

Department of Health and Human Services

ANNUAL REPORT

2013–14

Department of Health and Human Services Annual Report 2013-14

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Department of Health and Human Services

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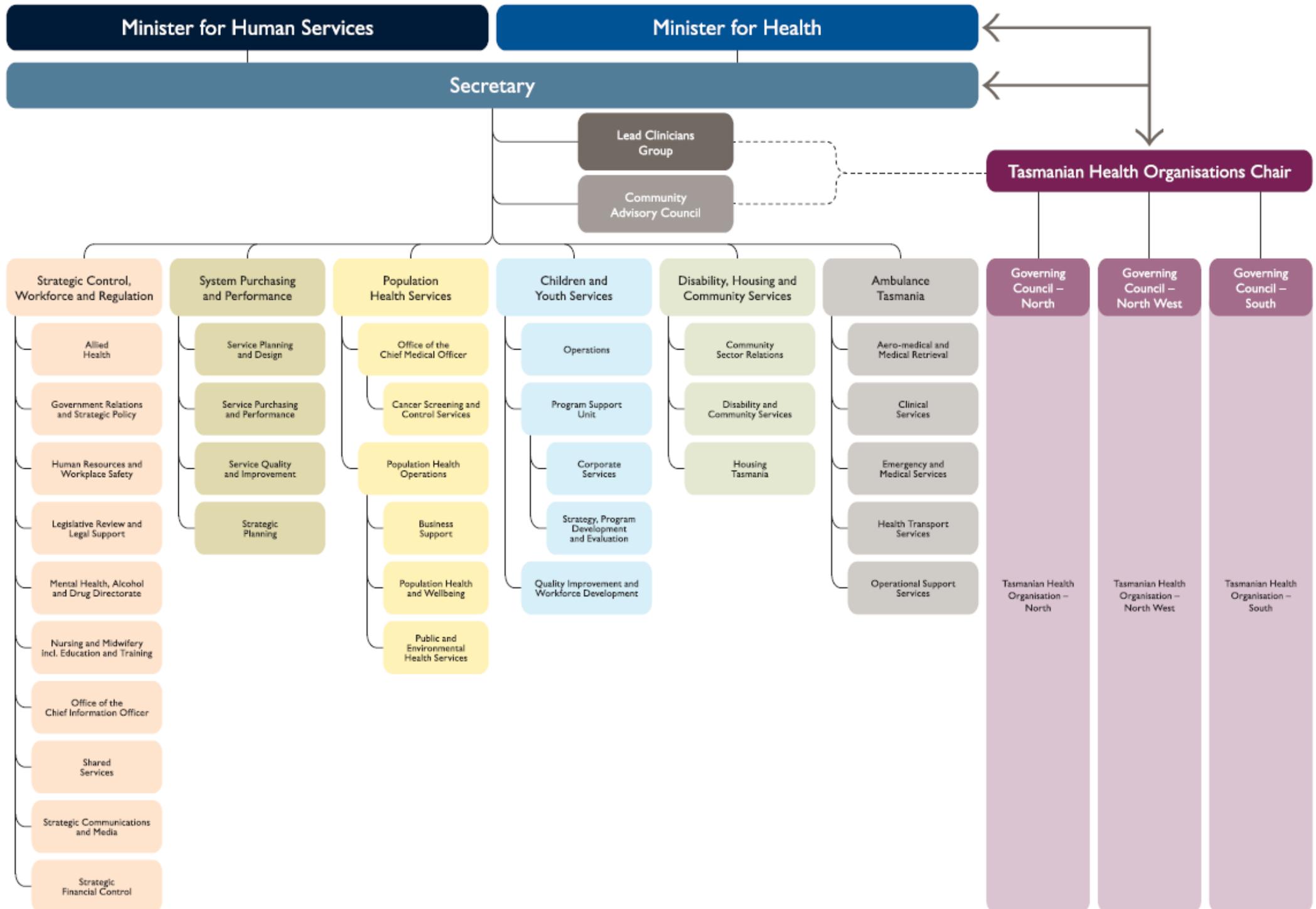
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Department of Health and Human Services July 2014



Secretary's Letter of Transmittal

Dear Ministers

During 2013-14, the Department of Health and Human Services has continued to focus on its responsibilities to the people of Tasmania.

In health, the role of the Department is system manager and purchaser of services on behalf of the Minister for Health, with the exception of Ambulance Tasmania. The Department does not directly deliver health services, but rather purchases services on behalf of Tasmanians from the three Tasmanian Health Organisations (THOs) and monitors the delivery of those services. The Department also has a regulatory role for the public and private health sector.

In the Human Services portfolio some limited direct service delivery is undertaken.

The Department's priority at all times is to ensure the delivery, quality and continuity of services to Tasmanians in housing and homelessness, disability services, children and youth services and health.

Significantly, Tasmanians elected a new government in March 2014 and while many of our activities are ongoing, new reform priorities were established towards the end of the year in a number of areas.

Health

2013-14 saw further maturing of the purchaser/provider model with significant progress made in the management of relationships between the Department (as system manager and purchaser of services on behalf of the Minister for Health) and THOs (as providers of public hospital services and a broad range of health services, including mental health services).

Service agreements, the key annual accountability document between the Minister for Health and THOs, were successfully negotiated and agreed with all three THOs within the timeframes required by legislation. The content and process for preparation and agreement was consistent with the requirements outlined in sections 44 and 45 of the *Tasmanian Health Organisations Act 2011* (the Act). All three agreements were successfully renegotiated and agreed in March 2014, consistent with the Act.

As system manager, the Department has a responsibility to support the Minister for Health, and effectively exercises the performance management functions available on his behalf as provided in the Act. In 2013-14, the Department fulfilled this responsibility through application of the performance monitoring and management process set out in the *2013-14 Performance Framework*.

This Framework provides a clear and transparent description of how performance of THOs are assessed and managed against the requirements of the service agreements, and outlines how responses to performance concerns are structured in accordance with the Act.

Throughout 2013-14, there were regular quarterly performance review meetings with all three THOs to monitor progress towards the achievement of service agreement objectives and manage identified performance concerns.

During 2013-14 Ambulance Tasmania progressed several important projects. The Early Access to Defibrillation Program commenced – an Australian first initiative that partners with the community to identify the locations of defibrillators and potentially utilise these assets in an emergency. This early help will undoubtedly save lives over time.

Work also continued on the roll-out of the In-Vehicle Information System that gives paramedics access to real time geospatial data and improves paramedic safety.

This has been against the backdrop of increasing demand across the ambulance system as reflected in an increase in the median emergency response time from 11 minutes to 11.4 minutes.

Population Health Services continues to provide significant work to educate Tasmanians about healthy living choices and preventative health.

While the life expectancy of Tasmanians is improving and self-reported health is generally good, we continue to face challenges in encouraging healthy lifestyles and to reducing the prevalence of smoking and obesity associated chronic disease.

The cessation from the end of the year of Australian Government funding to some preventive health programs is a concern, and work is underway to ensure that Tasmania continues to build upon the positive gains that have been made.

A milestone achieved during the year was the 21st birthday celebration of BreastScreen Tasmania. The screening program is particularly strong with 29 236 women screened during the year – an enormous positive benefit to the community resulting in many cancers being detected early.

A new *Mental Health Act 2013* came into effect from 17 February 2014, ensuring there is a human rights approach towards clients suffering from mental illness.

The operation of the *Mental Health Act 2013* will be further strengthened in coming years by the implementation of a new Mental Health Policy that includes significant investment.

Work on suicide prevention continued during the year and will benefit from a forward commitment of some \$3 million for targeted and proactive suicide prevention strategies.

The Department continues to play its part in planning cancer services.

During the year, a new cancer centre opened at the Royal Hobart Hospital. Forward commitments amount to \$63 million, with \$23.9 million from the State, \$36.3 million from the Australian Government, and notable donated contributions from the Elphinstone Group of Companies (\$1.6 million), the Menzies Centre (\$600 000) and the Cancer Council (\$600 000).

Work continued during the year on the Royal Hobart Hospital redevelopment. The incoming Government placed the development on a care and maintenance footing and created a review taskforce.

The Department has continued to provide support for the taskforce and facilitate the review which is expected to be completed towards the end of 2014.

Human Services

It has been a significant year of reform in Disability Housing and Community services.

The Department continues to maintain a portfolio in excess of 11 000 properties available for social housing on behalf of the Tasmanian Government.

For several years, parts of the portfolio have moved to management by the non-government sector and this continued during the year with around 4 000 properties being transferred to community-sector management.

It is important to emphasise the title to the properties remains with the Crown.

During 2013-14 the State Government initiated work on an Affordable Housing Strategy that will provide a clear housing framework over the next decade. This strategy will address the entire housing spectrum from home ownership to affordable rental, public and community housing and crisis accommodation.

Our work in providing protection and support for Tasmania's children and parents continues to be a major focus of our activities.

In Children and Youth Services, Save the Children's Supporting Young People on Bail Program and Post-Detention Transition Program were highlights.

Both programs have shown outstanding results in helping young people who have offended to re-engage with education and positive influences, and prevent re-offending.

The Bail Program won a 2013 National Crime and Violence Prevention Award from the Australian Institute of Criminology. Funding of \$600 000 per annum will be provided towards both programs with Save the Children contributing an additional \$250 000 per year.

The year also brought a new focus on helping Tasmanian children with autism.

The department continues to assist discussion and action and this work shall be ongoing with additional funding of \$1 million over four years for a longer-term strategy to provide best practice autism care.

Community Sector organisations were recognised during the year as important care providers for Tasmanians.

In most cases, services to Tasmanians are provided by the non-government sector. This support has continued to be reflected with \$9 million provided to the community sector over four years to be used to support increasing costs and capacity building.

The enormous change in disability services has been reflected by the continuing support for the phasing in of the National Disability Insurance Scheme (NDIS).

Existing support has been augmented with an additional \$2 million over four years for disability services to assist those on waiting lists who are not part of the current NDIS trial. This will provide approximately 12000 additional hours of support.

Recognising support is needed for the sector to be NDIS-ready; significant work has been undertaken to assist the non-government sector, particularly with workforce training. This has been supported by the incoming government with an allocation of some \$250 000 over two years for National Disability Services (Tasmania) for the development of a job-ready workforce.

In addition, funding of \$39.6 million is provided in 2017-18 for additional costs associated with the transition to the full NDIS. This brings total funding of \$55.2 million to be provided over the next four years to assist with the introduction of the NDIS in Tasmania.

A Year of Reform

During the year significant reform has begun across all areas of the DHHS, most notably with the introduction of the State Government's *One State, One Health System, Better Outcomes* reform agenda. This will include the transition to a single Tasmanian Health Service from 1 July 2015.

The reforms will also include a review of the DHHS, the creation of the Health Council of Tasmania and a white paper process to review and redefine the clinical profile of service delivery.

In Human Services significant work is underway to reform service delivery.

This responds to consumer and stakeholder feedback that government services should be more 'joined up' – taking a common-sense and citizen-centric approach to how our services collaborate and make sense to the people who use them.

In Children and Youth Services we are strengthening child protection services through a range of reforms aimed at improving outcomes for children and their families.

This work was supported late in the year by a focus on keeping families together where ever possible.

This approach has been supported by Government investing \$300 000 over three years to short-term preventative support care to help keep families together and a further \$360 000 over three years into pre-placement.

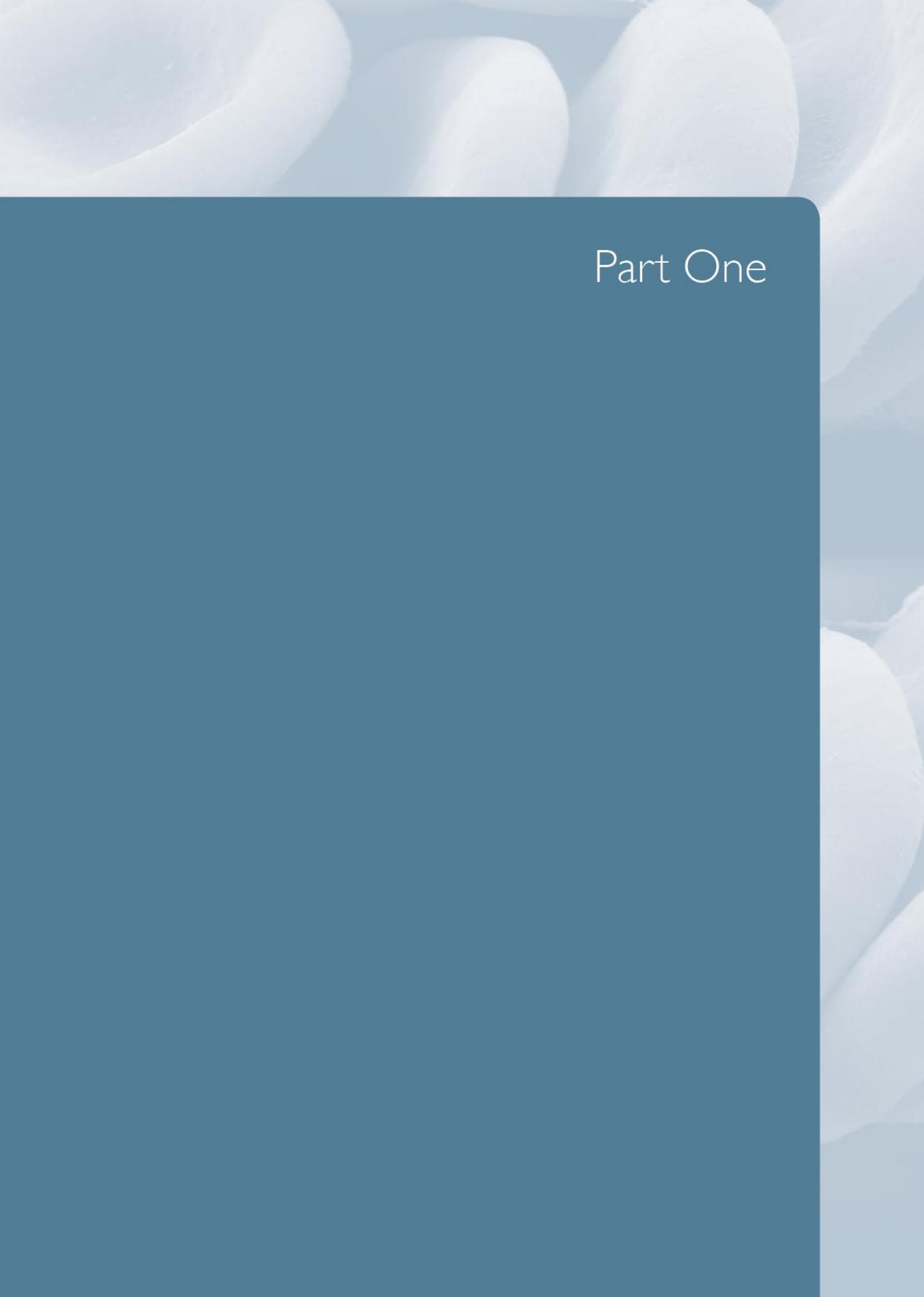
During the year the Commissioner for Children role continued to advocate strongly for the State's children. I wish to thank Elizabeth Daly for her work in the role in an acting capacity following the resignation of Aileen Ashford. A recruitment process has successfully concluded and Commissioner Mark Morrissey will be taking up duties during the coming year.

The Department will play its part in a \$5.3 million investment across government over three years into a statewide network of youth justice programs aimed at diverting young offenders, or those at risk of offending, into programs that re-engage them with education, training, employment and positive influences.

The Department of Health and Human Services will continue to implement reform in the coming year while continuing to provide exemplary services for Tasmanians.



Michael Pervan
Acting Secretary
Department of Health and Human
Services



Part One

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DHHS at a Glance

The Department of Health and Human Services provides a comprehensive, high quality, safe and sustainable health and human services system for Tasmanians. It is actively engaged in positive reforms to provide care and services for patients and clients in the best possible way through an integrated system that is people focused and supports individuals and communities to be active in their own health and wellbeing management.

The Department's principal responsibilities include:

- Health promotion and protection through emergency management, public health and related preventative services.
- Integrated pre-hospital emergency and medical services, health transport, aero-medical and medical retrieval services.
- A range of accommodation and support services aimed at enhancing the quality of life for people with a disability.
- Statutory responsibilities for vulnerable children and young people including child protection and juvenile justice.
- A wide range of community services for children and their families; early intervention, family support services and child health services.
- Secure and affordable housing to support low income Tasmanians, and accommodation and support for people experiencing homelessness.

As system manager and purchaser of health services on behalf of the Minister for Health, the main responsibilities of the Department include:

- Developing legislation and governance arrangements for public hospital services.
- System-wide public hospital and health service planning, purchasing and performance.
- Planning, funding and delivering capital.
- Planning, funding (with the Commonwealth) and delivering teaching, training and research.
- Statewide public health industrial relations; negotiation of agreements, remuneration and employment terms and conditions.

The Department provided a range of services across Tasmania in 2013-14, including:

- 49 ambulance stations and 5 'first responder' units
- the Ashley Youth Detention Centre
- 72 Child Health Centres (including 3 Parenting Centres)
- 1 Child Development Unit
- 3 Children and Youth Service Centres delivering Child Protection Services and Community Youth Justice Services
- 4 Family Violence Counselling and Support Service Centres
- 4 area based Disability Assessment and Advisory Teams providing specialist support to outsourced disability services
- 4 area based Community Partnership Teams who provide relationship management with Community Sector providers
- 7 service points, providing tenancy services, advice and support to over 11 039 public, Aboriginal and community managed properties
- Population Health Services promotes, monitors, protects and enhances the health and wellbeing of Tasmanians and some of the direct services to the community include:
 - Cancer Screening which has 3 BreastScreen facilities (Hobart, Launceston and a mobile screening unit)
 - Public and Environmental Health programs and Health and Wellbeing program oversight
 - 115 Needle and Syringe Program outlets including 14 run from State Government facilities (ie hospital), 90 operating out of pharmacies and the remainder through non-government organisations funded to deliver the Program and
 - the Get Healthy Information and Coaching Service (1300 806 258), providing statewide phone-based health coaching

Financial Overview

In 2013-14, the total budgeted expenditure for the Department of Health and Human Services was \$1.320 billion. The Department had \$1.763 billion in physical assets under its control in 2013-14, and the annual appropriation from the Consolidated Fund was \$1.110 billion.

The Department's 2013-14 Budget distributed by Output included:

- Health Services System Management 8.40%
- Tasmanian Health Organisations 44.40%
- Statewide Services 6.82%
- Human Services 24.24%
- Children Services 7.50%
- Independent Children's Review Services 0.06%
- Capital Investment Program 4.84%
- Special Capital Investment Funds 3.74%.

Expenses

Department of Health and Human Services Expenditure Budget 2013-14 by Major Category

Budget Expenditure by Output	2013-14 \$ '000
Health Services System Management	106 334
Tasmanian Health Organisations	627 639
Statewide Services	94 764
Human Services	371 650
Children Services	109 274
Independent Children's Review Services	822
Capital Investment Program	8 417
Special Capital Investment Funds	1 085
Total	1 319 985

The Statement of Comprehensive Income identified that total expenses for 2013-14 amounted to \$1.820 billion.

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

- salaries and employee related expenses at \$194.339 million
- patient and client services at \$31.766 million and
- property, including rent, rates, maintenance and electricity at \$89.866 million.

Capital Expenditure for property, plant and equipment in 2013-14 totalled \$71.646 million, which included expenditure on works at the major hospitals, community health centres and ongoing Housing Tasmania capital programs. Further details on the capital program are available in Part 2.

Department of Health and Human Services Actual Expenditure 2013-14

Actual Expenditure by Output	2013-14
	\$ '000
Health Services System Management	90 583
Tasmanian Health Organisations	609 215
Statewide Services	106 439
Human Services	761 215
Children Services	113 720
Independent Children's Review Services	793
Capital Investment Program	58 157
Special Capital Investment Funds	79 987
Total	1 820 109

Actual Expenditure by Type	2013-14
	\$ '000
Salaries and wages	150 544
Other employee related expenses	23 875
Superannuation expenses	19 920
Depreciation and amortisation	32 923
Consultants	4 298
Maintenance and property services	89 866
Communications	3 319
Information technology	19 252
Travel and transport	5 552
Medical, surgical and pharmacy supplies	10 259
Advertising and promotion	791
Other supplies and consumables	45 347
Grants and subsidies	1 398 669
Finance costs	9 022
Other expenses	6 472
Total	1 820 109

Revenue

Department of Health and Human Services Revenue 2013-14 by Major Category

Revenue	2013-14 \$ '000
Revenue from appropriation	1 121 204
Revenue from Special Capital Investment Funds	14 343
Grants	99 702
Sales of goods and services	124 433
Interest	148
Contributions received	10
Other revenue	11 142
Total revenue and other income from transactions	1 370 982

Note:

Sale of goods and services includes Residential Rental, Interstate charging, Ambulance Fees and Compensable Fees for Motor Vehicle Accidents.

Net Assets

Net Assets of \$1.603 billion is made up of:

Net Assets	2013-14 \$ '000
Total Assets	1 907 967
Total Liabilities	305 167
Net Assets	1 602 800

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

Health and Human Services Workforce

The Department of Health and Human Services is committed to enabling our workforce to be properly educated, trained and developed, motivated and supported.

This strategic priority is administered through the Department's suite of human resources policies and procedures, its representation on national workforce forums (such as the Medical Training Review Panel), commitment to strategic workforce planning and ongoing efforts for promoting continued learning and development opportunities.

In 2013-14 priorities included:

The development of a comprehensive suite of human resource-related policy and procedures to support consistency and provide clarity in administering employer obligations and provide valuable training and reference resources for managers and employees alike.

'In-house' learning and development short course webinars, videoconferences, workshops and forums were provided on a wide range of topics, all of which were aligned to our LEADing in Health and Human Services framework:

- **Leads Self:** to be self-aware; seek out opportunities for personal development; have strength of character.
- **Engages Others:** to value diversity and model cultural responsiveness; communicate with honesty and respect; strengthen consumers, colleagues and others.
- **Achieves Outcomes:** to influence and communicate the direction; to be focussed and goal oriented; to evaluate progress and be accountable for results.
- **Drives Innovation:** to champion the need for innovation and improvement; build support for change; and positively contribute to spreading innovative practice.
- **Shapes Systems:** to understand and apply systems thinking; engage and partner with consumers and communities; build alliances.

The development of the Strategic Framework for Health Workforce 2013-18 that provides a strategic platform for Tasmania to plan for a flexible and sustainable health workforce for the future.

The Tasmanian health system is complex given the number of areas where health services are provided including ambulance, population health, children and youth, disability, housing, community and through Tasmanian Health Organisations.

The Framework, and accompanying Tool Kit, is designed to support all services to engage with their employees; recognising that healthcare workers practice across a variety of settings and that the health workforce is aligned to the changing healthcare needs of the community. It will assist services to integrate workforce planning with service planning and ensure our communities receive the full benefit of the knowledge and skills of all members of the healthcare team.

The Framework will support the development of expanded scopes of practice and ways of working in teams to reinforce new and innovative ways of delivering safe, high quality health services to meet the future healthcare needs of Tasmanians.

There are also workforce plans for nursing and midwifery, allied health and medical being developed as part of the Implementation Plan.

A suite of material on the governance of allied health services provides guidance on professional standards, supervision and support, clinical governance, including delegations, for the allied health assistant workforce. This sets the basis for the delivery of safe quality health services by allied health professionals.

The mapping work on the allied health workforce plan will provide the necessary data needed for the consideration of new roles, changing scopes of practice and integrated delivery of health services.

The development of a Tasmanian Medical Workforce Plan has commenced, including wide consultation with stakeholders in the public and private sector. Recommendations will be provided in 2014-15.

The successful recruitment and allocation of 75 medical interns statewide enabled the Government to meet its commitment under the Council of Australian Governments (COAG) agreement.

The 12 Nurse Practitioners contributed in the areas of emergency care, diabetes, wound management, mental health, aged care, chronic cardiac care and rural/remote primary health care.

Current Workforce Profile

The Department of Health and Human Services figures for 2013-14 have decreased due to the transfer of Statewide Mental Health Services to the Tasmanian Health Organisations.

Please note the figures for 2012-13 were the result of the establishment of three Tasmanian Health Organisations which are reported separately to the Department, in their respective Annual Reports.

Total Number of Paid Employees by Award 2013-14

	Award	Departmental ¹	Operational ²	Total
Health Services	Allied Health Professional	7	60	67
	Ambulance Tasmania Award	-	346	346
	Health and Human Services Award ³	239	431	670
	Medical Practitioners Award	7	10	17
	No Award	1	-	1
	Nurses Award	14	15	29
	Senior Executive Service	8	5	13
	Visiting Medical Officer	-	12	12
Health Services Total		276	879	1 155
Human Services	Allied Health Professional	1	294	295
	Health and Human Services Award	6	484	490
	Nurses Award	-	129	129
	Senior Executive Service	2	8	10
Human Services Total		9	915	924
Total		285	1 794	2 079

Notes

- 1 Departmental areas are responsible for the provision of support for policy, planning, funding performance monitoring and improvements across the service groups; interface with government. The Department of Health and Human Services Departmental Groups comprise Strategic Control, Workforce and Regulation and System Purchasing and Performance.
- 2 Operational areas deliver services to the public. The Department of Health and Human Services Service Groups include Ambulance Tasmania, Children and Youth Services, Disability, Housing and Community Services and Population Health.
- 3 This includes Shared Services that support the Department of Health and Human Services and the Tasmanian Health Organisations.

Total Number of FTE Paid Employees by Award

	2010-11	2011-12	2012-13	2013-14
Allied Health Professional	1 186.7	1 141.5	445.24	316.08
Ambulance Tasmania Award	293.4	298.9	309.77	324.89
Dental Officers	25.3	27.2	-	-
Health and Human Services ¹	4 084.7	3 799.6	1 242.55	1 044.59
Medical Practitioners	753.9	740.7	74.76	12.03
No Award	2.0	4.6	1.78	1.00
Nursing	3 444.1	3 197.7	518.29	121.59
Senior Executive Service (SES)	40.3	37.0	24.90	22.20
Visiting Medical Officers	48.8	43.3	2.09	1.57
Total	9 879.2	9 290.5	2 619.38	1 843.94

Notes:

1 Includes Rural Medical Practitioners.

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

	2010-11	2011-12	2012-13	2013-14
Permanent full-time	4 689	4 393	1 753	1 316
Permanent part-time	4 350	4 436	684	507
Fixed-term full-time	1 180	920	215	119
Fixed-term part-time	830	736	107	59
Part 6 ¹	60	55	33	27
Casual	1 091	961	178	51
Total	12 200	11 501	2 970	2 079

Notes:

1 Head of Agency, Holders of Prescribed Offices and Senior Executives and Equivalents.

Total Number Paid Employees by Gender

	2010-11	2011-12	2012-13	2013-14
Female	9 080	8 579	1 924	1 344
Male	3 120	2 922	1 046	735
Total	12 200	11 501	2 970	2 079

Total Number Paid Employees by Gender by Portfolio

	Health	Human Services
Female	637	707
Male	518	217
Total	1 155	924

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

	2010-11	2011-12	2012-13	2013-14
0-19 000	0	0	0	0
19 001-23 000	8	9	11	0
23 001-27 000	0	0	0	0
27 001-31 000	0	5	0	0
31 001-35 000	0	0	0	0
35 001-40 000	86	72	0	0
40 001-45 000	1 108	1 104	57	2
45 001-50 000	1 393	1 048	173	64
50 001-55 000	1 521	1 412	226	183
55 001-60 000	994	952	327	185
60 001-65 000	816	694	167	79
65 001-70 000	1 610	1 816	227	132
70 001-75 000	1 124	1 268	362	245
75 001-80 000	627	503	388	241
80 001-85 000	1 168	739	165	179
85 001-90 000	383	541	261	221
90 001-95 000	362	265	210	169
95 001-100 000	113	208	150	80
100 000 plus	887	865	246	299
Total	12 200	11 501	2 970	2 079

Total Number of Paid Employees by Age Profile

	2010-11	2011-12	2012-13	2013-14
15-19 years	33	23	2	1
20-24 years	619	461	69	53
25-29 years	1 068	977	196	147
30-34 years	1 067	1 052	304	269
35-39 years	1 188	1 076	299	237
40-44 years	1 649	1 507	388	287
45-49 years	1 859	1 759	436	303
50-54 years	2 043	1 951	521	310
55-59 years	1 609	1 604	420	272
60+ years	1 065	1 091	335	200
Total	12 200	11 501	2 970	2 079

Indicators of Organisational Health

Leave

	2010-11	2011-12	2012-13	2013-14
Annual Leave				
Average number of days used per paid FTE	20.4	21.9	21.2	22.5
Number of FTEs with entitlements equal to the two year limit	6.0	2.7	0	0
Number of FTEs in excess of two year limit	608.64	608.72	131.1	60.2
Long Service Leave (includes Maternity and Long Service Leave)				
Average number of days used per paid FTE	3.04	3.01	3.4	3.4
Personal Leave Days (includes sick, carers and family leave)				
Personal leave days per average paid FTE	11.3	11.2	12.2	12.4
Overtime Hours (includes callback and overtime hours)				
Overtime/callback paid hours per average paid FTE	72.9	51.9	45.6	44.6
Turnover Rate				
Total number of separations (FTEs) divided by the average paid FTE	13.9%	12.1%	9.6%	9.6% ¹

Notes:

- ¹ The turnover rate is the rate at which people were leaving the Department of Health and Human Services as at 30 June 2014.

Workplace Health and Safety

The Department of Health and Human Services is committed to a range of employee health and safety strategies. The focus in the past year has been on continual improvement of the Department's work health and safety environment, which has seen a number of important initiatives achieved. Work has included the implementation of:

- the Safety Reporting and Learning System-a new system of reporting incidents, hazards and injuries
- a Work Health and Safety module of training for all staff and specific Manager training focussed on WHS roles and responsibilities, identification and management of hazards, incident investigation and role of manager in workers compensation and injury management and
- and updating of policies and procedures relating to Workplace Safety and Injury Management.

The Department received a total of 125 workers compensation claims during 2013-14, compared to 124 claims in 2012-13. The major areas of injury were 50 manual handling claims (compared to 54 in 2012-13), 11 claims for falls (compared to 15 in 2012-13) and 5 as a result of aggressive behaviour (compared to 8 in 2012-13).

The cost of all claim payments for 2013-14 was \$4.86 million an increase of \$0.09 million from 2012-13 when the costs were \$4.77million.

Please note that 2012-13 Department figures provided in the 2012-13 Department of Health and Human Services Annual Report included areas of Mental Health Services which transitioned to Tasmanian Health Organisations on 1 July 2013. The 2012-13 figures reported this year have been revised accordingly. Details for the Tasmanian Health Organisations are published in a separate Annual Report for each Tasmanian Health Organisation.

Community Engagement

The Department of Health and Human Services is committed to providing the Tasmanian community with opportunities to engage in planning and decision making processes to ensure policies, programs and services are effective and appropriate. Engagement with the community enables the development of more resilient relationships with the Department stakeholders and clients and can improve the quality of policies and services by making them more practical and relevant. Community engagement and awareness takes place across many forums from national awareness events and media campaigns to collaborative groups like the Peaks Network and Government Strategic Forum.

Since November 2006, the *Your Health and Human Services: Progress Chart* has been published quarterly, providing a wide range of information about performance. It was developed to promote transparency and accountability about performance. The Department is currently reviewing how we can improve the way we report this kind of information publicly.

Publications

The Department of Health and Human Services produces and contributes to a range of publications for both internal and external use.

Internally, publications such as newsletters help to keep staff informed and updated on current issues, ensuring everyone has access to the same information.

Examples include reports, pamphlets, facts sheets, newsletters and presentations, many of which are available to the public via the DHHS website.

This year, the Rural Health Sustainability Report 2014 provided an update of the 2012 Tasmania's Rural Hospitals Sustainability Report. Decisions about the sustainability of Tasmania's

As part of the *One State, One Health System, Better Outcomes*, an Issues Paper on Rebuilding Tasmania's Health System has been released. It is an important first step in considering the challenges facing Tasmania's health system and consulting on how we configure and provide our services. A Green Paper will follow at the end of 2014 to provide opportunity for more in-depth community and stakeholder engagement and consultation on the options for an efficient statewide and regional service profile. The Green Paper will be supported by the release of a series of Occasional Papers. These papers will provide insight into a particular topic and contribute to the discussion on specific issues and potential options outlined in the Green Paper. For more information visit www.dhhs.tas.gov.au.

The Joined-Up Human Services reform, aimed at a joined-up human services support system to better meet the needs of vulnerable people, will also be designed in close collaboration with community sector organisations, peak bodies and government agencies, as well as with clients who have experience of the human services system and their carers.

rural and remote hospitals need to be informed by an understanding of the character of rurality and remoteness, and the features of health service delivery in these areas. The Report provides a context of the broader service system and its activities, including geographical and population considerations and moves to a framework that the Tasmanian Health Organisations can use when considering and planning for the roles and responsibilities of Tasmania's rural health facilities.

As part of their professional development, a number of DHHS staff also contribute to academic research and their efforts are published in journals or prepared for presentation at national conferences.

Title	Year
Council of Obstetric and Paediatric Mortality and Morbidity Annual Report 2011	2013
DHHS Annual Report 2012-2013	2013
Leading Change in the Workplace: Management Leadership Program Projects 2013 Report	2013
LEADing in Health and Human Services Framework	2013
Rural Health Sustainability Report	2014
Service Agreement 2013-14 Tasmanian Health Organisation - North	2013-14
Service Agreement 2013-14 Tasmanian Health Organisation – North West	2013-14
Service Agreement 2013-14 Tasmanian Health Organisation - South	2013-14
Service Agreement Performance Framework	2013-14
Simulation Learning Environments Strategic Plan 2014-18	2014
Statewide Clinical Governance Framework for Tasmania's Public Health System	2013
Strategic Framework for Health Workforce 2013-2018	2014
Tasmania's Health Planning Framework	2013
Your Health and Human Services: Progress Chart (September, December 2013 and March, June 2014)	2013-14

Disability Framework for Action 2013-2017

Since implementation of the Federal Government's *National Disability Strategy 2010-2020*, state and territory governments have implemented the Strategy in various ways. Tasmania's approach has been to develop and implement a framework which aims to embed the rights of people living with disability into the structures and processes of all State Government agencies. Tasmania's framework is known as the *Disability Framework for Action 2013-2017*.

In accordance with the *Disability Framework for Action 2013-2017*, the Department and Tasmanian Health Organisations have collaboratively developed, the *Disability Action Plan 2013-2017*. The Plan outlines initiatives which, when implemented, help improve the lives of Tasmanians living with disability.

The Department has been a key driver of the National Disability Insurance Scheme in Tasmania.

This has created an effective and achievable Plan for implementation between 2013 and 2017 has been fundamental to achieving one of its major organisational objectives. Preliminary findings from the analysis undertaken to report against the Plan are that it is achievable. All actions between October 2013 and September 2014 were successfully achieved.

Among the most significant actions achieved during the reporting period was the evaluation undertaken of the Self-Directed Funding Project. The main stakeholders for the evaluation were people with disability and expectations of the Self-Directed Funding participants have been largely met and in two cases, exceeded.

The Department of Health and Human Services and Tasmanian Health Organisations look forward to the ongoing implementation of the *Disability Action Plan 2013-2017* and the resultant improvements made to Tasmanians living with disability.

DHHS in 2013-14

The Department of Health and Human Services priority at all times is to ensure the delivery, quality and continuity of services to Tasmanians in housing and homelessness, disability services, children and youth services and health.

During 2013-14, the Department has continued to focus on its responsibilities to the people of Tasmania on the front line and behind the scenes.

Ambulance Tasmania

Performance Measure	Unit of Measure	2010-11 Actual	2011-12 Actual	2012-13 Actual	2013-14 Actual
Total Ambulance Responses ¹	Number	70 314	71 879	76 342	78 893
Emergency Ambulance Responses ²	Number	41 061	42 003	47 301	48 594
Satisfaction with Ambulance Services	%	98.0	98.0	98.0	98.0
Emergency Response Times (Statewide) ³	Mins	11.5	11.2	11.0	11.4
Emergency Response Times (Burnie) ³	Mins	9.4	9.3	9.1	9.5
Emergency Response Times (Devonport) ³	Mins	9.3	9.3	8.9	9.6
Emergency Response Times (Hobart) ³	Mins	10.7	10.3	10.1	10.4
Emergency Response Times (Launceston) ³	Mins	10.1	9.7	9.7	10.1
Ambulance services expenditure per person ⁴	\$	107.4	114.37	118.84	N/A ⁵

Notes:

- 1 In 2012, the Ambulance Service refined its caseload and response time reporting to exclude vehicle movements that did not involve patients (ie driving between stations or to repairs), to provide a more accurate reflection of actual patient related ambulance responses. To enable comparison across years, all demand and response time figures reported in this table have been calculated using the latest data refinements; they may vary from previously published figures.
- 2 The number of vehicles dispatched (responses) is one measure of the workload and an indicator of the actual demand for ambulance services in Tasmania. It includes emergency, urgent and non-urgent responses, but excludes cases managed by Ambulance Tasmania's Health Transport Service (ie scheduled bookings for Non-Emergency Patient Transport Services).
- 3 The ambulance emergency response time is the difference in time between an emergency 000 call being received at the State Communications Centre and the first vehicle arriving at the location to treat the patient. The Median Emergency Response Time is the middle time value when all the response times are ordered from the shortest to the longest. It can be broadly interpreted as the time which approximately 50 per cent of the first responding ambulance resources arrive at the scene of an emergency. However this is not always the case.
- 4 Historical rates for Ambulance Services expenditure per person may differ from those in previous reports, as historical data has been adjusted to 2012-2013 dollars using the General Government Final Consumption Expenditure chain price deflator.
- 5 This figure will be available in the Productivity Commission, Report on Government Services published in January 2015.

The demand for Ambulance Services in 2013-14 was 78 893 responses, an increase of 2 551 responses or 3.3 per cent on the previous year. Increasing ambulance activity is largely due to the ageing Tasmanian population and an increase in the number of people with chronic conditions who are cared for at home and require transport to hospital for acute episodes. This increasing trend is likely to continue.

The 2013-14 median emergency response time for Tasmania is 11.43 minutes. Approximately 50 per cent of all emergency calls were responded to within that timeframe.

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

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

Strategies to reduce the impact of demand are a focal point of Ambulance Tasmania operations. These include public education campaigns and community announcements, encouraging the public to save 000 for saving lives and improvements in technology.

Population Health

Performance Measure	Unit of Measure	2010-11 Actual	2011-12 Actual	2012-13 Actual	2013-14 Actual
Vaccines					
Vaccine coverage in children aged 12-15 months	%	90.4	93.0	92.7	89.8
Vaccine coverage in children aged 24-27 months	%	94.6	93.6	94.0	93.5
Cancer Screening					
Eligible women screened for breast cancer	Number	26 470	27 069	28 074	29 236
BreastScreen - percentage of clients assessed within 28 days of screening	%	95.3 ¹	92.5 ¹	92.9	94.2

Notes:

- ¹ The percentage of clients assessed within 28 days has been amended to correctly reflect the outcome reported by BreastScreen.

Tasmania continues to maintain high vaccination coverage rates.

Vaccination is widely accepted as a familiar and important way to protect Tasmanian children from potentially serious infectious diseases

Cancer screening programs are integral in the preventative healthcare pathway. Cancer Screening and Control Services provides community education and awareness activities to encourage all Tasmanians to be cancer aware and to be knowledgeable about healthy behaviours.

There is also a focus on managing their risk factors, and being proactive in cancer prevention and early detection strategies.

BreastScreen Tasmania has screened a record number of 29 236 eligible women in 2013-14, improving the chances of early breast cancer detection and successful treatment for these women.

BreastScreen Tasmania continues to out-perform the BreastScreen Australia target of 90 per cent for the measure of client assess within 28 days of screening.

Disability, Housing and Community Services

Performance Measure	Unit of Measure	2010-11 Actual	2011-12 Actual	2012-13 Actual	2013-14 Actual
Disability Services					
Accommodation support clients	Number	1 280	1 301	1 326 ¹	1 346
Community access clients	Number	1 579	1 533	1 567 ¹	1 419
Supported accommodation waiting list	Number	75	75	142 ¹	111
Community access waiting list	Number	70 ¹	109 ¹	176 ¹	82

Performance Measure	Unit of Measure	2010-11 Actual	2011-12 Actual	2012-13 Actual	2013-14 Actual
Housing Tasmania					
Public housing occupancy rate	%	98.4	97.3 ²	97.1	98.5
Applicants housed	Number	1 190	1 031	1 011	1 066
New allocations to those in the greatest need	%	96.2	94.9 ²	89.3 ²	85.5
Households assisted through the Private Rental Support Scheme	Number	3 911	4 162	4 128	4 100
Applicants on the waitlist	Number	2 972	2 675	2 310	2 465
Average wait time for people who are housed	Weeks	39.4	45.6 ²	37.9	35.7
Average time to house Category I applicants	Weeks	17.2	17.9 ²	16.2	20.7
Net recurrent cost per dwelling ³	\$	8 777	8 327	7 951	8 498
Turnaround time	Days	29.3	37.0 ²	38.9 ¹	28.9

Notes:

- 1 These figures reflect full financial year data and may differ from the previous Annual Report.
- 2 These figures have been revised to compensate for data lag and may differ from the previous Annual Reports.
- 3 This updated annually to reflect the current year dollar value; 2011-12 figures have been updated to reflect 2012-13 dollars. The 2013-14 value represents as estimate only as audited financial statement figures are not available at this stage.

Disability Services

Community access services provide activities which promote learning and skill development and enable access, participation and integration in the local community. While an increase in demand for services is consistent with national trends, implementation of the National Disability Insurance Scheme (NDIS) in 2013-14 has begun to address the issue. This is particularly evident within community access services where, as a result of the transition to the NDIS for people within the launch cohort (ages 15 – 24 years), waiting list figures reduced by more than 53 per cent.

Accommodation support services provide assistance for people with disability within a range of accommodation options, including group homes (supported accommodation) and other settings. The supported accommodation waiting list decreased by 22 per cent from 142 to 111 by June 2014. Supported accommodation waiting list figures are expected to further reduce as supported accommodation services are transitioned to the NDIS.

Housing Tasmania

There is a range of affordable housing options available to people in housing need. The number of people housed from the wait list has remained fairly stable with a slight increase from 1 011 in 2012-13 to 1 066 in 2013-14. This trend is expected to continue in 2014-15 as capital investment in affordable housing has stabilised.

Public housing is targeted well to people most in need. In 2013-14, 85.5 per cent of new allocations were to people in greatest need.

On average, people are waiting less time to be housed. The average wait time has declined from 45.6 weeks in 2011-12 to 35.7 weeks in 2013-14. This is well below the target of 41.5 weeks to be housed.

The time to house Category I applicants in 2013-14 was an average of 20.7 weeks. This is slightly above the target and reflects the high

occupancy rates and high demand for public housing.

Children and Youth Services

Performance Measure ¹	Unit of Measure	2010-11 Actual	2011-12 Actual	2012-13 Actual	2013-14 Actual
Children's Services					
Parents enrolling their newborn with Child Health and Parenting Services	%	97.4	97.1 ²	96.9 ²	96.7
Proportion of people attending Child Health and Parenting Services at eight weeks who were exclusively breastfeeding	%	49.3	50.0	51.0	54.2
Children in notifications (per 1 000 population)	Rate	64.8	67.0 ²	69.9	71.0
Child protection notifications referred for investigation	%	21.4	14.6 ²	16.4 ²	11.4
Investigations finalised within 28 days of receipt of notification	%	29.3	44.9 ²	48.5 ²	31.9
Finalised child protection investigations that were substantiated	%	63.5	68.3 ²	59.0 ²	58.0
Children who were the subject of an investigation and a decision not to substantiate, who were the subject of a subsequent substantiation within the next 12 months	%	18.3	17.4 ²	10.8	13.7
Children who were the subject of a substantiation during the previous year, who were the subject of a subsequent substantiation within 12 months	%	20.1	18.6 ²	17.7 ²	21.5
Child abuse or neglect: Number of unallocated cases	Number	36	8 ²	1	17
Children on Care and Protection Orders (per 1 000 children)	%	10.5	10.2 ²	10.7 ²	10.2
Children in out-of-home care at 30 June	Number	964	1 009 ²	1 067 ²	1 054
Children in out-of-home care who had 3 + placements during the previous 12 months	%	18.3	21.3 ²	17.7 ²	16.1
Custodial Youth Justice					
Average daily number of young people in youth justice detention ³	Number	25.8 ²	21.4 ²	18.4 ²	11.6
Distinct number of young people in youth justice detention	Number	106 ²	103 ²	72 ²	56

Performance Measure	Unit of Measure	2010-11 Actual	2011-12 Actual	2012-13 Actual	2013-14 Actual
Community Youth Justice					
Average daily number of Community Youth Justice clients	Number	559.0 ¹	438.0 ⁴	389.7	309.2
Distinct number of young people in Community Youth Justice	Number	1 050 ¹	957 ⁴	811	643
Community Service Orders completed before the statutory expiry date	%	77.9 ²	88.2	83.8	92.0
Youth Justice Community Conferences held within six weeks of receipt of referral for conference	%	50.8 ²	72.9 ²	86.1	81.7

Notes:

- 1 The measures reported in this Annual Report are consistent with previous years. In next year's DHHS Annual Report, the performance measures for Children and Youth Services will align with the Budget Papers which include some new performance measures.
- 2 Due to improvements in data quality, figures have been updated and may differ from previous reports.
- 3 This measure is different to the similar measure reported previously – from the average daily number of young people on-site at Ashley Youth Detention Centre to average daily number of young people in youth justice detention to ensure a small number of young people under custodial arrangements in other facilities are also captured. Historical figures have been updated accordingly.
- 4 Figures have been updated and may differ from previous reports; to exclude young people whose orders had expired and include young people supervised by Youth Justice on supported bail.

Child Health and Parenting Services maintained a consistently high level of initial engagement with parents of newborn children with 96.7 per cent of parents enrolling newborn children in 2013-14.

Child Protection Services aims to finalise investigations of child abuse or neglect within 28 days of receiving a notification. The proportion of investigations finalised within this timeframe decreased from 48.5 per cent during 2012-13 to 31.9 per cent in 2013-14. A refocus on performance against this measure should see an improvement in results for 2014-15.

As at 30 June 2014 there were 17 unallocated cases and during 2013-14 a total of 1 440 notifications were referred for investigation. The Department remains committed to keeping the number of unallocated cases at zero.

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

During 2013-14, 16.1 per cent of children in care had three or more placements in the previous 12 months. Carer availability is a critical factor in improving stability for children in care.

A continuing decline in the reported number of Custodial Youth Justice clients has been observed in recent years. The average number of young people in detention decreased to 11.6 during 2013-14, down from 18.4 in 2012-13.

Similarly, the daily average number of people in Community Youth Justice decreased during the same period from 390 in 2012-13 to 309 in 2013-14.

Tasmanian Health Organisations

Service Agreements 2013-14

The *Tasmanian Health Organisations Act 2011* requires annual service agreements between the Minister for Health and each of the three Tasmanian Health Organisations (THOs) to be in place by 30 June for the forthcoming financial year.

Service agreements set out the agreed expectations of each THO of which the objectives are to:

- Enable the THO to deliver a coordinated, high quality health service to the communities it services and to support its teaching, training and research roles.
- Clearly set out the service delivery and performance expectations for the funding provided to the THO.
- Promote accountability to Government and the community.
- Establish with the THO a performance management and accountability system that assists the achievement of effective and efficient performance management.
- Facilitate the progressive implementation of a purchasing framework incorporating activity based funded services.
- Address the requirements of the National Health Reform Agreement (NHRA) and the Act in relation to the establishment of service agreements between the Minister for Health and the THO.

It is the responsibility of Governing Councils to ensure that THOs deliver the requirements of service agreements. It is the responsibility of the Department to ensure that THO performance against those requirements is monitored and managed to ensure that where necessary, the performance intervention options available to the Minister under the Act are effectively implemented.

The 2014-15 Service Agreements were also successfully negotiated and agreed with the three THOs in the first half of 2014.

Service Agreement Performance Framework

The *Service Agreement Performance Framework* provides the arrangements for monitoring THO performance against the requirements of the service agreements. It ensures that performance management options available to the Minister for Health, under the Act, are effectively implemented. The Framework also provides the Department and THOs with a clear delineation of roles, responsibilities and expectations in response to identified Service Agreement performance issues.

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

The *Service Agreement Performance Framework* update for 2013-14 was issued alongside the 2014-15 Service Agreements.

Performance Escalation

In October 2013, level 1 (unsatisfactory performance) performance escalation was initiated by the Minister for Health, acting on advice from the Department, to the Tasmanian Health Organisation - North (THO – North). This escalation related to the service agreement key performance indicator of “time until most admitted patients (90 per cent) departed the Emergency Department” at the Launceston General Hospital.

In response to the escalation, THO- North submitted a Performance Improvement Plan and regularly met with the Department through the development and implementation of the Plan. In May 2014, the Minister for Health, acting on advice from the Department, approved a de-escalation of the performance issue. This recognised the significant improvement in performance, work undertaken by THO - North to achieve this improvement.

Since de-escalation, the Department has continued to closely monitor performance.

While not subject to formal performance escalation, a range of other performance issues were identified and worked through with THOs in 2013-14 such as performance against budget and delivery of acute admitted activity levels in excess to agreed targets for Tasmanian Health Organisations North West and South.

Policy Development

Enterprise Risk Management Framework

The development of an enterprise risk management framework was a key priority for the Department for 2014. A fresh assessment of the Department's risk profile in early 2014 has begun the process of embedding a sustainable risk management process, which is consistent across the Department.

This framework will ensure alignment with objectives – both following implementation of national health reforms in 2012, and now looking toward embarking on reform in both the Health and Human Services portfolios. The Departmental Executive of the Department champions our risk framework from the top down, increasing the Department's ability to achieve its objectives through strategic enterprise wide risk management.

Statewide Clinical Governance Framework for Tasmania's Public Health System

The Statewide Clinical Governance Framework for Tasmania's Public Healthcare System, released in late 2013, provides guidance on the effective governance of the Tasmanian public healthcare system from a quality of care perspective.

It describes what needs to be in place for safeguarding standards of care and supporting continuous improvement in the quality of healthcare delivered to the Tasmanian community. The Framework is designed to address the clinical governance challenges arising from the devolved governance model.

Further information is included in the Tasmanian Health Organisations 2013-14 Annual Reports.

In early 2014-15, the Minister for Health escalated three THOs to Level 1 for performance against budget. Tasmanian Health Organisation – South was also escalated to level 1 due to ambulance offload delay.

It creates the foundations for effective responses to system wide quality of care issues. Specifically, it clarifies how the Department fulfils its responsibilities for system management as it relates to the safety and quality of care within the devolved governance model.

As part of the Government's commitment to reforming the way healthcare is structured and administered in Tasmania, the framework will be reviewed in 2014-15. There will be a focus on strengthening clinical governance arrangements so that the Tasmanian community can be confident the health system takes safety seriously and that action is taken to continually improve quality.

Medication Safety

Sound policy directives support the delivery of safe, appropriate, judicious, effective and cost-effective use of medicines. A suite of medication safety policies have been developed by the Department in consultation with Tasmanian health services. The policies, in line with the Australian Commission on Safety and Quality in Healthcare Standard in medication safety, ensure competent clinicians safely prescribe, dispense and administer appropriate medicines to informed patients and carers at all times. Policy topics include medication quality systems, implementation of national safety initiatives like the use of the Commission's National Inpatient Medication Chart, prescribing authorities, management of patients' own medications during a hospital stay, and the safe management of cytotoxic substances and related waste.

Connected Care Strategy

eHealth is a key factor in placing the health consumer at the centre of their own care. It has the potential to drive lasting clinical redesign to deliver more accessible, equitable and efficient client health outcomes. Tasmania's Connected Care Strategy unlocks the benefits that information technology brings to the delivery of health services.

The successful delivery of the Connected Care Strategy has the potential to deliver significant benefits to clients, including better health through reduced errors in diagnosis, medication, and treatment and through enhanced adherence to best practices by providers, and through better self-management of their health by patients.

The projected benefits of eHealth investment clearly show that, in addition to the quality and safety benefits available to Tasmania through the implementation of eHealth solutions, there are also significant efficiency benefits available through the successful delivery of a Connected Care Strategy.

Australian Government funding under the Tasmania Health Assistance Package has allowed the Department to acquire the Connected Care Platform, a key element of the Connected Care Strategy. This Platform is a new health information portal that will enable and support new and emerging models of care through the provision of quality patient and client centred information.

It will drive increased continuity of care across multiple settings, improving the productivity and connectedness of staff, and improving consumer access and engagement with their health information.

The acquisition of this technology component in 2013-14 positions the Department for a number of further initiatives and investments in 2014-15 and beyond that will translate the technical capability into delivery of improved care.

Extended Care Paramedic Trial

Ambulance Tasmania has adopted the Extended Care Paramedic program, a pilot that was part of an Australian Government-funded initiative. The model is based on training qualified paramedics to work under an extended scope of practice, equipping them with the expertise and tools to provide specific types of primary care for patients within a nursing home or similar residential environment, removing the need for transportation to hospital emergency departments.

The program has been rolled out in five trials sites including the greater Launceston region. Indications show that nearly 69 per cent of patients treated by an Extended Care Paramedic in this site, avoided a trip to a hospital emergency department through the delivery of treatment within the residential setting.

DHHS in 2014-15

The coming year will see significant reform across all areas of the Department of Health and Human Services. The activities underway are many and varied and set up the Department to continue to provide exemplary services for Tasmanians over the coming years.

DHHS Review

The comprehensive organisational review will ensure that its structure matches its job as system manager and purchaser. The Review is intended to achieve efficiencies in a way that limits the impact on services to the community as well as reorganises the Department to meet challenges arising from number of major reforms.

The main objectives of the DHHS Review are to:

- ensure that direct service delivery areas have access to the appropriate level and type of corporate and business support functions that enable clear lines of responsibility and accountability for program results
- create areas of expertise in corporate functions like finance, procurement and information technology to meet the needs of Government, the community and the statutory obligations of DHHS and
- achieves savings arising from improved efficiencies.

The Review is due to be completed in early 2015 to allow for implementation by 1 July 2015.

One State, One Health System, Better Outcomes

The Minister for Health has announced the Tasmanian Government's decision to rebuild the Tasmanian health system through *One State, One Health System, Better Outcomes*. This is a complete overhaul of Tasmania's health system. The program is guided by the overarching principle of 'putting patients first' at the forefront of every decision.

It will deliver a more sustainable, more accessible and more engaged health system that serves the Tasmanian community.

There are four significant initiatives in the reform project:

- Building the Tasmanian Health Service – the creation of a single Tasmanian Health Service model by 1 July 2015.
- Engaging with those who need and deliver our services – formation of the Health Council of Tasmania to ensure a broad representation from clinicians to community service providers and the Department as system manager to provide high level advisory and consultative assistance to the Minister for Health.
- Setting the Direction – the consultative development of a White Paper.
- DHHS Review – a comprehensive organisational review of the Department.

These initiatives will be implemented alongside a number of other reforms across seven key action areas: engagement; governance and leadership; structure; integrated management and planning; resourcing; safety and quality; and monitoring and reporting.

The Issues Paper on Rebuilding Tasmania's Health System is an important first step in considering the challenges facing Tasmania's health system and consulting on how we configure and provide our services in the face of those challenges.

A Green Paper will follow by the end of December 2014 to provide the opportunity for more in-depth community and stakeholder engagement and consultation on the options for an efficient statewide and regional service profile.

The White Paper will be released by the end of March 2015. It will take into account the feedback received and provide a comprehensive evidence-based proposal for a safe and sustainable mix and profile of clinical programs in the State and its regions.

Framework for Clinical Engagement

Clinical engagement is key to evidence-based planning for the health system. *Tasmania's Health Planning Framework*, released in August 2013, outlines arrangements for Clinical Advisory Groups. These groups provide expert clinical and evidence-based advice and facilitate statewide clinical engagement and consultation to drive change and to work collaboratively to establish shared goals and an achievable work plan.

In 2014-15, the Clinical Advisory Groups will be strengthened and expanded. The groups will support the Health Council of Tasmania to engage clinicians. The role of these two areas is to contribute to the successful implementation of the One Health System reforms and assist the Minister for Health to establish key strategic priorities for the Tasmanian health system.

Rethink Mental Health Project

The Government is committed to delivering a seamless and integrated Tasmanian mental health system. Tasmania's mental health system can be complex, disjointed and confusing to navigate. *A long-term plan for mental health* aims to deliver a seamless and integrated mental health system that provides end-to-end care, a range of support options and support in the right place, at the right time, and with clear signposts about where to get help and how.

A key component of this long term plan for mental health is the *Rethink* Mental Health Project. The project will provide an independent analysis of Tasmanian public, private, federal, state and community sector delivered mental health services. The project will be focussed on delivering better outcomes from existing mental health expenditure and will make recommendations for system reform and strategic investment into services, workforce and capital infrastructure.

Joined-Up Human Services

The Tasmanian Government, is committed to delivering a more joined-up human services support system for the benefit of Tasmanians. We want to deliver a better client experience and better outcomes.

Clients, service providers and advocacy groups have all called for a more joined-up human services system to better meet the needs of vulnerable people.

We are responding by working in partnership with the community sector to deliver a more integrated and person-centred human service support system that is easier for Tasmanians to access.

This project will build on experiences elsewhere and the success in service integration already achieved in Tasmania, to develop a system that is suitable for our local needs.

Service integration is also happening across human services in Tasmania with Gateway Services, Housing Connect, Children and Family Centres and Neighbourhood Houses, and Local Area Coordinators in Mental Health.

The first step is the preparation of a business case by the end of 2014 with options to outline a shared vision on how the current system might be improved. It will inform the next stage of the project and any broader reforms to the service system.

Children and Youth Services

Children and Youth Services is strengthening child protection services through a range of reforms aimed at improving outcomes for children and their families.

Given the central role the Out of Home Care system plays in supporting our capacity to safeguard children, Children and Youth Services has commenced a major reform of Out of Home Care.

The Out of Home Care system has grown over the years to meet the increased numbers of children and young people needing protection and safety.

The reforms will take place in two phases.

- Phase 1 will implement a commissioning model of financial governance and monitoring for the provision of specialised care services including residential care types, therapeutic services and specialised care packages.
- Phase 2 will focus on family-based care options including foster and formal kinship care and the recruitment, support, training, registration and deregistration of carers.

Sustainable, systemic improvement in Out of Home Care requires a considered, whole-of-system approach to reform to ensure accountability and sustainable service delivery in a fiscally responsible manner.

The Department will play its part in a \$5.3 million investment across government over three years into a statewide network of youth justice programs aimed at diverting young offenders, or those at risk of offending, into programs that re-engage them with education, training, employment and positive influences.