making.



Keeping Services Safe

The Service Quality and Improvement unit superseded the previous Safety and Quality Unit during changes to the Agency structure in 2012 as a result of the National Health Reform implementation. With this transition, the role of the unit has changed and responsibility for clinical governance has been devolved to the Tasmanian Health Organisations. In discussions with the Department and the Tasmanian Health Organisations, the role of the unit has now evolved to:

- interpreting the national reform agenda in safety and quality, promoting best practice and assisting the organisations with implementation of that agenda
- carrying out work on behalf of the entire health system (such as upgrading incident reporting and management systems)
- providing expert advice to enable safety and quality to be integrated at every level of the purchasing framework and
- carrying out work requested by the healthcare system.

The unit continues to work closely with the Australian Commission on Safety and Quality in Health Care (the Commission), Australia's peak body for safety and quality for health care. The Commission leads the national response to key safety and quality priorities.

The Commission's framework describes a vision for safe and high quality care for all Australians, and sets out the actions needed to achieve this vision. The Service Quality and Improvement Unit's work plan aligns to the Commission's framework. Significant new initiatives are underway focusing on safety and quality of care and include:

- supporting organisations to implement the National Safety and Quality Health Service Standards through the implementation of Australian Health Service Safety and Quality Accreditation Scheme
- ongoing support on the implementation of the National Open Disclosure Standard
- a major project to update the Agency's incident monitoring system
- development of guidance on Recognising and Responding to Clinical Deterioration, supported by a number of effective and well attended workshops throughout the State
- updating Credentialling and Scope of Practice policy to reflect contemporary practices, and the advent of the Australian Health Practitioner Regulation Agency and Tasmanian Health Organisations
- engaging with clinical staff to ensure collaborative approaches to clinical improvement and
- responding to national initiatives on performance reporting, continuing to work closely with organisations and clinicians in support of clinical improvement.

The Agency's Clinical Governance Oversight Committee continues to provide effective input to the Department and the Tasmanian Health Organisations. It is proposed this committee will evolve to become a Tasmanian Quality Council, drawing on expertise from the public and private sectors and consumers, as well as the Department, to work towards a whole-of-system view of safe, high quality health care for Tasmanians.



Acute Medical Unit – Launceston General Hospital

The Acute Medical Unit (AMU), at the Launceston General Hospital (LGH) opened with an interim model of care, and started operation in January 2012. The AMU was purpose built as part of the hospital's capital works redevelopment and is collocated next to the Emergency Department (ED). The aim of the AMU is to streamline the medical management of acute medical patients by "frontloading" the Unit with senior medical, nursing and allied health staff to enable early assessment, investigation, care management and discharge planning. It is in close proximity to investigative services such as cardiology, pathology and radiology. The AMU is seen as integral in relieving pressure on the ED, creating alternative pathways for acute medical patients, decreasing the need for hospitalisation and providing care to the right patient, in the right location at the right time.

Acute Medical Units, nationally and internationally, have proven to be effective in decreasing a patient's length of stay and in reducing adverse events. Preliminary data suggests the average hospital length of stay for LGH acute medical patients has decreased since the AMU has been in operation.

From January to July 2011, the average length of stay for patients in Wards 4D, 5D and 6D was 11.65 days. For the same period in 2012 for the AMU and Wards 5D and 6D this average length of stay decreased to 8.79 days; a decrease of 2.86 days. To further analyse this decrease, a review of the AMU's top 20 Diagnosis Related Groups (DRG) average length of stay was undertaken. A DRG is a patient classification system that provides a clinically meaningful way of relating the types of patients treated in hospital to the resources required by the hospital.

This review showed that the AMU average length of stay was less than the national average across all of the top 20 DRG's and when comparing against the three LGH medical wards for the same period in 2011. The number of separations, an episode of admitted patient care, in some DRG's was less than that in the ward areas; in the seven instances where these were comparable (DRG's F75B, K60B, L60B, L60C, L63B, L63C and L67C) the AMU average length of stay was 46.5 per cent to 85.2 per cent less than those managed in the three medical wards in 2011.

Within the first six months of AMU operations, with an interim model of care, there appears to have been a decrease in average length of stay for acute medical patients. Further analysis of discharge rates and readmission rates will be required to determine efficacy of patient outcomes and quality of care provision along with trend analysis with a further roll out of the AMU model of care.



Health Workforce

In 2008, the Council of Australian Governments (COAG) announced a number of health workforce reforms including the establishment of Health Workforce Australia, a statutory authority reporting to the Australian Health Ministers' Conference. Health Workforce Australia was established to address the challenges of providing a skilled, flexible and innovative workforce in Australia and is guided by the National Health Workforce Innovation and Reform Strategic Framework for Action 2011-2015. Funding for workforce reform projects has been provided through Health Workforce Australia through a competitive application process to deliver and support reform implementation.

Tasmania continues to work with Health Workforce Australia in the areas of workforce planning, policy and research, clinical education, innovation and reform and the recruitment and retention of international students. The Agency provides clinical education and training to undergraduate, professional entry, and postgraduate health professional students as part of its continuing commitment to the development of a health workforce that is capable of meeting the changing needs and future requirements of the Tasmanian community. Below are some examples of the projects being progressed in Tasmania as part of this national reform agenda, including the Clinical Training Program, which aims to increase the capacity and support for clinical education and training of undergraduates and professional entry students.

Tasmanian Clinical Education Network

Under Health Workforce Australia's Clinical Education Training Program, each state and territory is required to establish an Integrated Regional Training Network (IRTN) to coordinate clinical placement allocation. Tasmania's network was formed in August 2011 and is called the Tasmanian Clinical Education Network (TCEN). The intention of the Network is to include all public and non-government health, aged care, primary care and community service organisations who are involved in the delivery of health professional clinical training within Tasmania. The Network's objectives are to:

- promote access to clinical training placements within Tasmania
- facilitate systematic reporting of clinical training activity
- build relationships and collaborations between education and clinical training providers
- facilitate forward planning and deployment of training requirements and placement opportunities
- match supply and demand for clinical placements and recommend distribution
- support education and service providers in the management of clinical training placements and
- support and engage with education and clinical training providers on other key workforce issues.

Tasmania's network is in its infancy and working towards developing a stronger mechanism for collaboration and development through the Tasmanian Health Organisations. The TCEN Governance Committee have developed a Strategic Work Plan to June 2013 and will work toward implementing activities within the work plan to improve clinical education and training across the State.



Simulated Learning Environments

In June and August 2011, the Agency received funding to further develop Simulated Learning Environments (SLE) to increase the capacity of the health system to provide clinical training via the use of simulated learning modalities across the State including rural and remote areas. The program aims to:

- increase the use of simulated learning modalities in clinical training for entry level health professions, postgraduates, the vocational education training (VET) sector and ongoing skills development training by augmenting the existing program through building mobile simulation capacity, embedding a clinical simulation teaching fellow program and increasing simulation coordinator numbers across the state
- optimise clinical training experiences through the use of simulation techniques to develop clinical skills and competencies required by health professionals and
- increase access to simulated learning techniques for students in rural and remote settings by enhancing a centrally supported network, incorporating in-house and mobile simulation.

Funding has been provided for the purchase of vehicles and equipment to fit-out vehicles as Mobile Simulation Units. Planning for co-location of the Mobile Simulation Units and Regional Coordinators in the North, North West and the location of the Southern Simulation Centre and Regional Coordinator in the South will be finalised in 2013. Mobile simulation and education will be delivered at various sites, across all health and education sectors in Tasmania, in conjunction with in-house facilities in a range of locations to increase access to simulation learning for students particularly in rural and remote areas.

Tasmanian Clinical Supervision Support Project

Tasmania secured funding for the Clinical Supervision Support Project in March 2011. This Project aims to support and further develop clinical supervision of students in the health workforce, as well as strengthening inter-professional relationships and partnership between education and health care providers in Tasmania. The Project will:

- map clinical supervisory activity and the supporting resources and identify barriers, gaps and future needs as well as possible methods to increase clinical supervision
- trial education opportunities for clinical supervisors for continuous improvement and innovation and
- develop information systems to improve clinical supervisors' access to support and decision making.

In March 2012, Health Workforce Australia approved Tasmania's implementation plan.

The Tasmanian Clinical Supervision Support Survey has been circulated to health professionals across Tasmania. The development and distribution of the Survey has been undertaken in conjunction with key stakeholders, including the Tasmanian Clinical Education Network, Tasmanian Clinical Placement Partnership Project (TCPPP) and professional organisations.

Survey results will be analysed to provide Tasmania with a baseline of the quantum of clinical supervision being provided, the preparation of clinical supervisors and feedback on the barriers to quality clinical supervision.



An internal report has been completed that provides a broad snapshot of clinical supervision in Tasmania.

In the latter part of 2012 and early 2013, survey results will be used to develop accessible resources for clinical supervisors.

Rural Inter-Professional Clinical Education and Training Centres

In 2010 funding was allocated by the Department of Health and Ageing to further develop five rural health sites in Tasmania into clinical education and training infrastructure to support the increase in student clinical placements. The centres aim to increase the capacity for clinical education and training across professions of medicine, pharmacy, para-medicine and dentistry at rural and remote locations by increasing capacity of these venues to accommodate additional student placements and enhance their learning experience through the provision of:

- new or refurbished clinical training infrastructure to Queenstown Hospital, Smithton District Hospital, St Helens District Hospital, Deloraine District Hospital and the Midlands Multi-Purpose Centre, Oatlands
- virtual clinical training infrastructure at Queenstown Hospital, Smithton District Hospital, St Helens District Hospital, Deloraine District Hospital and the Midlands Multi-Purpose Centre, Oatlands, linked to education hubs within health services and the University of Tasmania and
- new or refurbished rural inter-professional clinical education and training centre accommodation at Queenstown/Zeehan, Smithton, St Helens, Deloraine and Oatlands.

Four properties for student accommodation have been purchased, one at Deloraine, St Helens, Zeehan and Oatlands. Refurbishment of student accommodation at Smithton hospital is currently underway and will be completed later in 2012.

In 2012-2013 the Education and Training Hubs will be completed with the essential Information Technology equipment installed to enable healthcare students to be supported in rural remote centres by the University of Tasmania and the Vocational Education Sector.

Clinical Training Funding

Under Health Workforce Australia workforce reforms, clinical training funding was made available to support the growth of clinical placements for professional entry health courses and to expand the clinical training capacity of Australia's health system. Since the launch of the Clinical Training Fund the Agency has successfully secured funding to support a growth in training dental students in Tasmania from the University of Adelaide and University of Queensland.

In 2011 Tasmania received funding for two additional projects, one in Oral Health and one for the development of a student clinical placement information system.



The Oral Health projects include:

- 240 clinical training placement days in Tasmania for University of Adelaide dental undergraduates by 2013. This will be achieved by the completion of clinical fit out of four additional dental surgeries at the Oral Health Services Tasmania facility at Clarence, funded by Health Workforce Australia and
- 1 360 clinical placement training days in Tasmania for University of Queensland dental undergraduates by 2013. This will be achieved by the construction of a purpose built six-chair facility within the Oral Health Services Tasmania facility in Launceston.

In 2011-2012, the draft planning process for the training facility for Dentists in Launceston was completed and approval to proceed provided by the Launceston City Council. The four additional dental surgeries have been completed at the Clarence Integrated Care Centre.

In 2012-2013, student placements at the Clarence Integrated Care Centre will commence, and building works on the training facility in Launceston will continue.

Clinical Education and Training Framework and Clinical Placement System

- The Clinical Education and Training Framework and Clinical Placement System is currently being developed to support operational activity and strategic planning for undergraduate students across the Agency. This consists of a policy framework outlining the agreed broad process steps by which the Agency will manage clinical placements.
- In 2012-13, the Clinical Placement Framework and the Clinical Placement System will be piloted within nursing in each of the Tasmanian Health Organisations and will be further developed to provide access to online legal agreement components, evaluation, and student orientation documentation.
- The Clinical Education and Training Framework and Clinical Placement System will capture information on clinical education and training activity across all service areas and is due to conclude in November 2013.



Working in Health Promoting Ways

We are all aware of the major challenges facing health systems in responding to the increase in chronic conditions and the ageing population. Tasmania also experiences compounding social factors, such as lower than national average income and education levels which contribute to poorer health outcomes. This situation calls for a health care system and a community that support people to live well and stay well, not just one that looks after them when they are sick. In response to these challenges, health promotion was identified as a key strategy in the Agency's Strategic Directions and Working in Health Promoting Ways: A Strategic Framework for 2009-2012 was developed.

Working in Health Promoting Ways is a mechanism for providing all Agency staff with the policy direction, knowledge and tools that are needed to work in health promoting ways, and ensuring that our services better meet the needs of all Tasmanians. It recognises the important role that health promotion plays in enabling people to increase control over and improve their health and improving quality of life by acting on the causes of illness and addressing the determinants of health.

Working in Health Promoting Ways





In 2011-2012 the focus has been on integrating the framework across the Agency and in particular, implementing the Capacity Building Action Plan. The Action Plan is an important element in supporting service and systems change through workforce development; organisational development; and leadership/resource allocation. The work so far has included:

- reviewing the framework and supporting resources to ensure they are practical, user friendly and relevant to service areas
- supporting regional health promotion workforce development and training strategies
- developing an Implementation Group to embed Working in Health Promoting Ways in service delivery, policy and planning
- identifying health and wellbeing performance indicators and opportunities to include Working in Health Promoting Ways in Agency and service reporting structures across health and human services
- implementation of a range of communication strategies to promote and raise awareness of the framework to staff and
- presenting Working in Health Promoting Ways at executive forums to increase leadership and commitment to the framework.

This work will continue into 2012-2013 with a focus on gaining organisational support and embedding health promotion practice and reporting into the new organisational structure following health reform.

Information on Working in Health Promoting Ways is available at www.dhhs.tas.gov.au/healthpromotion.



Statewide and Mental Health Services

Promotion, Prevention and Early Intervention (PPEI)

The implementation of Tasmania's mental health promotion, prevention and early intervention framework, *Building the Foundations*, continued with mental health training delivered across all areas of the community.

The Good Sports Build Your Game program also continued to be rolled out across the State with local and national partners. Other initiatives continued including the Tasmanian Perinatal Depression Initiative, the Tasmanian Transcultural Mental Health Network and programs designed for children of parents with a mental illness delivered through Anglicare Tasmania Inc.

An internal review of governance and leadership of suicide prevention, as per priority area one of the new Suicide Prevention Strategy for Tasmania, occurred which led to the development of a new framework for leadership and community engagement and the proposal to establish a Tasmanian Suicide Prevention Community Network.

Work continued on the Alcohol, Tobacco and Other Drugs, PPEI strategic framework, which is due for release later in 2012.

Consumer and Carer Engagement

Work continues to strengthen consumer and carer engagement across services, achieved primarily through a tripartite working relationship between Statewide and Mental Health Services, the Association of Relatives and Friends of the Mentally Ill and consumer organisation Flourish, Mental Health Action in Our Hands.

Officially launched in September 2011, as the statewide independent mental health consumer organisation, the establishment of Flourish came out of the Consumer Carer Participation Review, which recommended that a single statewide organisation be formed to provide systemic advocacy to government and other stakeholders from a mental health consumer perspective.

Mental Health Bill

The *Mental Health Bill 2012* was tabled in Parliament in June 2012, and aims to bolster the rights of mental health consumers by ensuring that treatment for people with a mental illness reflects a human rights approach. The Bill represents a significant improvement in the protection of the rights of mental health consumers in Tasmania and has the potential to make Tasmania a leader in the development of mental health legislation. It balances consumer rights with the need for the treatment and care of people with mental illness and recognises the important role played by carers and family members.

Alcohol and Drug Services Future Service Direction Plan Progresses

A new family support service for the north and north west regions has been established. This community sector organisation will provide a range of supports to families of people who are affected by alcohol and drug issues.

Significant effort has been invested in finalising the Tasmanian Opioid Pharmacotherapy Policy and Clinical Practice Standards. The Policy and Clinical Guidelines are based on contemporary evidence and national and jurisdictional clinical policies and guidelines for the use of methadone and buprenorphine in the treatment of opioid dependence. The policy and guidelines are scheduled for release in early 2012-2013.



Strengthening Consumer and Carer Engagement

Statewide and Mental Health Services has long-held a commitment to consumer and carer participation recognising the importance of participation, consistent with principles outlined in the National Mental Health Strategy and subsequent National Mental Health Plans.

Throughout 2010-2011, Statewide and Mental Health Services continued to strengthen consumer and carer engagement through implementation of recommendations contained in the Mental Health Services Consumer and Carer Participation review.

The review, released by the then Minister for Health in September 2009, made a number of recommendations, and an advisory group was established to oversight implementation of the review recommendations. Membership of this advisory group included mental health consumers, carers, community sector organisation staff and Statewide and Mental Health Services staff.

The Association of Relatives and Friends of the Mentally Ill (ARAFMI) Tas Inc was identified as the key statewide carer organisation, and it was recommended existing funding be pooled to more efficiently and effectively support the establishment of a new independent statewide mental health consumer organisation.

In 2010 the advisory group endorsed the engagement of an independent consultant to work collaboratively with the group in developing the new consumer organisation. The decision to engage an independent consultant was seen as significant to ensuring the independence of the new organisation, and following a selection process, 3P Consulting was engaged to undertake the development process, including development of the organisations constitution, policies and procedures, and the appointment process for inaugural board members.

In October 2011, *Flourish, Mental Health Action in our Hands Inc* was officially launched by the Minister for Health, as Tasmania's primary independent, statewide mental health consumer organisation.

Flourish has been established to provide an independent voice for mental health consumers, promote consumer rights and responsibilities; provide training and support to consumers regarding participation; undertake systemic advocacy from a mental health consumer perspective; and represent Tasmanian mental health consumers nationally.

Statewide and Mental Health Services continues to work collaboratively with both *Flourish* and ARAFMI to implement recommendations from the Mental Health Services Consumer and Carer Participation Review, strengthen systemic advocacy and progress consumer and carer engagement in service delivery and development across our services, as well as other areas of Government and the community.



Disability, Housing and Community Services

The Human Services portfolio includes services aimed at improving the wellbeing and safety of Tasmanian individuals, families and communities with a focus on early intervention wherever possible. These services include, but are not limited to, disability services, family services, gambling support, social housing and specialist homelessness services.

The Agency collaborates with other government agencies and the community sector to provide integrated, client-focused services.

Community Sector Relations

The Community Sector Relations Unit was established in March 2012 to provide a standardised and strategic approach to working with the community sector. It brings together the Community Sector Quality and Safety Team and the Community Sector Grants Management Team, and includes strategic policy functions.

Strategic Directions

The Community Sector Relations Unit provides a strategic and coordinated approach to managing the various dimensions of the Tasmanian Government's relationship with the community sector - from joint planning on high level strategic initiatives, through to improving funding agreement management capabilities of Agency staff at the operational level.

Over the coming years, Community Sector Relations will work in partnership with all levels of government and the community sector towards four major goals:

A Strong Working Relationship with all Levels of the Community Sector

Community Sector Relations will ensure that appropriate governance and accountability structures are in place to manage the Government's strategic relations with the community sector – including coordination of the Peaks Network and Government Strategic Forum and the Partnership Agreement between the Agency, Department of Premier and Cabinet and the community sector. The Unit also has a central role in coordinating the Agency's engagement with the community sector, through the Program Managers Group and the Funding Agreement Managers Network.

Robust and Consistent Funding Agreement Management Across the Agency

The Unit will work with Agency program areas to provide support and to manage community sector funding agreements in a more robust, consistent and coordinated way. The Unit will continue to coordinate internal networking forums and provide high level policy advice, information, training, tools and guidance materials - including development of the Agency Funding Agreement Management Framework and Handbook. Community Sector Relations will also progress and implement recommendations from the Riley and Riley evaluation into the *Quality and Safety Standards Framework for Tasmania's Agency Funded Community Sector 2009-2012*.



Streamlined Processes and Systems to Support the Community Sector

Community Sector Relations will identify opportunities to streamline and improve internal business processes, systems and structures associated with community sector relations and management. They will support the red-tape reduction working group, and coordinate a number of actions to simplify reporting and compliance requirements – adopting the ‘report once, use often’ principle. The Unit will also implement the Electronic Grants Management System and support TasCOSS to implement the Standards and Performance Pathways Tool.

An Efficient, Effective and Responsive Community Sector

Community Sector Relations will draw on its relationship with other government agencies and the community sector to encourage more integrated and efficient approaches to service delivery across the community sector. They will also undertake a number of activities to build the knowledge, skills and capabilities of community sector organisations and their workers, including management of the Equal Remuneration Order project; managing the relationship with TasCOSS and the Industry Development Unit; and coordinating a number of workforce and organisational development activities supported by the Peaks Network and Government Strategic Forum working groups.

Major Initiatives and Achievements

Establishment of Community Sector Relations Governance Structures

The Agency has developed a three tiered governance structure to support the relationship with the community sector and management of their service delivery. Established between March and June 2012, this structure includes the:

- Peaks Network and Government – Strategic Forum. This forum is responsible for the areas of regulation and government policy; the development and implementation of the Partnership Agreement between the Community Sector, Departments of Health and Human Services and Premier and Cabinet, and other strategic topics like workforce development.
- Department of Health and Human Services Community Sector Program Managers Group. This is an internal strategic committee focused on program policy, and the development and alignment of services across programs.
- Department of Health and Human Services Community Sector Funding Agreement Management Network. This is an internal network of contract managers at an operational level across the Agency, responsible for the day to day liaison with individual organisations. It aims to develop a more consistent and streamlined approach to the management of funding agreements.

Partnership Agreement

The Partnership Agreement between the Community Sector, the Department of Health and Human Services and the Department of Premier and Cabinet recognises and formalises mutual commitment by the signatories to the Agreement to strong, constructive working relationships. Community Sector Relations takes a lead and participates in working groups for identified priority areas, including red-tape reduction, workforce development, sector governance and sector participation in planning, policy development and reform.



Quality and Safety

Finalising the implementation and evaluation of the *Quality and Safety Standards Framework for Tasmania's Agency Funded Community Sector Organisations 2009-2012*, will result in all Agency funded community organisations demonstrating engagement with the requirements of the Standards Framework and the majority achieving compliance against the Standards.

Grants Management

Community Sector Relations is in the process of:

- reviewing Funding Agreement templates to ensure alignment with program and legislative changes and
- facilitating the roll-over of 208 Funding Agreements that expired on 30 June 2012 and working with the Agency to improve funding agreement management.

Disability and Community Services

Strategic Direction

Disability and Community Services has continued to implement a major reform agenda throughout 2011-2012 which has significantly changed the delivery of services to vulnerable people (including children, young people and their families) and people with disability, their families and carers. There is now an increase in the flexibility and range of services available to more people, there is improved access and assessment into the system via the Gateway Services and a greater emphasis on person and family focused service delivery.

Strategic priorities for the coming year include the implementation of the self-directed funding in Tasmania, the continuation of the implementation of unit pricing, the development of a new strategic plan for Disability Services and a new focus on reporting required under the *Disability Services Act 2011*.

Since the release of the Productivity Commission report into a National Disability Insurance Scheme, Tasmania has been participating on a range of Senior Official Working Groups to design a National Disability Insurance Scheme. Tasmania has also developed a proposal to participate in a launch of the National Disability Insurance Scheme from July 2013, involving clients aged between 15 and 24 years of age. Tasmania actively supports the roll out of the National Disability Insurance Scheme, one of the most significant strategic reforms to be ever undertaken for people with disability in this country.

Major Initiatives and Achievements

In 2011-2012 the following objectives were achieved:

- Rights based, person centred legislation was developed for disability. The proclamation of the *Disability Services Act 2011* followed the review of the former Act and consultation with the sector and key stakeholders.



- The Gateway and Integrated Family Support Services' mid-term review was published in February 2012, establishing that Tasmania was benefiting from the reformed model. Client numbers were above anticipated levels, services collaborating more and heartfelt client feedback evidences the real-life changes being made. The mid-term review recommendations focused on operational refinements, and the Agency is progressing these with representatives from lead agencies, Child Protection Services and others.
- Implementation of the first stage of the Resource Allocation and Unit Pricing Framework. Unit Pricing promotes equity between the regions and defines payments to service providers based on agreed delivery of services.
- The new model for the statewide program for the provision of equipment and assistive technology, TasEquip, was developed and will be implemented by 2013. Plans were endorsed by the Departmental Executive and the tender for an information management system to support the program was advertised in May 2012.
- A model for self-directed funding was developed for Tasmanians living with disability. This will provide people with more choice and control over the management of their funding packages.
- Gamblers Help non-government organisation educators extended their community and venue based education program. Venue staff visits support Responsible Conduct of Gambling standards, foster links and dialogue around recognising problem gambling, venue self-exclusion options and how to respond to patrons in difficulty.
- Gambling Help also went interactive and online, with the "Know Your Odds – Ask Jack" campaign spearheading the Agency's social media presence. Starting with a blog and expanding to Facebook, Jack has been answering people's questions and dispelling gambling myths all year. Jack will soon star in a school based resource for teachers around addressing problem gambling in classroom contexts.
- The Accommodation Options Team managed various projects to provide suitable, safe and accessible residential and respite accommodation. Last year's Australian Government funded project to construct 12 additional residential units for Tasmanians with disability was completed in June 2012. Focussing on the provision of semi-independent living units co-located with existing supported accommodation sites to enable support access along with more independence. Three additional State funded units were also developed as part of this project.
- Nine Housing Tasmania properties were updated statewide, addressing access issues including four bathroom upgrades, construction of two new carpports for vans and two new disability access ramps. Two further properties require upgrade to enable them to be transferred to the non-government sector. Modifications were made to a further 21 existing properties including group homes and respite accommodation.



Collaborating for Outcomes: Shared Case Management between Family Support and Child Protection

Central to the Tasmanian model is the relationship between Gateway Services, Integrated Family Support Services and Child Protection Services. The interface between these services is new and the ability to work in partnership and ensure coordinated and seamless delivery requires skilled and experienced practitioners. This case study highlights the advantages for clients when these service arms are working well together.

A family with inter-generational child protection involvement was referred to child protection due to reports of environmental neglect. Child Protection and Gateway staff conducted a joint visit and identified the family had been living without power and the condition of the house was of concern.

After negotiation with the family and child protection, the family were referred to Integrated Family Support Services with the understanding that the Child Protection community worker would participate in joint visits and assist in monitoring progress for the family.

The Integrated Family Support Services worker supported the children to re-engage in education and develop positive relationships with the school. The service strongly advocated for the family, which among other changes resulted in power being reconnected and elimination of rental arrears. This meant the family could remain in the house, being more able to maintain service engagement and make progress against the identified issues and goals. Integrated Family Support Services assisted the family to set up automatic payments for future regular bills to minimise the risk of again falling behind on accounts.

Integrated Family Support Services hired a skip bin and supported the family to dispose of old furniture and rubbish which was further putting the children at risk. Despite the support, the home environment was not improving enough to ensure the safety of the children. Child Protection Services arranged for the house to be industrially cleaned to ensure it was safe.

Integrated Family Support Services continued to support the family in conjunction with Child Protection Services during this time and worked with the family to develop routine charts to help keep on top of cleaning and ensure they did not find themselves in that situation again. The children had a clean house and also returned to school. The family continued to work positively under the shared case management structure.

Integrated Family Support Services and Child Protection Services worked together and facilitated a referral to ongoing support services, managed by continual case planning and review. Through this support, the family is now maintaining a high level of independent functioning.



Housing Tasmania

Strategic Directions

The overriding objective of the National Affordable Housing Agreement (NAHA) 2009-2013 is that “all Australians have access to affordable, appropriate and sustainable housing that contributes to social and economic participation”. A major reform agenda has been agreed by Housing Ministers based on the objectives and outcomes detailed in the NAHA with additional funding available through a series of National Partnership Agreements on Homelessness, Social Housing, Remote Indigenous Housing and the Nation Building Economic Stimulus Plan.

The reform agenda seeks to increase affordable housing supply across all tenure types, decrease concentrations of disadvantage, reform planning and land release policies, increase the size of the community housing sector, address homelessness, especially the provision of integrated and coordinated support; and to increase the quality of housing and homelessness performance information and accountability to the public.

Housing Tasmania has focused its efforts on improving the availability of accommodation and services for the homeless. There has also been a major effort to increase the supply of affordable rental housing in both the public and not-for-profit housing sector. It is recognised that the provision of safe, secure and affordable housing underpins the achievement of positive client outcomes across many programs within the Agency.

In the remaining years of the NAHA, Housing Tasmania will work with the community housing sector to increase the capacity of the sector to manage up to 35 per cent of Tasmania’s social and affordable housing by 2014.

Major Initiatives and Achievements

Nation Building Economic Stimulus Plan – Social Housing Initiative

In February 2009, the Australian Government announced the implementation of a \$6.4 billion Social Housing Initiative under the Nation Building Economic Stimulus Plan (the Plan) in response to the global financial crisis. The injection of substantial capital funding into social housing was designed to:

- stimulate the economy and create jobs through repairs and maintenance to existing public housing
- stimulate the building and construction industry and
- contribute to the housing reform agenda.

The Plan was created in two stages. Stage 1 provided \$8.9 million to fund repairs and maintenance and \$16.1 million for construction of new affordable housing supply. Stage 2 allocated \$109.3 million for the construction of new affordable housing supply.

During 2011-2012 \$16.3 million was expended from Plan which saw the completion of the final 164 units. Tasmania achieved its target of 530 new units under the Plan.



Capital Program

In addition to the Nation Building Economic Stimulus Plan, Housing Tasmania spent a further \$18.19 million on capital projects to deliver 299 additional properties, across the following programs:

- A Place to Call Home 25 properties
- Housing Fund 6 properties
- Housing General Program 18 properties
- National Rental Affordability Scheme 222 properties
- Remote Indigenous Housing 6 properties
- Social Housing National Partnership 22 properties

Note that delivery refers to full project completion and hand over to intended client group.

Energy Efficiency Rollout

Housing Tasmania is committed to improving the energy efficiency of its public housing portfolio through a number of new initiatives.

During 2011-2012, Housing Tasmania spent \$4.4 million on improving the energy efficiency of public housing stock. Major works included the \$2 million continuation of the Winter Energy Efficiency Program and the \$1 million Energy Champions program, which included installing one hundred solar hot water systems.

Additional energy efficiency upgrades undertaken by Housing Tasmania as part of the 2011-2012 maintenance budget included the installation of an additional 150 heat pumps separate to the Winter Energy Efficiency Program, replacement of up to 100 hot water systems and installing new curtain rails in around 1 000 houses through various maintenance processes.

Housing Tasmania is trialling the installation of 12 solar heat pump units in the Launceston area. These heat pumps have been installed in a unit complex predominantly occupied by aged pensioners. Although anecdotal, initial evidence suggests that these heat pump units could be very cost effective and significantly reduce tenants' energy consumption. Additional work will be undertaken to further refine the initial findings, including retrieving information from Aurora Energy and comparing usage rates.

Other preventative maintenance works delivered included draught sealing doors and windows, installing energy and water efficient showerheads, replacement of leaking water taps and hot water relief valves and installing water efficient dual flush toilet cisterns. Housing Tasmania has received an additional \$3.5 million in funding for 2012-2013 to continue to improve the energy efficiency of public housing homes and reduce the cost of living pressures for low income Tasmanians.



Responding to Homelessness

Under the National Partnership Agreement on Homelessness (NPAH), Housing Tasmania is managing a complex portfolio of work, broadly characterised as new supply, new services, and new ways of working. In 2011-2012, the leading initiative was in new supply, as the supported accommodation facilities across the State were completed and progressively tenanted.

In the north, Thyne House in Launceston provides, within a renovated heritage building, accommodation for 30 young people on low incomes or otherwise needing support to sustain tenancies; this facility opened at the end of August 2011. Thistle Street also in Launceston opened on 4 January 2012 and offers long-term tenancies for a further twenty people at risk of homelessness.

In Grove Street Ulverstone, the first of the facilities to open in July 2011 has provided throughout the year 20 places for people who need supported accommodation. The complexes are managed, in respect of property and tenancies, by Community Housing Limited with Anglicare providing support to the residents as necessary.

Completing the initiative to provide supported accommodation across the State, Common Ground complexes will open in 2012-2013, providing 97 places in Hobart for people who are homeless or on low incomes. These initiatives under the NPAH reflect the contemporary approach to homelessness which is to emphasise wherever possible permanent solutions to homelessness through long-term tenancies, supported as necessary. However, they have been put in place against the background of a homelessness support system which provides an equally important range of services including crisis and transitional accommodation, early intervention, and services to break the cycle of homelessness.



Thyne House – Supported Accommodation Facility

Thyne House is a building with a vibrant history. Starting out as a brewery in the early 1900s and used for training naval gunners during World War One, then a textile manufacturing site for over 50 years before becoming a training and education facility owned by Launceston TAFE in the early 1980s.

Housing Tasmania acquired the property in early 2010 and redeveloped it into a 30 unit development to provide safe, secure and affordable accommodation for young people who are on low incomes, are homeless or at risk of homelessness. The Thyne House project was jointly funded by the Australian Government under the Nation Building Economic Stimulus Plan and the Tasmanian Government's Housing Fund.

Residents of Thyne House receive help to participate in education, training and employment activities and to maintain connections with their family and the community. As it is located in the Launceston CBD, this allows residents ready access to educational institutions and employment. Support services for residents are provided by Anglicare and tenancy management is delivered by Community Housing Limited. Since it commenced operation in August 2011, Thyne House has been fully occupied.



Children

Children is a distinct portfolio within the Agency, reporting through the Secretary to the Minister for Children.

The Agency works closely with other agencies, particularly the Departments of Education and Police and Emergency Management, to deliver programs and services to protect, support and improve the health and wellbeing of Tasmanian children.

Strategic Direction

Within the Agency, Children and Youth Services provides a range of services for children and young people aged from birth to eighteen years, including universal and targeted services; statutory and non-statutory services; direct service provision; and contracted services from private providers or non-government organisations that collectively contribute to the Children and Youth Services service system.

In 2012, the Children and Youth Services Strategic Plan 2012-2015 was published. The intent of the plan is to ensure that children and young people have the best possible chance of reaching their potential. It outlines four strategic goals:

- 7 develop the Children and Youth Services system to best meet the needs of children and young people in light of contemporary evidence and within available resources
- 8 strengthen organisational capacity to support achieving positive client outcomes
- 9 establish and sustain strong partnerships with parents, families, organisation and communities who have interests in common and
- 10 make Children and Youth Services an organisation people are proud to work for.

Key Strategic Priorities

Integrated and Client-Focussed Service Delivery

Children and Youth Services deliver five core programs to children, young people, and their families. Each program is described and governed by a contemporary Model of Care that was updated in November 2011 and is based on best practice. The service areas are:

- Child Health and Parenting Services
- Child Protection Services
- Out-of-Home Care and Adoptions Services
- Family Violence and Counselling Support Services and
- Youth Justice Services.



During 2012, the recommendations arising out of Model of Care reviews are being progressively introduced based on developed and published implementation plans. Implementation in each Model of Care is championed by a senior manager and is being achieved in a consultative and participative way with staff and external stakeholders.

Importantly, there is a strong focus on building an integrated service system that focuses on prevention and early intervention so that children, young people and their families benefit from a seamless service. This commences with a universal Child Health and Parenting Services that strives to identify at an early stage those parents or young people who are likely to require additional assistance to reach their potential.

Where children and young people are notified to statutory services (Child Protection) the focus is on diversion to community based family support services where it is safe and appropriate to do so. For children taken into Child Protection on Care and Protection Orders, the focus is on working with them and their families to achieve safe and sustainable reunification in the shortest possible timeframe. Where this is not possible, planning for long-term stability and continuity is central to children's case management.

During 2011-2012 Child Protection and Youth Justice services worked closely to identify common clients and put in place more effective collaboration strategies that reflect the needs and best interest of the children and young people involved.

Working Collaboratively and in Partnerships

Key strategies such as the National Framework and the Agenda for Children and Young People all recognise that service delivery structures based around single services operating in isolation from each other do not work. As a result, Children and Youth Services and our partner agencies are working to re-orient our services around the needs of children, young people and their families.

Clients of Children and Youth Services often have complex issues which must be responded to by the broader health and welfare sector working together.

Key Collaborative Initiatives include:

In partnership with the Australian Research Alliance for Children and Youth (ARACY), the Child Health and Parenting Service is participating in a Sustained Nurse Home Visiting Program to better meet the needs of highly vulnerable Australian children. The right@home program is an early intervention strategy that targets children in vulnerable families, including those affected by social or economic disadvantage, or those at particularly high risk of poorer cognitive, emotional and behavioural outcomes in later childhood. By promoting safe, stable and nurturing relationships and environments, right@home interventions have strong potential to empower parents to become confident carers.

The 12 month trial of a dedicated magistrate to deal with all Hobart youth matters has proceeded, with Magistrate Daly presiding over all youth cases.

Sharing Responsibility for Our Children, Our Young People, and their Families

In response to the Parliamentary Select Committee Enquiry on Child Protection Final Report 2011, the Tasmanian Government committed to a public health approach to the safety and wellbeing of children and young people.



The public health approach aims to intervene early and address root causes. This is achieved by providing a comprehensive service system for the safety and wellbeing of all children, young people and their families delivered through a responsive, tiered and integrated collection of individual component programs and services delivered across Government.

Permeable boundaries between service levels and between agencies help children, young people and their families access children's services quickly, easily and at a level best suited for their safety and wellbeing.

Governance for the adoption of this Framework is provided by a Cabinet Sub Committee, supported by an Inter-Departmental Committee of Senior Officers from Health and Human Services, Education, Police and Emergency Management and Premier and Cabinet.

Ashley Youth Detention Centre Quality Improvement

A major project over the last 12 months has seen a transformation of the Ashley Youth Detention Centre's Health Service and Custodial Services. In line with the Youth Justice Model of Care, the Strategic Objectives and the Quality Framework for Children and Youth Services, a new service model has been developed with increased investment in clinical services, governance arrangements, standard operating procedures and training for custodial and clinical staff.

Nursing capacity has increased substantially to 12 hours a day, seven days a week.

The operation of the Health Service has been transferred to Forensic Health Services via a service level agreement with Children and Youth Services. This change has joined Ashley to a robust system of clinical governance that includes well-documented procedures and a web based healthcare information system that stores and shares all client information from one place.

Telehealth services have also been established, allowing for remote consultation 24-hours a day, seven days a week.

The health facility at Ashley has been refurbished and a wide range of new clinical equipment purchased. This has increased the comfort and safety for sick young people.

A pharmacy has been established and the distribution of medication is now more effective and efficient.

Forensic Health Services and the Custodial Service have developed detailed governance arrangements that underpin the new service model. Central to this is the operation of the Multidisciplinary Team which coordinates care from a wide range of disciplines around shared clients.

All standard operating procedures for Custodial Services have been reviewed and redrafted. A major training program has been delivered to implement procedures that relate to health and safety and the position descriptions of custodial staff have been changed to link salary advancement to accredited training.

Most importantly, the Custodial Service has commenced a project to institutionalise continuous quality improvement. This will involve a cycle of self-assessment against the Australasian Juvenile Justice Standards combined with external validation.



Quality Improvement and Workforce Development

There has been a strong focus on improving service quality, embedding a culture of continuous improvement and building the core skills of staff during the year. A Quality and Safety Framework adapted from the Australian Commission on Safety and Quality in Healthcare has been adopted and is being implemented.

The network of senior quality and practice improvement advisors have been brought together to work in a team with workforce development staff. Additional resources have been identified, and Clinical Nurse Educator and Clinical Nurse Consultant positions have been added.

A project to place special focus on identifying children who might be reunified with their family of origin has been progressed throughout the year.

An enhanced on-boarding and induction model for new child protection staff is in place. The model focuses on individualised support for new workers for the first six months, provided by their assigned Team Leader, a mentor and a member of the Workforce Development Team and documented in a Performance Development Agreement.

An on-boarding and induction program for community Youth Justice is also nearing completion. As with the child protection model, the program involves individual support from a range of Children and Youth Services staff with a particular focus on the provision of early professional development requirements.

A three year training continuum for child protection has been drafted. A similar continuum will be developed for Youth Justice.

Team Leaders and Nurse Unit Managers perform critical decision-making and staff support roles that impact on outcomes for our clients, and the need for education and support to Team Leaders and Nurse Unit Managers is a priority.

Agenda for Children and Young People

Our Children Our Young People Our Future is Tasmania's Agenda for children and young people and provides the platform for reform across the children's service system in Tasmania.

The Agenda outlines the Government's strategic direction for children and young people (including those most vulnerable) over the next 10 years across a service system that includes all its elements – health, wellbeing and education as well as care and protection. The Government committed to 13 Priority Actions Areas to improve outcomes for children and young people.

Agencies have progressed action against the objectives and strategies of the Agenda since its launch in July 2011. These include action across many of the component programs of the children's service system in all its aspects of health, wellbeing, education, care and protection.

In developing the Implementation Framework 2012-2015 and subsequent work plans for the Government Response, outstanding actions of the Agenda will be incorporated.



Improved Performance Reporting and Management

In line with a move towards the establishment of a purchaser – provider framework (known as Commissioning), Children and Youth Services established governance arrangements for the development and management of Service Level Agreements between the Deputy Secretary and all Operational Directors.

This Framework establishes an outcomes hierarchy that links resources to activity, outputs, and outcomes for children, young people and their families.

To support the achievement of outcomes through the Service Level Agreement process, Children and Youth Services has developed a data warehouse. The warehouse comprises information from multiple sources including Child Protection Services, Youth Justice Services, Child Health and Parenting Services and the Department of Education, and enables interactive reporting for statutory clients.

A range of business intelligence functionality has been developed by Performance and Evaluation within Children and Youth Services, from the growing data-warehouse:

- Integrated Individual Profile Reports that provide summary data of total and recent involvement for a client across a range of programs internal and external to Children and Youth Services have been deployed. The Profile Reports are used by managers and practitioners to review the type and extent of service involvement a client has had. A helpful pictorial summary also indicates the timing and duration of service involvements over the client's lifetime.
- Interactive dashboards for Service Level Agreement Key Performance Indicators (KPI) are available for a number of programs within Children and Youth Services. In addition to viewing current performance figures against the KPIs, the data can be viewed for particular months, or only for clients of particular age, gender, or Indigenous status. Additionally, the dashboards allow managers to quickly identify lists of specific cases that have been highlighted for further attention by each KPI.

The performance framework is proving to be beneficial for clients because the service is in a better position to identify need and plan activity that will contribute directly to better outcomes. In addition, the framework is valuable for service planning and efficiency.



Diversion at Work – Jamie’s Story

Jamie is 15 years old and part of a large family. He has struggled at school and sometimes gets really angry for no apparent reason. He finds it hard to talk about how he feels. Most people think he is shy and he sometimes gets bullied because of this.

Jamie was approached by Tasmania Police one afternoon as he was hanging around a public venue with his mates. He was smoking, and the police officer asked him to put out his cigarette. This made Jamie feel very angry and he argued with the police officer and pushed him in the chest. The situation escalated, and Jamie was charged with Resist Arrest, Assault Police and Refuse to State Name and Address.

The matter was referred to a Community Conference, facilitated by an independent facilitator contracted by Northern Youth Justice and attended by Jamie, his mum and dad, the police officer and a Youth Justice representative.

At the conference; Jamie was given a chance to talk about what happened on the day of the incident, and to hear from the police officer how his actions had led to the charges. At first, Jamie didn’t want to talk much, but with encouragement from the facilitator, Jamie talked about his anger and how he found it hard to manage sometimes. By the end of the conference, Jamie had apologised to the police officer and shook his hand. He also agreed to attend some counselling to work on strategies to manage his anger.

Three months later, Jamie has completed all the undertakings from the conference. He is attending alternative education part-time and is doing well. He has also found a part-time job involving mechanics, which he really enjoys. His counsellor says he is able to manage his anger much better and Jamie says he is even arguing less with his brothers and sisters!

Jamie now says that he knows the police are there to help and the next time he is approached by a police officer he will not lose his temper.

(Names and personal details have been changed to protect confidentiality)



Disability Framework for Action 2005-2010

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

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

A new framework will be developed in 2012 to continue the ongoing achievements.

The following activities occurred during 2011-2012 and have been identified as representing ongoing accomplishments in the implementation of the framework.

Access to Services and Programs:

The Agency's *Strategic Directions 2009-2012* were released in April 2009. The Directions emphasise an approach to delivering the safe, effective, high quality, value for money services for all Tasmanians expect and deserve. It details the Agency's five key strategic objectives for the duration of the document. Importantly, it outlines a range of specific services that the Agency will provide to people with disabilities.

The five key strategic objectives are embedded in the numerous strategic and operational plans in place across the Agency and underpin the actions of all staff when performing day to day activities. These objectives continue to be an integral part of the Agency throughout 2011-2012.

Access to Employment Opportunities, Career Development, Retention and Recruitment:

The Right Job, Right Person framework continues to ensure that recruiting managers get the right people in the right job at the right time.

The new 'Respectful Workplace Behaviour' policy has been developed to ensure that all Agency staff are treated with respect and are valued and supported. The policy strengthens the Agency's commitment to anti-discrimination by providing all staff with a safe and healthy environment and a workplace that is free of unacceptable and/or disrespectful behaviour.

Access to Buildings, Facilities, Venues and Off-Premises Events:

Major capital works projects completed during 2011-2012 all incorporated disability accessibility in accordance with the Australian Government's Disability (Access to Premises – Building) Standards 2010. These buildings include:

- Patient accommodation – North West Regional Hospital
- Emergency Department – Launceston General Hospital
- Emergency Department – North West Regional Hospital



- Launceston Integrated Care Centre and
- Clarence GP Superclinic.

During 2011-2012, Housing Tasmania constructed 57 new dwellings that met the Australian Standard for adaptability (AS4299). These units can be readily modified to support people with disabilities, or changing access requirements for tenants as they age. These dwellings were made up of; 23 one-bedroom units, 31 two-bedroom units, and three group homes with four, five and seven bedrooms respectively.

The Agency Building Condition Assessment template was amended to incorporate an assessment of the Australian Government's Disability (Access to Premises – Building) Standards 2010.

A further 45 Building Condition Assessments were conducted on the Agency's asset portfolio. These assessments include building accessibility issues, the results of which are included in an annual prioritised Essential Maintenance – Capital Works program.

A project brief was developed and funding approved during 2011-2012 to engage an external consultant to:

- conduct a disability access audit of a range of key building types in the Agency asset portfolio with relevant officers and report on compliance and deemed to comply remedial measures and
- prepare and conduct a training program for selected Agency officers to identify issues impacting on disability access and develop an understanding of “deemed to comply” principles.

When this project is implemented during 2012-2013, this consultancy and associated training will include consideration of heritage buildings within the Agency asset portfolio and their accessibility to them by people with a disability.

Access to Information (Printed Materials, Websites, Audio and Video):

Through the Agency's website, up-to-date and accurate information about the Agency's functions and services is made available to a wide public audience. Contact details are also published on the website.

The Agency's *Your Health and Human Services Progress Chart* is an important way in which the Agency provides information to all Tasmanians regarding the performance of the health and human services system and what is being done to achieve a healthier community. The publication of the progress chart on the Agency's website demonstrates a transparent approach to performance reporting.



Towards Tasmania Together

Tasmania *Together* is a long-term whole-of-government plan for Tasmania developed in consultation with the Tasmanian community. It is a pioneering project that allows the people of Tasmania to not only say what they want, but to work together to achieve by 2020 the long-term social, economic and environmental goals.

As a world-leading system of community goal-setting and measurement of progress it is enshrined in law and used to guide decision-making in the government, business and community sectors.

Tasmania *Together* is a key business driver for government agencies and has an important influence on the Agency's policy and planning priorities. The Agency's success is measured against the specific set of 12 goals and 155 benchmarks in Tasmania *Together* to provide Tasmania's pathway to the future. The goals and benchmarks help shape government policy, service delivery and budgets into the future and are being adopted by local government, business and industry, and community groups.

The Department of Health and Human Services is the lead or support Agency on the following projects and activities, contributing towards Tasmania *Together* in 2011-2012.

Goal 1 A Reasonable Standard of Living for all Tasmanians

| Benchmark/Initiative | What has been achieved this year? |
|---|---|
| Standard 1.1 | Ensure that all Tasmanians are able to enjoy a reasonable standard of living |
| <i>1.1.1</i> | <i>Capacity to engage in some discretionary spending may provide a better quality of life</i> |
| Cost of Essentials | <i>The cost of food, electricity, housing, transport and health as a proportion of income for low income earners</i> |
| Increase in Aurora Electricity Concession | <p>To ease the impact of electricity prices for those Tasmanians most in need, the Government, through the Agency, provided funding to Aurora Energy for the purpose of providing a daily subsidy to eligible Tasmanian pensioners and Health Care Card (HCC) holders on their electricity accounts. The rate of concession provided to Tasmanian pensioners and HCC holders is the highest electricity concession provided by any government in Australia. During 2011-2012, the Agency provided total funding of \$32.3 million to Aurora to provide approximately 82 500 concessions to eligible Tasmanian pensioners and HCC holders.</p> <p>In recent years, the Government has increased the value of the concession to assist Tasmanian pensioners and HCC holders to meet rising electricity costs following the Government's decision in December 2009 to permanently index electricity concessions to electricity price rises.</p> <p>In June 2011, the Tasmanian Economic Regulator approved an increase in domestic tariffs of 10.97 per cent effective from 1 July 2011. Consistent with this determination electricity concession rates were increased to 111.7 cents per day or \$407.70 per year.</p> <p>In June 2012, the Regulator approved a further increase of 10.56 per cent effective from 1 July 2012. Concession rates have been increased to a new rate of 123.50 cents per day or \$450.78 per year.</p> |



| Benchmark/Initiative | What has been achieved this year? |
|---|---|
| 1.13 Housing Affordability | <p><i>Change in house prices relative people's income levels provides a good indicator of how affordable housing is in Tasmania</i></p> <p><i>Tasmanian House price to income ratio</i></p> |
| Affordable Housing Construction Program | <p>The Tasmanian Government's Affordable Housing Construction Program is delivered by Housing Tasmania. This Program delivers a number of projects to increase the supply of available social and affordable housing and therefore reduces the cost of housing for low income earners.</p> <p>Since 2009, the Tasmanian Government has expended almost \$200 million to increase the supply of affordable housing and deliver 1 400 properties by 30 June 2012.</p> |
| Housing - Capital Investment Program | <p>As part of its Capital Investment Program (CIP), Housing Tasmania spent around \$24.57 million on capital projects for 2011-2012. This included:</p> <ul style="list-style-type: none"> • five, two-bedroom units at Wentworth Street, Launceston • five, (two, two-bedroom and three, one-bedroom) units at Cornwall Crescent, Launceston • one, five-bedroom dwelling dedicated to out-of-home care at Ravenswood • three, one-bedroom units at Invermay and Devonport • three, five-bedroom dwellings dedicated to out-of-home care at Mowbray, Burnie and Chigwell • redevelopment of Mara House in Melville Street, Hobart and • nine additional accommodation places in the north and south. <p>Construction in the south of one, three-bedroom residence designed for clients with disability.</p> |
| State Housing Fund | <p>In 2011-2012 the State Government's \$60 million Housing Fund was allocated to the following projects:</p> <ul style="list-style-type: none"> • contribution towards 30 units of social housing at Hopkins Street, Moonah which are now completed and tenanted • construction of six, two-bedroom units at Spencer Park in Wynyard and • support for Rounds 1 and 2 of National Rental Affordability Scheme, contributing towards a total of 421 units as at 30 June 2012. <p>Commencement of construction of 35 (28, two-bedroom and seven, one-bedroom) units for social housing in Brisbane Street, Hobart.</p> |
| Housing – Nation Building Economic Stimulus Package | <p>Completion of 530 dwellings under the Nation Building Economic Stimulus Package. A total of \$16.3 million was spent from these funds in 2011-2012.</p> <p>This includes the Thyne House York Street Launceston facility, providing 30 units and communal areas for low income young people.</p> |



| Benchmark/Initiative | What has been achieved this year? |
|---------------------------------|---|
| Housing Affordability Fund | <p>Housing Tasmania has released new housing subdivisions in Chigwell and Wynyard for affordable housing developments.</p> <p>Funding of \$5 million was allocated towards the development of a new child and family centre and the subdivision of 110 lots at Clarendon Vale.</p> <p>During 2011-2012, subdivision of 52 lots was completed. There were 10 lots provided for sale under HomeShare and 42 lots allocated to the Better Housing <i>Futures</i> initiative.</p> |
| National Partnership Agreements | <p>Since the implementation of the National Partnership Agreement on Remote Indigenous Housing funded by the Australian Government, Housing Tasmania has collaborated with the Department of Families, Housing, Community Services and Indigenous Affairs and the Indigenous Community Housing Organisations on Flinders and Cape Barren Islands to achieve:</p> <ul style="list-style-type: none"> • construction of eight new properties (four on each Island) • refurbishment of 52 properties (32 on Flinders Island and 20 on Cape Barren Island) and • reform of Indigenous Community Housing Organisation policies, including rent setting, to have them consistent with those of public housing. <p>There are two more new constructions and refurbishment of a further six properties scheduled for 2012-2013. The Tasmanian Government has delivered all required outcomes and is ahead of schedule in regard to the delivery of capital works under the Agreement.</p> <p>The Tasmanian Government has implemented initiatives under the Homelessness National Partnership Agreement to improve services to people who are homelessness or at risk of homelessness and provide more accommodation and support.</p> <p>A significant achievement in 2012 was the construction completion of two new Supported Accommodation Facilities in Hobart to deliver 97 units. These facilities are located in Liverpool and Campbell Streets in Hobart and were completed in 2011-2012. These facilities are being managed by Common Ground Tasmania and are expected to be fully occupied by December 2012.</p> |
| Home Ownership | <p>HomeShare was introduced by the Tasmanian Government in 2008 to assist Tasmanians on low to moderate incomes to purchase their own homes. In 2011-2012, 59 households were assisted to purchase their own home through HomeShare and the Streets Ahead Incentive Program.</p> |
| Better Housing <i>Futures</i> | <p>The Tasmanian Government is reforming the social housing sector through the transfer of tenancy and property management of a proportion of social housing stock to the community sector. This is consistent with national housing reform agenda.</p> <p>The Better Housing <i>Futures</i> program commenced in 2011-2012 with a Request for Proposal for a community housing organisation to manage properties in the Clarendon Value and Rokeby areas. This is a significant step towards creating a more sustainable and responsive social housing system in the future.</p> |



| Benchmark/Initiative | What has been achieved this year? |
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| 1.14 Housing Stress | <i>Increasing house prices is good news for home owners, but constitutes a greater challenge for aspiring home owners</i> <i>Housing stress experienced by low income earners in Tasmania within the private rental market</i> |
| Private Rental Support Scheme and Private Rental Tenancy Support Service | The Private Rental Support Scheme and the Private Rental Tenancy Support Service assisted 5 560 households in 2011-2012. |
| National Rental Affordability Scheme | Around \$20 million was allocated from the Housing Fund to the National Rental Affordability Scheme which will result in the construction of over 1 200 units of accommodation to assist low to middle income earners. As at 30 June 2012, 421 new homes have been constructed and tenanted. |
| 1.1.5 Public Housing | <i>Tasmania's public housing system should be responsive to those in greatest need</i> <i>Public housing waiting times for priority applicants</i> |
| Public Housing Waiting Times for Priority Applicants | <p>Housing Tasmania has continued to perform well against housing people most in need. The target for the average wait time for Category 1 applicants to be housed is 21 weeks. Results against this target have again exceeded expectations with performance at the end of June 2012 being 18 weeks.</p> <p>New properties that become available through the Nation Building Economic Stimulus Package, the National Rental Affordability Scheme and the State's Housing Affordability Fund will provide additional housing options for those on the public housing wait list.</p> <p>In managing the wait list, Housing Tasmania has continued to work with applicants to ensure that they are informed of the range of housing options available to them, including home ownership, private rental assistance, affordable housing organisations and community housing so that they can select the most suitable option.</p> <p>Housing Tasmania also commenced the development of a common wait list (Ask) for housing providers that will support the provision of a range of housing options for people on low incomes.</p> |

Goal 2 Confident and Safe Communities

| Benchmark/Initiative | What has been achieved this year? |
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| Standard 2.1 | Promote Safe Environments |
| 2.15 Accidental Deaths | <i>Young people in our society are at high risk of harm. Tasmania should be aiming for a maximum possible reduction in at risk-behaviour</i> <i>Deaths due to external causes for people aged 0-24</i> |
| Tasmania's Suicide Prevention Strategy | There has been a decrease in the Tasmania age-standardised death rate from 15.1 per 100 000 for the five years 2005-2009 to 14.4 per 100 000 for the five years 2006-2010. |



| Benchmark/Initiative | What has been achieved this year? |
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| Promotion, Prevention and Early Intervention | <p>Tasmania was one of only three states and territories (Tasmania, Northern Territory and South Australia) to record a decrease in the age-standardised death rate when comparing 2005-2009 to 2006-2010. While fluctuations may have been identified in Tasmania's suicide prevention rate over time, Tasmania continues to have the second highest suicide rate in Australia.</p> <p>The Government released Tasmania's Suicide Prevention Strategy 2010-2014 in late 2010. The Tasmanian Inter-Agency Working Group for Mental Health has oversight of the Strategy. The Strategy provides a clear direction for suicide prevention activity in Tasmania for the next four years and is a framework that complements the Fourth National Mental Health Plan 2009-2014 and the National LiFE (Living is for Everyone) Framework 2007.</p> <p>Late in the reporting period and in accordance with Priority 1 of the Strategy, a new approach to governance, leadership and community engagement in suicide prevention was endorsed by the Minister for Health. Through a Request for Proposal process, a community sector organisation was sought to host the new Tasmanian Suicide Prevention Community Network; to develop a Gay, Lesbian, Bisexual, Transgender and Intersex Action Plan for Suicide Prevention; host an annual suicide prevention forum and the annual LiFE Awards. Commencement of activities under the new Network commencing in September in August 2012 under a funding agreement with the successful organisation, Relationships Australia.</p> <p>The new Tasmanian Suicide Prevention Community Network will serve as a critical mechanism for identifying, engaging and supporting local community responses to local suicide prevention issues.</p> <p>The Tasmanian Inter-Agency Working Group for Mental Health continues to meet quarterly to oversee implementation of Tasmania's mental health promotion, prevention and early intervention framework, <i>Building the Foundations for Mental Health and Wellbeing</i>.</p> <p>The key priority action under the framework was the development of a Suicide Prevention Strategy for Tasmania which was completed and released in December 2010. A number of other initiatives are ongoing or have been implemented under the framework and are listed below.</p> <p>Funding has been granted to the community sector organisation Aspire, to accredit and train eight new training providers from government and community sectors, to roll out mental health promotion, prevention and early intervention training statewide over the next 12 months.</p> <p>A funding partnership has been developed with beyondblue, the Department of Sport and Recreation and the Australian Drug Foundation to roll out the Build Your Game program. This program focuses on increasing awareness of mental health problems such as anxiety and depression within the Tasmanian sporting clubs community.</p> <p>The Integrated Employment Project is a partnership between employment providers and Statewide and Mental Health Services staff in which an employment consultant co-located with a community mental health team to support clients to reach their employment goals as part of their recovery. This project is extending statewide.</p> |



| Benchmark/Initiative | What has been achieved this year? |
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| Alcohol, Tobacco and Other Drugs (ATOD) Sector Future Service Directions Plan | <p>As part of the 2008-2009 State Budget, an additional \$17.1 million over four years was provided for the alcohol, tobacco and other drugs sector. The Future Service Directions Plan was released in late 2008 to guide the investment of new funding. Since that time, Tasmania has implemented a range of significant initiatives which have been further developed over the past twelve months including:</p> <ul style="list-style-type: none"> • increased investment in the public pharmacotherapy program • improved services within the specialist withdrawal management unit • a dedicated Workforce Development Unit for the sector • increased support for policy development • increased support for young people with alcohol and drug issues • significant investment into the three community based residential rehabilitation services in the State • establishing new services of care coordination, advocacy and consumer participation, family support within the community sector • a new statewide Smoking Cessation Service • increased tobacco control strategies, including banning smoking in pubs and clubs, restricting tobacco displays and advertising, and banning smoking in cars when children are present. There are also plans to further expand smoke-free areas, to include outdoor dining areas, sporting grounds, children's playgrounds, pedestrian and bus malls and covered bus shelters • the release of the Guide to Consumer Engagement for Tasmanian Alcohol, Tobacco and Other Drug Services • released an Alcohol Action Plan that complements national strategies to reduce binge drinking and to promote responsible consumption of alcohol and • infrastructure redevelopment to accommodate expanded services and staffing. |
| 2.1.6 Injuries and Poisonings | <p><i>Fewer injuries should indicate a safer environment</i> <i>Injuries and poisonings as measured by hospital separations</i></p> |
| Falls Prevention Services | <p>Strength, coordination and balance programs are provided across the State in the public and private health sector. Falls Prevention Clinics are conducted in all major hospitals, rehabilitation centres and community health centres across the State. The falls minimisation committees within public and private hospitals have continued working towards improving patient safety in hospitals and residential aged care facilities to reduce inpatient falls.</p> <p>An Action Guide on the evidence based approaches to Falls Prevention was developed as part of the Working in Health Promoting Ways Framework, and is available on the Agency's Health promotion website.</p> <p>Statewide dissemination of the Australian Commission on Safety and Quality Best Practice Guidelines on Falls Prevention 2009 to the community, hospitals and state based residential aged care.</p> |



| Benchmark/Initiative | What has been achieved this year? |
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| Delta Dog Safe | <p>In September 2011, the Australian Commission on Safety and Quality in Health Care added Standard 10 – Preventing Falls and Harms from Falls to the National Safety and Quality Health Service Standards as part of hospital and community centre accreditation. This standard describes the systems and strategies to reduce the incidence of patient falls in health service organisations and best practice management when falls do occur.</p> <p>Establishment of a Falls Prevention e-network to disseminate national resources, recent professional journal articles, evidence-based strategies, and opportunities for workshops and conferences to ensure health professionals in Tasmania are up-to-date with best practice in falls prevention and management. The <i>Don't fall for it – Falls can be prevented! A guide to preventing falls for older people</i> can be accessed at the Australian Government, Department of Health and Ageing website at www.health.gov.au.</p> <p>Permission has been given for Tasmania to use, rebrand and add Tasmanian contact information to the West Australian Stay On Your Feet program and resources for community Falls Prevention Services.</p> |
| | <p>Delta Dog Safe Tasmania is funded in Tasmania through a grant from the Agency. It is a free dog bite prevention program presented in primary schools across Tasmania. Aimed at children under 10, the program is delivered in the classroom by accredited volunteers and local council officers.</p> <p>Using visual aids, audience participation and a life size toy Dalmatian dog, the half hour presentation teaches children how to read a dog's body language and equips students with the skills needed to interact with dogs safely at home and in the wider community. Teachers receive a resource kit to use before and after their visit and students are given a brochure and stickers to take home.</p> |
| Standard 2.2 | Promote safe, respectful and responsible behaviour |
| 2.2.6 Child Protection | <p><i>Every child in our community should have a safe home environment which provides adequate care and protection</i></p> <p><i>Children aged 0-17 in out-of-home care</i></p> |
| Promoting Reunification and Finding Permanent Homes | <p>Out-of-Home Care provides alternative accommodation for children and young people who are unable to live with their parents. Improved outcomes for children in out-of-home care are more likely when there are systems to help children move back to their families safely and positively (reunification) or when there are systems to support children to find permanent homes either outside, or with minimal involvement from, the out-of-home care system (adoptions and permanent care).</p> <p>Accordingly, Children and Youth Services is focussing on: better support for reunification where parents are able to resume the care of their child with some support; progressing the transfer of custody and guardianship of a child in care to the child's existing carers where appropriate; developing a permanent care program to strengthen the provision of care for children who are on long-term orders; and clarify policy and practice requirements to allow the adoption of children in out-of-home care to occur in appropriate circumstances.</p> |



| Benchmark/Initiative | What has been achieved this year? |
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| <p>2.2.7 Alcohol Abuse</p> | <p><i>Alcohol abuse has a range of adverse personal and social impacts, particularly if it is not addressed at an early age</i></p> <p><i>Proportion of 14-24 year olds at risk of short-term alcohol related harm</i></p> |
| <p>Tasmanian Alcohol Action Framework 2010-2015 Rising Above the Influence</p> | <p>This is also applicable under Indicator 2.1.5 as a significant percentage of deaths due to external causes for young people are due to alcohol use.</p> <p>The Tasmanian Alcohol Action Framework was launched in February 2010. The Tasmanian Inter-Agency Working Group on Drugs is responsible for coordinating implementation of the Framework. Government Agencies and community organisations have provided input into the 2011 Implementation Plan and Report and the 2012 Implementation Plan. These are all available at http://drugstrategy.dhhs.tas.gov.au/alcohol.</p> <p>While the majority of the 2012 plan comprises continuing activities from 2011, the Department of Police and Emergency Management; the Department of Treasury and Finance's Liquor and Gaming Branch; and the Circular Head Council have all introduced new initiatives, including the:</p> <ul style="list-style-type: none"> • development and implementation of a broad based strategy to modify and improve the methods that football clubs use to manage their members' interaction with alcohol • conduct of Senior Liquor Licensing Officers Committee meeting to ensure they are abreast of current issues and strategies to deal with the problems on the ground • delivery of alcohol and vessel use education and • the organisation of a drug and alcohol forum for young people as an awareness raising campaign to promote and educate them of the risks associated with alcohol and drug use. |
| <p>Scoping Study of the Tasmanian Alcohol Legislative and Regulatory Framework</p> | <p>The Tasmanian Inter-Agency Working Group on Drugs is the project sponsor to undertake a scoping study of the legislative and regulatory framework dealing with the sale and supply of alcohol and management of alcohol-related harm in Tasmania. Stenning and Associates were awarded the contract to undertake the project, and commenced the literature review and consultations in early 2012. The final report is expected to be completed in August 2012.</p> <p>This project is consistent with the second strategy under the Tasmanian Alcohol Action Framework: 'An effective system for controlling the supply of alcohol in Tasmania'. The identified areas for action under this strategy include reviewing legislation to ensure there is a consistent legislative and regulatory framework to support the control and supply of alcohol, and also reviewing legislation to provide opportunity for police, public health, local councils and industry to provide input and influence the licensing process to ensure that public health and wellbeing, community safety, planning and development and economic impact are appropriately considered in licensing decisions.</p> |
| <p>Tasmanian Early Intervention Pilot Program</p> | <p>The Tasmanian Early Intervention Pilot Program (TEIPP) is a process that allows for underage people apprehended for drinking or being in possession of alcohol in a public place to be referred to alcohol targeted health interventions. The program commenced in the Southern District Command in November 2011, and was quickly extended to the Eastern District Command. With the support of the Australian Government's Department of Health and Ageing the Program will now continue until 30 June 2013.</p> |



| Benchmark/Initiative | What has been achieved this year? |
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| | <p>The Departments of Health and Human Services, Police and Emergency Management and Education are working together to extend the points of referral beyond an offence-based program, with referrals to come from schools and Youth Justice, as well as the Youth Court. Additionally, these agencies are working together to develop alcohol-related educational resources that are consistent with Education Health and Wellbeing curriculum.</p> <p>A formal evaluation of TEIPP has been completed by the University of Tasmania and is being finalised.</p> <p>At 31 May 2012, 307 informal cautions had been issued for alcohol-related offences, with four of these referred for health-intervention. 28 Tasmanian Early Intervention Pilot Program health referrals occurred through a formal caution process.</p> |
| <p>Alcohol, Tobacco and Other Drugs Promotion Prevention and Early Intervention Strategic Framework (ATOD PPEI)</p> | <p>The Tasmanian Inter-Agency Working Group on Drugs is the project sponsor for and is providing oversight to the development of the alcohol, tobacco and other drugs promotion, prevention and early intervention strategic framework. A Discussion Paper was distributed for public comment in May 2011 and two consultation forums were also held.</p> <p>Development of the final Framework has been delayed. It is anticipated to be finalised by December 2012 for release early in 2013. The Framework will advocate an approach that considers and supports the social determinants of drugs use and the need to adopt multiple strategies across sectors in order to address the complex underlying causes of drugs use.</p> |
| <p>Good Sports</p> | <p>The Good Sports Program was re-introduced into Tasmania in 2010 as a partnership between the Australian Drug Foundation, the State Government through the Departments of Health and Human Services and Economic Development, Tourism and the Arts (Sport and Recreation Tasmania) and local councils. The Good Sports program is a national sport development initiative that enhances the critical role community sporting clubs play in their communities. The program helps clubs to change their culture so that it is more focused on young people and families and less on the consumption of alcohol at high risk levels.</p> <p>Over 200 clubs are now taking part in the program which requires a commitment by sports clubs to better manage alcohol use. Participating clubs must provide a smoke free environment, develop safe transport strategies and look at alternative fundraising (other than alcohol).</p> |
| <p>Alcohol, Tobacco and Other Drugs (ATOD) Sector Future Service Directions Plan</p> | <p>See under Indicator 2.1.5</p> |
| <p>2.2.8 Sexually Transmitted Infections (STIs)</p> | <p><i>As a high risk group, young people should be aware of the potential risks, preventative measures and cures available for sexually transmitted infections</i></p> <p><i>Incidence of sexually transmitted infections in Tasmanians aged 15-24</i></p> |
| <p>Sexual Health Initiatives</p> | <p>Population Health is currently developing a Tasmanian Sexual and Reproductive Health Strategic Framework. The aim of the Framework is to improve the sexual and reproductive health of Tasmanians, reduce rates of unplanned pregnancy and STI rates among young people, and increase health literacy levels.</p> |



| Benchmark/Initiative | What has been achieved this year? |
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| | <p>It will focus on the promotion of healthy and respectful relationships for Tasmanians; culturally appropriate information and services for disadvantaged and at risk populations; and access to sexuality and relationships education for children and young people.</p> <p>The first stage (August-September 2012) will involve broad consultation of stakeholders and the second stage (October to December 2012) will be the development of the Strategic Framework and process for implementation.</p> |
| <p>2.2.9 Illicit Drug Use</p> | <p><i>The use of illegal drugs can have an adverse impact on the individual and the broader community</i> <i>Proportion of Tasmanians who use illicit drugs</i></p> |
| <p>Drugs and Poisons Information System Online Remote Access</p> | <p>Tasmania's Real Time Reporting System, the Drugs and Poisons Information System Online Remote Access (DORA) is an information system, accessible only through a secure site, that allows easy remote access by clinicians (in line with any required privacy considerations) of appropriate prescribing data in relation to controlled drugs of dependence, to reduce the morbidity and mortality associated with prescription drug abuse in Tasmania. Drugs and Poisons Information System Online Remote Access delivers real time clinical support to a medical practitioner at the time a patient is being seen. It also provides clinical and pharmaceutical prescribing information 24 hours a day; seven days a week for clinicians who need to prescribe drugs of dependence and are unsure of their patient's previous clinical history. Drugs and Poisons Information System Online Remote Access has been rolled out to all doctors and pharmacists within the Department of Health and Human Services. Roll out to trial sites with community GP's has also now commenced.</p> |
| <p>Opioid Review</p> | <p>In 2011, the Department of Health and Human Services commissioned a review to investigate prescribing practices of opioids and other drugs of dependence in Tasmania. The review, conducted by the National Drug and Alcohol Research Centre, has resulted in a major report <i>A review of Opioid Prescribing in Tasmania - A Blueprint for the future</i>, was launched in July 2012. The report contains 61 recommendations that will shape clinical, regulatory and population-level approaches for the use of opioids, not just in Tasmania, but nationally. The recommendations will be carefully considered to determine a suitable response.</p> |
| <p>Alcohol, Tobacco and Other Drugs and Promotion, Prevention and Early Intervention</p> | <p>See under Indicator 2.2.7</p> |
| <p>2.2.10 Problem Gambling</p> | <p><i>Problem gamblers can negatively affect themselves, their family and their community</i> <i>Prevalence of problem gambling</i></p> |
| <p><i>Gambling Support Program</i></p> | <p>The Social and Economic Impact Study 2011 revealed an increase in prevalence of problem gambling figures compared to 2008. Partly, the increase was attributable to a more thoroughgoing measurement approach. Also, for the first time, a prevalence rate is available for lower socio-economic communities. Combined Moderate Risk and Problem Gambling rates are highest in low socio-economic status Local Government Associations at 3.9 per cent, compared to the State rate of 2.5 per cent.</p> |



| Benchmark/Initiative | What has been achieved this year? |
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| | <p>The Know Your Odds media prevention campaign commenced in 2011 and was further developed with a third TV advert launched in April 2012 which challenged common misunderstandings about gambling and reinforced the campaign slogan – <i>the longer you play the more you lose</i>.</p> <p>Tasmanian Gaming Commission’s <i>Responsible Gambling Mandatory Code of Practice for Tasmania</i> commenced in March 2012 included provision for responsible gambling posters, consumer information and regulatory messages such as age limits to be displayed in gaming venues. Venue bathrooms, including those in the states two casinos, have their own set of posters which will be changed three times a year. The Gambling Support Program worked with Treasury’s Liquor and Gaming Branch staff to come up with a common style and new content for the various posters and pamphlets. These are now a very obvious feature of every Tasmanian gaming venue</p> |

Goal 4 **Active, Healthy Tasmanians with Access to Quality and Affordable Health Care Services**

| Benchmark/Initiative | What has been achieved this year? |
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| Standard 4.1 | Promote a Healthy Start in Life |
| 4.1.1 Low Birth Weight | <p><i>The risks associated with low birth weight, a key indicator of infant health, can continue into adulthood</i></p> <p><i>Proportion of live born infants of low birth weight</i></p> |
| Strategies to Reduce Smoking and Alcohol Consumption During Pregnancy | <p>The Tasmanian Tobacco Coalition convenes the Smoke Free Pregnancy Working Group, which is currently exploring opportunities to offer ‘Partners in Change’ more widely. Partners in Change are a recently piloted health behaviour change course for midwives to more widely address smoking in pregnancy. The Coalition will also promote and encourage the use of a flow chart on nicotine replacement therapy during pregnancy, developed by the Alcohol and Drug Service for use within public hospitals.</p> <p>Support to help quit smoking is routinely offered by the Quitline, general practitioners and other health professionals.</p> <p>Two recent research projects are providing valuable information on smoking during pregnancy within the Tasmanian context. ‘Butt out for Bubs’ is a group program piloted by the Tasmanian Medicare Local, and the Menzies Research Institute has completed a study of women who smoke during pregnancy to better understand their views and experiences.</p> <p>Two strategies specific to pregnant women are set out in the Tasmanian Alcohol Action Plan 2010–2015. The Tasmanian Government is advocating with the Australian Government to mandate for warning labels on all alcoholic products and the Department of Health and Human Services is involved in national developmental work on preventing foetal exposure to alcohol through the work of a national taskforce.</p> |



| Benchmark/Initiative | What has been achieved this year? |
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| 4.1.2 Breastfeeding | <i>Breastfeeding has long-term physical, social and economic benefits for both mother and child</i> <i>Exclusive breastfeeding at four months</i> |
| Endorsement of National Breastfeeding Strategy | <p>The Tasmanian Government has endorsed the Australian National Breastfeeding Strategy 2010–2015. It has also developed a whole-of-government Tasmanian Food and Nutrition Policy, with breastfeeding one of 12 key focus areas. The Tasmanian Breastfeeding Coalition, made up of 28 organisations across the community, non-government, government and private sectors, supports advocacy efforts to increase breastfeeding rates in Tasmania.</p> <p>All Tasmanian maternity services, public and private, are accredited with the World Health Organisation Baby Friendly Hospital Initiative, which aims for all hospitals to adopt practices that protect, promote and support breastfeeding. Within communities, the Child Health and Parenting Services actively supports and monitors breastfeeding.</p> |
| 4.1.3 Teenage Pregnancy | <i>The short and long-term physical, social and economic implications of high teenage fertility rates are considerable for both mother and child</i> <i>Teenage fertility rates</i> |
| Tasmanian Sexual and Reproductive Health Strategy | See benchmark 2.2.8 |
| 4.1.4 Organised Sport for Children | <i>Organised sport provides regular exercise, social interaction and contributes to a healthy lifestyle</i> <i>Proportion of children (5-14) participating in organised sport</i> |
| Move Well, Eat Well Initiatives | <p><i>Move Well Eat Well</i> is a settings-based, Award Program designed for Tasmanian early childhood services and primary schools. Funded under the National Partnership in Preventive Health Healthy Children's Initiative, the two pronged Program is managed within the Department of Health and Human Services Healthy Setting Unit.</p> |
| Primary Schools | <p>The Move Well Eat Well Primary School Program has extended its partnerships with government and non-government agencies to maximise program reach and impact. 2011-2012 examples include:</p> <ul style="list-style-type: none"> • a pilot program with active after school communities to promote daily activity at school • new resources for schools developed with the Tasmanian School Canteen Association walking initiatives with local government and • new curriculum materials developed in partnership with the Department of Education. |
| Early Childhood | <p>The Early Childhood Program was launched on 1 February 2012, targeting children 0-5 years. In Tasmania, eligible services to apply for membership to this program include 122 long-day care, 14 family-day care and 291 kindergarten services. As at 30 June 2012, 70 services have enrolled as Members services. Of these, 39 services had received their 1.5 house health promotion orientation with over 300 educators and family members attending.</p> <p>Resources were researched and developed specifically for the Tasmanian early childhood educator and care sector and aligned with the National Quality Framework and sector curriculum.</p> |



| Benchmark/Initiative | What has been achieved this year? |
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| Standard 4.2 | Promote and Support Healthy Lifestyle Choices |
| 4.2.1 Avoidable Deaths | <i>If fewer people die from avoidable or preventable causes it should indicate healthier lifestyles</i> <i>Avoidable mortality</i> |
| Chronic Conditions Prevention and Self-Management | <p>The 2011-2012 achievements for the Stanford Chronic Disease Self-Management Program ('Get the most out of Life') include:</p> <p>Fostering Partnerships:</p> <ul style="list-style-type: none"> • agreement with the MS Society (1 July 2011 to 30 June 2012) to provide support for Peer Leaders and facilitate selling of program books to the community • Healthy Communities Initiative (HCI) North West – support includes promotion of upcoming programs to HCI target audience (in relevant local government areas) and provision of funding to provide healthy catering for North West programs. • focus on increasing promotional activities to raise awareness of the program including radio interviews, media stories, feature article in Prime Times, conference presentation, regular newsletter articles eg. Health Links the Agency's News and Announcements, attendance at health expos (as part of Seniors week) and • capacity building - two master trainers trained (to then run leader training in Tasmania) – leader training planned for September/October 2012. <p>Resource Development:</p> <ul style="list-style-type: none"> • improvement of internet presence and content (including community calendar) http://www.dhhs.tas.gov.au/pophealth/chronic_condition • promotional DVD (also available online) • fact sheet for Health Professionals (also available online) and • communications resource kit – including key messages for the program (developed for leaders). <p>Program Coordination Activities:</p> <ul style="list-style-type: none"> • leader audit conducted (to determine number of active leaders) • Program Coordination Group meetings held bi-monthly • leader network - regular email updates (from Program Coordination Team) and • evaluation of program from systems perspective underway – including completion of a leader survey (with focus on organisational and systems support). <p>Program Activity:</p> <ul style="list-style-type: none"> • 17 Programs (13 community/four pulmonary rehabilitation Royal Hobart Hospital) and • 147 participants (with 71 per cent completion rate). |



| Benchmark/Initiative | What has been achieved this year? |
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| 4.2.2 Smoking | <i>Smoking is a major cause of ill health</i> <i>Proportion of Tasmanians aged 18 and over who are current smokers</i> |
| Tobacco Action Plan | <p>The Tobacco Coalition has developed and finalised the <i>Tasmanian Tobacco Action Plan 2011-2015</i> and the <i>Tasmanian Tobacco Action Implementation Plan 2011-2015</i>. The Plan details the actions to be achieved in order to reduce smoking prevalence and prevent young Tasmanians from taking up smoking. Specifically the aim is to reduce smoking prevalence by 10 per cent by 2020.</p> <p>The Implementation Plan provides more detail about progress towards achieving the actions, including which agencies are responsible for implementation. The Tobacco Coalition is responsible for updating the Implementation Plan by the beginning of each financial year from 2010-2011 to 2014-2015.</p> |
| Smoking Cessation Project | <p>In a Tasmanian first, the Smoking Cessation Program, a joint initiative of the Alcohol and Drug Service and Population Health was established to further work towards improving the health of many Tasmanians in reducing the State's unchanging and unacceptably high smoking rate. The Program was established in 2009 and is centred on bringing about a cultural change within the healthcare sector so that the provision of a brief smoking cessation intervention is provided to all patients as a routine component of care. This is being achieved by providing education to all health professionals on applying the Ask, Brief Advice and Cessation Support brief smoking cessation intervention with all of their patients who smoke. In 2011-2012, 1 827 health professionals received this training through face-to-face education sessions and a further 3 225 by using the online version of the training program.</p> <p>In addition to training for health professionals, in 2011-2012 the Smoking Cessation Program also provided limited consultation liaison services for inpatients at each public hospital for which 389 referrals were received and 540 total hours provided.</p> <p>The Smoking Cessation Program also implemented the No More Butts group smoking cessation program in 2011-2012 and 18 group sessions were conducted. The No More Butts program is designed for delivery in community health services and workplaces to provide smokers with the necessary knowledge, skills and confidence to make a quit attempt. Healthcare workers interested in facilitating the No More Butts program in their workplace have access to training provided by the Smoking Cessation Program in each region across the State. The addition of the No More Butts program has ensured that the Smoking Cessation Program is providing a comprehensive suite of interventions to cater for most smokers in Tasmania.</p> |
| 4.2.3 Healthy Eating | <i>Good nutrition should lead to better health</i> <i>Proportion of Tasmanians over 18 who eat at least two serves of fruit and five serves of vegetables a day</i> |
| Eat Well Tasmania Funding Agreement | <p>The Agency has provided ongoing core funding during 2011-2012 to Eat Well Tasmania to promote inter-sectoral partnerships in healthy eating with a special focus on fruit and vegetables. Eat Well Tasmania has been active with a range of community programs that aim to increase the consumption of fruit and vegetables including the coordination of fruit and veg month, ongoing distribution of Go for 2 and 5 resources and management of the Eat Well Tasmania costume cupboard.</p> |



| Benchmark/Initiative | What has been achieved this year? |
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| | <p>Board members of Eat Well Tasmania Inc come from a broad range of backgrounds including organisations such as Fruit Growers Tasmania, University of Tasmania, Heart Foundation and the Community sector.</p> |
| Cool Canteen Accreditation Program | <p>Ongoing funding has been provided from the Departments of Health and Human Services and Education to support accreditation of school canteens through the Tasmanian School Canteen Association's Cool Canteen Accreditation Program.</p> <p>The program continues to accredit and re-accredit school canteens and work with school communities to improve outcomes in food safety, foods sold in the canteen, canteen management, links with curriculum and policy. In 2011-2012, 90 schools were working toward accreditation and 24 schools achieved accreditation.</p> |
| Home and Community Care Nutrition Service | <p>Ongoing funding was provided by the Home and Community Care (HACC) Program for the HACC Nutrition Service. In 2011-2012, 32 HACC service groups (ie HACC funded organisations and/or individual HACC services within broader organisations eg a day centre) were supported by the HACC Nutrition Service. Also, 19 HACC service groups received training, with 181 participants (staff and volunteers). HACC service groups are being supported to work on implementing their nutrition policy, conduct malnutrition screening, improve menus for those that provide food, and promote good nutrition through their service activities and practices.</p> |
| Food Security | <p>Population Health has worked in partnership with the Social Inclusion Unit (DPAC) to support the Tasmanian Food Security Council. During its term, 2010-2012 the Council has administered \$750 000 to eight Coalitions to deliver food security initiatives. The Council has also developed <i>Food for all Tasmanians – Food Security Strategy</i> which provides a blueprint for future investment and strategies to improve food security in Tasmania.</p> |
| Get Healthy Coaching and Information Service | <p>The Get Healthy Information and Coaching Service has continued to become established and build momentum. During 2011-2012:</p> <ul style="list-style-type: none"> • the service received 1 627 enquiries from Tasmania (email, phone and website) • 383 people in Tasmania requested the coaching program; and out of these, 285 started the program and 79 graduated and • an additional 149 people requested the information kit. <p>The focus during 2011-2012 has been on evaluating the service and optimising the marketing and recruitment strategies as well as service improvement.</p> |
| 4.2.4 Exercise | <p><i>There is a high correlation between activity levels and improved wellbeing</i> <i>Proportion of population who do not do enough exercise to avoid chronic disease</i></p> |
| Get Active Program (GAP) | <p>The Get Active Program (GAP) is funded by the Agency and managed and coordinated through Womensport and Recreation Tasmania (WSRT). The current funding agreement is for a three-year period from June 2010 to June 2013.</p> <p>In 2011-2012, 17 programs were run across the State, with 13 of these from Department of Health and Human Services funding and WSRT obtained funding to run the other four programs.</p> |



| Benchmark/Initiative | What has been achieved this year? |
|---|--|
| | Eighty three per cent of participants were from a low socio-economic status which demonstrates the Get Active Program has been successful in reaching the low socio-economic status areas. |
| 4.2.5 Obesity | <i>A decline in the number of Tasmanians who are overweight or obese should lead to a much healthier lifestyle for individuals and greater community wellbeing</i> <i>Proportion of Tasmanians who are overweight and obese</i> |
| Activities that Promote Physical Activity and Healthy Eating | Programs discussed above under 4.1.2; 4.1.3, and 4.14 all contribute to this benchmark. |
| 4.2.6 Diabetes | <i>If the instances of Type 2 diabetes decrease its should reflect improved lifestyle (eg fitness, diet and reduction in obesity)</i> <i>Prevalence of type 2 diabetes in persons aged 25-64</i> |
| Diabetes Prevention | <p>In 2010-2011 the following policies and networks were implemented to guide improvement in the prevention and management of chronic conditions including Type 2 diabetes:</p> <ul style="list-style-type: none"> • Connecting Care: Chronic Disease Action Framework • Chronic Disease Clinical Network and • Health Promotion Strategic Framework - Working in Health Promoting Ways 2009-2012. <p>Diabetes Assist is an innovative partnership between the Agency and Diabetes Tasmania. Diabetes Assist provides services for people with or at risk of developing Type 2 diabetes. They provide a free statewide telephone-based coaching program; free group nutrition sessions in North West Tasmania and free statewide healthy shopping tours.</p> <p>The Get Healthy Information and Coaching Service provides telephone coaching to facilitate lifestyle modifications to support healthy eating and physical activity.</p> |
| Standard 4.3 | Improve Self-Assessed Physical and Mental Wellbeing |
| 4.3.1 Self-Reported Health | <i>Health professionals regard self- assessment as a good indicator of people's actual health status</i> <i>The proportion of Tasmanians 15 years and over reporting their health as very good or excellent</i> |
| Enhancing Health Promotion in Primary Health (Working in Health Promoting Ways) | <p>In 2011-2012 the focus has been on integrating the framework across the Agency and in particular implementing the Capacity Building Action Plan. The Action Plan is an important element in supporting service and systems change through workforce development; organisational development; and leadership/resource allocation. The work so far has included:</p> <ul style="list-style-type: none"> • reviewing the framework and supporting resources to ensure they are practical, user friendly and relevant to service areas • supporting regional health promotion workforce development and training strategies • developing an Implementation Group to embed Working in Health Promoting Ways in service delivery, policy and planning |



| Benchmark/Initiative | What has been achieved this year? |
|---|--|
| | <ul style="list-style-type: none"> identifying health and wellbeing performance indicators and opportunities to include Working in Health Promoting Ways in Agency and service reporting structures across health and human services implementation of a range of communication strategies to promote and raise awareness of the framework to staff and presenting Working in Health Promoting Ways at executive forums to increase leadership and commitment to the framework. |
| 4.3.2 Stress Levels | <i>Health professionals regard self-assessment as a good indicator of people's actual health status. Proportion of Tasmanians 18 years and over who report their level of psychological distress as high/very high</i> |
| Promotion, Prevention and Early Intervention | The Tasmanian Inter-Agency Working Group for Mental Health continues to meet quarterly to oversee implementation of Tasmania's mental health promotion, prevention and early intervention framework, <i>Building the Foundations for Mental Health and Wellbeing</i> . See under Indicator 2.1.5 |
| Standard 4.4 | Improve Coordinated and Timely Health Services |
| 4.4.1 General Practitioners | <i>More GPs per capita should increase access to basic health services Number of General Practitioners per 100 000 people</i> |
| GP Recruitment Initiatives Under Tasmania's Health Plan | The 2011 GP Census shows that there are 590 General Practitioners (GPs) practising in Tasmania, representing an increase of 31 GPs or 5.6 per cent since Census Week 2010 when 559 GPs were reported. The estimated number of Full-Time Equivalent (FTE) GPs in Tasmania has increased by 1.9 or 0.5 per cent since 2010 to 365.1 FTE GPs in 2011. Tasmania has a relative under-supply of GPs at 117.2 GPs per 100 000 people, compared with the Australian GP distribution estimate of 121.2 GPs per 100 000 head of population. The Agency continues to fund Health Recruitment Plus to increase their capacity to meet general practice workforce needs in rural areas using a combination of recruitment and retention strategies (including personalised case management/family settlement services). The Agency has commenced a Rural Medical Generalist project which aims to develop a rural career pathway for newly graduated doctors in Tasmania. |
| 4.4.2 Dental Care | <i>Shorter waiting times for non-urgent dental care should indicate better access to dental services. Waiting time for non-urgent dental care</i> |
| Rural General Care Pilot | Implemented successfully which increased access to dental care for people in rural areas. |
| Student Placement Program | Expanded to North West Tasmania providing increased general dental care access. |
| Community Dental Clinics | Ongoing provision of a general dental care service provided in community dental clinics. |
| 4.4.3 Waiting Time for Dentures | <i>Improving the oral health outcomes of those most in need should be a priority. Waiting time for dentures.</i> |



| Benchmark/Initiative | What has been achieved this year? |
|--|--|
| Provision of Prosthetic Services | Ongoing provision of a prosthetic services provided in community dental clinics. Funding services provided by contracted dental prosthetists and dentists within the Tasmanian Denture Scheme. |
| 4.4.4 Public Hospital Waiting Times | <i>Tasmania's health system should be responsive to those in greatest need Public hospital waiting times for elective surgery</i> |
| National Partnership Agreement on Improving Public Hospital Services | During 2011-2012, Tasmanian participated in the <i>National Partnership Agreement on Improving Public Hospital Services</i> . The agreement facilitates improved access to public hospital services, including elective surgery |
| 4.4.5 Mental Health Services | <i>People with a mental illness need to have access to quality mental health services Proportion of persons with a serious mental illness whose needs are met by the Tasmanian Mental Health Service</i> |
| Development of a New Mental Health Act | <p>Following the review of the <i>Mental Health Act 1996</i>, the process of development of a new Act has continued. The new Act will appropriately balance the rights of people with mental illness to make their own treatment decisions, with the need of government to provide appropriate protection to individuals who may constitute a risk to themselves or others if their treatment needs are not met.</p> <p>The Bill for the new Mental Health Act was released for public comment on 27 June 2011 with a corresponding six week consultation period. At the request of key stakeholders, the consultation period was extended for a further six weeks and concluded on 19 September 2011.</p> <p>The Bill for the new Mental health Act was introduced into the Tasmanian Parliament on 21 June 2012. The Bill anticipates a commencement date of 1 January 2014.</p> |
| Promotion, Prevention and Early Intervention Strategies | <p>The Tasmanian Inter-Agency Working Group for Mental Health continues to meet quarterly to oversee implementation of Tasmania's mental health promotion, prevention and early intervention framework, <i>Building the Foundations for Mental Health and Wellbeing</i>.</p> <p>See also benchmark 2.1.5</p> |
| 4.4.6 In-Home Support Services | <i>Support should be available for older Tasmanians and people with a disability who wish to remain living at home Older persons and people with a disability living in households, whose need for assistance is fully met</i> |
| In Home Support Services | <p>In home support services provided by the Home and Community Care (HACC) Program include domestic assistance, personal care, home maintenance, social support, community nursing, and allied health. The joint funded Australian/State Government HACC Program was administered by the State for 2011-2012 and total funding for the joint Program was \$63.297 million.</p> <p>Amongst other support services (such as community transport, delivered meals and home modifications) this funding provided 1 332 796 hours of home support in Tasmania. This was an increase of 77 365 hours over 2010-2011.</p> |



| Benchmark/Initiative | What has been achieved this year? |
|---|--|
| | <p>As a result of the Council of Australian Governments (COAG) agreement in February 2010, responsibility for the funding and management of the HACC Program has been split between Australian and State Governments: the Australian Government has full funding and policy responsibility for services to people aged over 65 and over 50 for Aboriginal people; and the State for persons under 65, or under 50 for Aboriginal people.</p> <p>This split was undertaken during 2011-2012 and was completed by 30 June 2012.</p> <p>The Australian Government released its strategy <i>Living Longer. Living Better</i> April 2012 and this outlines its plans for providing a continuum of care for older people for the future.</p> |
| <p>4.4.7 Residential Aged Care</p> | <p><i>Given our ageing population, Tasmania's aged care system needs to be able to locate people in residential aged care without long delays</i></p> <p><i>Proportion of people entering residential aged care within 3 months of assessment</i></p> |
| Australian Government initiatives | This area is the responsibility of the Australian Government Department of Health and Ageing. More details can be found on their website www.health.gov.au . |
| <p>4.4.8 Ambulance Paramedics</p> | <p><i>People who live in rural and regional areas have limited access to emergency health services. As a result it is crucial for them to have access to qualified ambulance paramedics</i></p> <p><i>Number of qualified ambulance paramedics in rural and regional areas</i></p> |
| Queenstown, Triabunna, Nubeena and Scottsdale Branch Ambulance Stations | <p>In 2011-2012 the new purpose built ambulance facilities at Queenstown, Triabunna, Scottsdale, Nubeena and Queenstown were fully operational with the appointment of two paramedics at each of these stations.</p> <p>These stations now have a paramedic on duty seven days a week with night cover provided through on-call capacity and supported by volunteers.</p> |
| Bridgewater Station Upgrade | During 2011-2012, Bridgewater's 24 hour, seven day a week staffing changed from a model of one paramedic supported with volunteers to a two paramedic model with an increase of 5.4 FTEs. This was funded through the Australian Government to support the Pontville detainee centre for 2011-2012 only. However, the new staffing model will continue through the State Government's sustainable ambulance service funding. |

Goal 5 Vibrant, Inclusive and Growing Communities Where People Feel Valued and Connected

| Initiative | What has been achieved this year? |
|---|---|
| Standard 5.1 | Foster Inclusive and Supportive Communities |
| <p>5.1.4 Homelessness</p> | <p><i>Every Tasmanian should have access to safe, secure and adequate housing</i></p> <p><i>Rate of homelessness</i></p> |
| | See indicators 1.1.2, 1.1.3 and 1.1.4. |
| Standard 5.3 | Recognise and Value the Contribution of Volunteers and Unpaid Workers to Their Community |
| <p>5.3.1 Volunteering</p> | <p><i>More people should participate in volunteering if is valued</i></p> <p><i>Per capita voluntary participation in community and service activities in a 12-month period</i></p> |



| Benchmark/Initiative | What has been achieved this year? |
|--|--|
| Home and Community Care (HACC) Program | <p>The HACC Program supports volunteers by ensuring that Service Providers have an appropriate volunteer expense reimbursement policy in place – a policy developed by Volunteering Tasmania.</p> <p>The HACC Program also provides funding support to Volunteering Tasmania to provide a range of support services. In 2011-2012 the HACC Program funded Volunteering Tasmania \$90 000 one-off to undertake a research project into the impact of ageing on volunteerism in Tasmania.</p> <p>As a result of the Council of Australian Governments (COAG) agreement in February 2010, responsibility for the funding and management of the HACC Program has been split between the Australian and State Governments: the Australian Government has full funding and policy responsibility for services to people aged over 65 and over 50 for Aboriginal people; and the State for persons under 65, or under 50 for Aboriginal people. This split was undertaken during 2011-2012 and was completed by 30 June 2012.</p> |
| 5.3.2 Primary Carers | <p><i>We should recognise the weight of responsibility associated with long-term caring and provide support where this responsibility becomes onerous</i></p> <p><i>Primary carers devoting more than 20 hours per week</i></p> |
| Home and Community Care (HACC) Program | <p>The joint funded Australian State Government Home and Community Care (HACC) Program not only funds a range of in home support services for clients, but also supports volunteers and carers.</p> <p>Carers are supported through the provision of either in home or centre based respite. In 2011-2012 total funding for respite was \$2 576 127, an increase of \$333 683 over 2010-2011. This additional funding support provides an extra 8 879 hours of respite.</p> <p>In addition to respite, the HACC Program also funds Carers Tasmania to provide a range of support to carers including information, education, and local support groups.</p> |
| Individual Support Program | <p>The Individual Support Program provides individually tailored services for people with disability. These services enable people with disability to continue to live in their own homes and communities with appropriate support.</p> <p>Many people who receive an individual support package also receive support from a family member. In 2011-2012, a total of 129 individual support packages were allocated to Tasmanians with disability.</p> |

Goal 12: Sustainable Management of Our Natural Resources

| Initiative | What has been achieved this year? |
|--------------------------------------|--|
| Standard 12.2 | Improve Air and Water Quality |
| 12.2.2 Drinking Water Quality | <p><i>Clean drinking water is a determinant of health and wellbeing and a measure of pollution</i></p> <p><i>Breaches of Australian drinking water standards</i></p> |



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| <p>Review of Tasmanian Drinking Water Guidelines</p> | <p>A review of the 2005 guidelines has commenced and is due to be re-published in late 2012. The water corporations are continuing to improve the performance and monitoring of their drinking water supplies, with a view to reducing the number of systems with a permanent boil water alert.</p> |
| <p>12.2.3 Recreational Water Quality</p> | <p><i>Improving the quality of Tasmania’s recreational waterways should increase outdoor enjoyment of this environmental asset</i> <i>Breaches of recreational water standards</i></p> |
| <p>Review of Tasmanian Recreational Water Quality Guidelines</p> | <p>A review of the 2007 guidelines has commenced and is due to be re-published in late 2012. Local government is continuing to maintain its requirement to monitor the water quality at popular recreational swimming sites.</p> |