

Long-Term Plan for Healthcare in Tasmania 2040

EXPOSURE DRAFT

March 2023



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Acknowledgements

ACKNOWLEDGEMENT OF COUNTRY

The Department of Health Tasmania respectfully acknowledges Tasmanian Aboriginal people as the traditional custodians of the land on which we live, work and play and pays respect to Aboriginal Elders past and present.

RECOGNITION STATEMENT

Tasmanian Aboriginal people's traditional lifestyle promoted physical and emotional health and wellbeing, centred around Country, Kin, Community and Spirituality. Aboriginal people continue to value the importance of culture, community connection and being on Country as vital components of health and wellness.

Through colonisation, Aboriginal people experienced displacement and disconnection, which has significantly affected their health and wellbeing.

We recognise Aboriginal people are the knowledge holders and provide best practice in promoting health and wellbeing for Aboriginal people. We acknowledge and learn from the ongoing work of Aboriginal organisations in ensuring continued health and wellness.

We commit to working in partnership with Tasmanian Aboriginal communities and health leaders now and into the future to improve health and wellbeing.



Minister's Message

The Tasmanian Government is building a sustainable health system to meet the needs of the Tasmanian community, our consumers and our workforce over the next 20 years.

To support this, I am pleased to release this exposure draft of the *Long-Term Plan for Healthcare in Tasmania 2040*. It provides a blueprint for how we will work together with our partners to achieve our vision of all Tasmanians being supported by a world class, innovative and integrated health system.

We understand that the health system of the future will look very different to that of today. To meet the needs of Tasmanians into the coming years, we will build on the strengths of the current system, while implementing innovative models of care, responding to new research and taking advantage of advancements in technology.

The Long-Term Health Plan sets out the action areas of Stage Two of the Tasmanian Government's long-term reform agenda – *Our Healthcare Future* – to consult, design and build an integrated and sustainable health service.

This follows implementation of our Stage One reforms – *One State, One Health System, Better Outcomes* – that clearly defined the role of our public hospitals and established the Tasmanian Health Service (THS) as our single, statewide service.

The Stage Two reforms are focusing on securing a sustainable health system that is connected and balanced to meet the health needs of Tasmanians across the acute, subacute, mental health and primary health sectors.

In an integrated health system, every part of the health system has an important role to play to ensure that people can access the right care, in the right place, at the right time.



We have consulted with our workforce, our consumers and our partners across the health sector. In late 2022, *Our Healthcare Future: Advancing Tasmania's Health* set a strategic direction for how healthcare will be delivered in Tasmania, now and over the next 20 years, based on these insights.

This Long-Term Plan takes forward six action areas which have been designed to deliver the strategic ambitions and vision set out in *Advancing Tasmania's Health*:

- a single, integrated, statewide system
- providing the right care, in the right place, at the right time
- governed with our partners to proactively meet demand
- investing in our future to deliver sustainable and environmentally responsible services
- enabled by digital technology and infrastructure
- delivered by a valued and supported workforce.

The Long-Term Plan is also supported by three regional Clinical Services Profiles that describe the clinical services we will deliver over the next five years in response to projected regional needs, and our priorities to expand and enhance clinical services.

The implementation of the Long-Term Plan and the Clinical Services Profiles is supported by substantial updates to the *Tasmanian Role Delineation Framework for Health Services (2023)*, which describes the health services available across the State, categorised by increasing specialisation through levels one to six.

Progress towards this Long-Term Plan is already underway. Through initiatives such as Health Workforce 2040, the 10 year strategy for *Digital Health Transformation - Improving Patient Outcomes*, and hospital masterplans, the Department of Health has delivered significant achievements, at the same time as successfully managing the COVID-19 pandemic. We will continue to build upon the progress made.

Alongside our partners the Australian Government, we are working to strengthen Tasmania's primary healthcare sector through innovative models such as a Single Employer Model for General Practice Registrars, creating new roles in the THS for General Practitioners (GPs) with a Specific Interest, and establishing the Rapid Access to Specialists in the Community Service.

We will continue to work closely with the Australian Government to strengthen our relationship with primary healthcare, including by developing a Tasmanian Chronic Disease Strategy and a Primary Health Strategy and Action Plan for Tasmania.

Given the long-term focus of the Plan, other aspects of its implementation will, by necessity, be phased over several years. Understanding this, actions that will have the greatest immediate effect on the health outcomes that matter the most to Tasmanians will be prioritised for implementation.

As an example, one immediate priority is to enhance home based and community based virtual care services which will increase our capacity to care for people who have a condition that can safely be managed outside of a hospital setting, in their own home or community.

Another priority that will deliver immediate improvements to patient flow across the health system is the establishment of a new System-wide Integrated Operations Centre. The new Centre will coordinate information from the three existing Integrated Operation Centres and bring this together with information from other care settings such as private hospitals, residential aged

care facilities, district hospitals and Hospital in the Home services. Through coordinated information and enhanced communication between different facilities, this will support decisions to direct the flow of patients and resources within the THS.

Other actions that we will prioritise in the next five years will include taking a strategic approach to the delivery of sustainable health services to support the Tasmanian Government's commitment of net zero emissions by 2030. In addressing climate change and its impacts on health, strengthening prevention through support for more healthy and liveable communities will continue to be an important focus.

As part of a 20-year planning horizon, this Long-Term Plan, together with the *Tasmanian Role Delineation Framework for Health Services (2023)* and Clinical Services Profiles, will be reviewed and updated every five years to account for any demographic, service need, technological, and model of care changes. A detailed implementation plan will be developed which will support regular public reporting on progress to achieving the goals of the Long-Term Plan.

The successful implementation of this Long-Term Plan will be underpinned by the support of and collaboration with the Tasmanian community. Our hard working and dedicated health workforce is our greatest asset and will play an important role as we work together to build the health system of the future. I look forward to continuing to work together to place people at the centre of healthcare in Tasmania.



Hon Jeremy Rockliff MP

Premier of Tasmania

Minister for Health

Minister for Mental Health and Wellbeing

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Precious

Miracles
Happen To You
All The Time

Dream Big,
Set Goals,
Take Action!

I Will Respect
You

I Accept You
Completely As
You Are

I Can Help You
Achieve Your
Goals

You Are
Enough

I Will Give You
The Space To
Realise Your
Dreams

A Day
Without
Laughter Is A
Day Wasted

You Have
Amazing
Potential!

Som

The Journey

An Obstacle Is
Often A
Stepping

RU
OK?

Desire
Ask
Believe
Receive



About this long-term plan



Overview

This *Long-Term Plan for Healthcare in Tasmania 2040* (the Long-Term Plan) is a blueprint for the future of healthcare in Tasmania. It provides system-wide direction and strategy for the delivery of health services to achieve our goal of a sustainable, integrated and balanced health system that delivers the right care, in the right place, at the right time for our population. It has been developed in partnership with consumers, clinicians and policy makers across Tasmania.

The Long-Term Plan considers current and future services across the continuum of healthcare in Tasmania, from primary healthcare to complex acute care. It describes how we will position future clinical service delivery in response to long-term shifts in Tasmania's demographic and population health characteristics and anticipated service needs.

This Long-Term Plan was developed in response to the vision and policy direction of *Our Healthcare Future: Advancing Tasmania's Health*.

Our Healthcare Future is the second stage of the Government's long-term health system reform agenda that commenced in 2014 with the *One State, One Health System, Better Outcomes* (Stage One) reforms.

Stage One of the reforms focused on clearly defining the role of our public hospitals and restructuring Government-delivered health services to establish a single service – the THS.

Stage Two, *Our Healthcare Future* reforms extend this vision for an integrated health system beyond Government-delivered health services to the full spectrum of health service delivery in Tasmania.

Through partnership and collaboration, *Our Healthcare Future* focuses on securing a sustainable healthcare system that is balanced and connected across acute, subacute, mental health and primary health sectors.

Building on the 2015 clinical service plan *Delivering Safe and Sustainable Clinical Services*, this Plan provides further direction and strategy towards a fully integrated and balanced health system that provides seamless care to support optimal health outcomes for Tasmanians.

A long-term infrastructure strategy describing the priority areas for infrastructure investment through to 2040 will sit alongside this Long-Term Plan. The infrastructure strategy will encompass the three regional hospital masterplans, as well as district hospitals, mental health facilities, child health and parenting facilities, and Ambulance Tasmania.

CLINICAL SERVICES PROFILES

The Long-Term Plan is not a detailed service capacity and capability document. Due to the ever-changing nature of the healthcare context, detailed forecasting of future service need is not accurate beyond five to 10 years. This level of detail is provided in three Clinical Services Profiles, one for each region of Tasmania (North, North West and South), developed together with this plan.

These Profiles document each region's current population health status and clinical service capacity and capability and deliver a five-year plan for local clinical service development based on detailed data analysis, needs assessment and service demand forecasting.

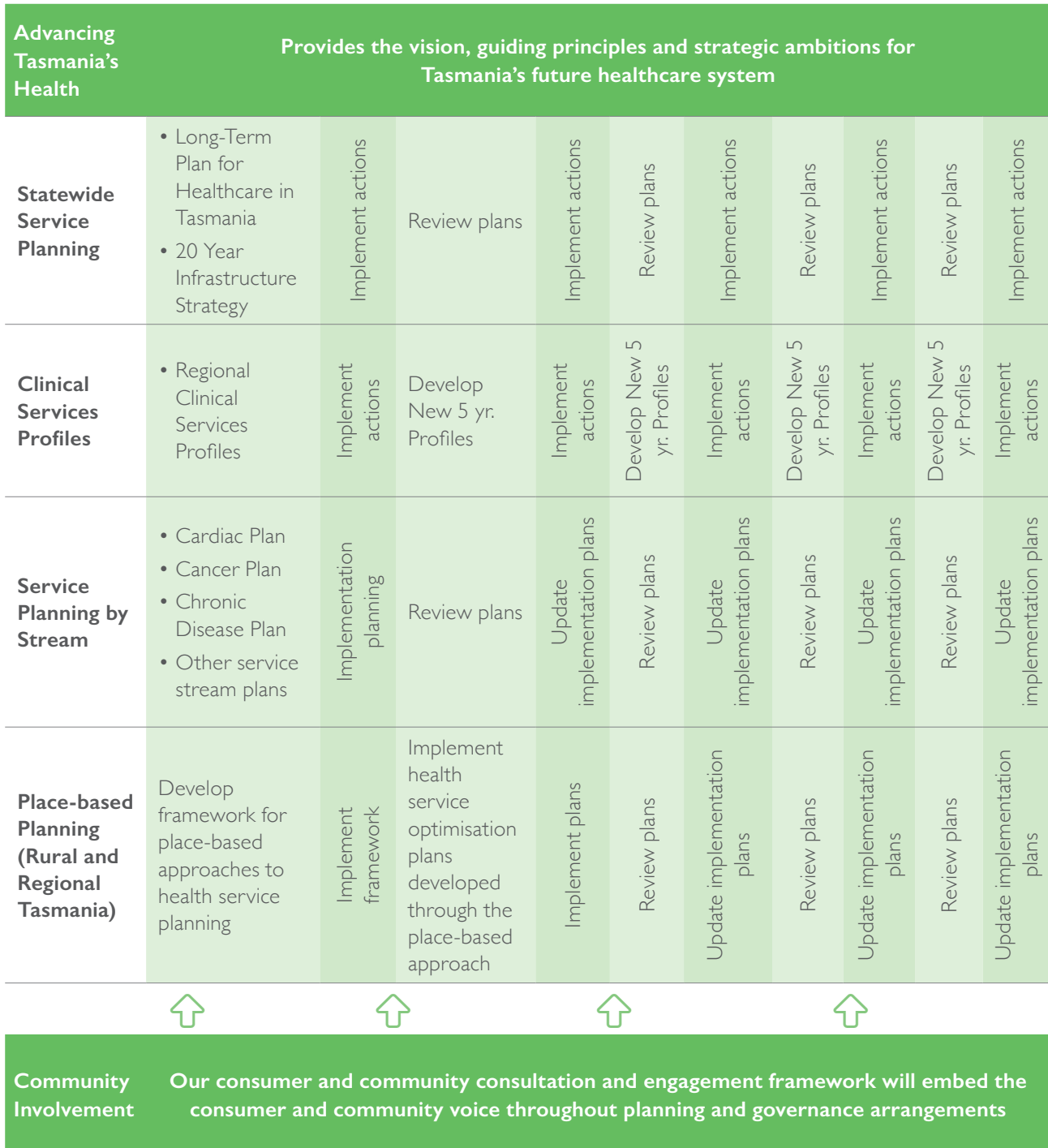
The Long-Term Plan leverages the local service capacity and capability described in each Profile, together with system-wide strategies, to develop a single strategy to deliver improved system integration and distribution of care across our entire health system.

The Long-Term Plan for Healthcare in Tasmania 2040 provides an action plan to respond to *Our Healthcare Future: Advancing Tasmania's Health* and provides an over-arching framework for the delivery of system-wide plans for clinical service delivery and enablement.

OUR 20 YEAR PLANNING HORIZON

The Long-Term Plan, together with the *Tasmanian Role Delineation Framework for Health Services (TRDF)* (2023) and the regional Clinical Services Profiles, will be updated every five years. Updates will reflect changes in regional demographics, health service demand, technology and changes in the broader policy and planning environment and guide infrastructure development. Consumer and community involvement is pivotal to our planning cycle.

Figure I. Department of Health 20 Year Planning Horizon



Advancing Tasmania's Health: Our Vision for Health in 2040

In late 2022, the Tasmanian Government released the final version of *Advancing Tasmania's Health* as a part of its *Our Healthcare Future* Stage Two reforms. These reforms provide an aspirational vision and policy direction for how healthcare will be delivered in Tasmania, now and over the next 20 years.



The vision for our health system set out in *Advancing Tasmania's Health* is taken forward in the six action areas outlined in this Long-Term Plan and in the key regional service improvement initiatives set out in the Clinical Services Profiles to be implemented over the next five years.

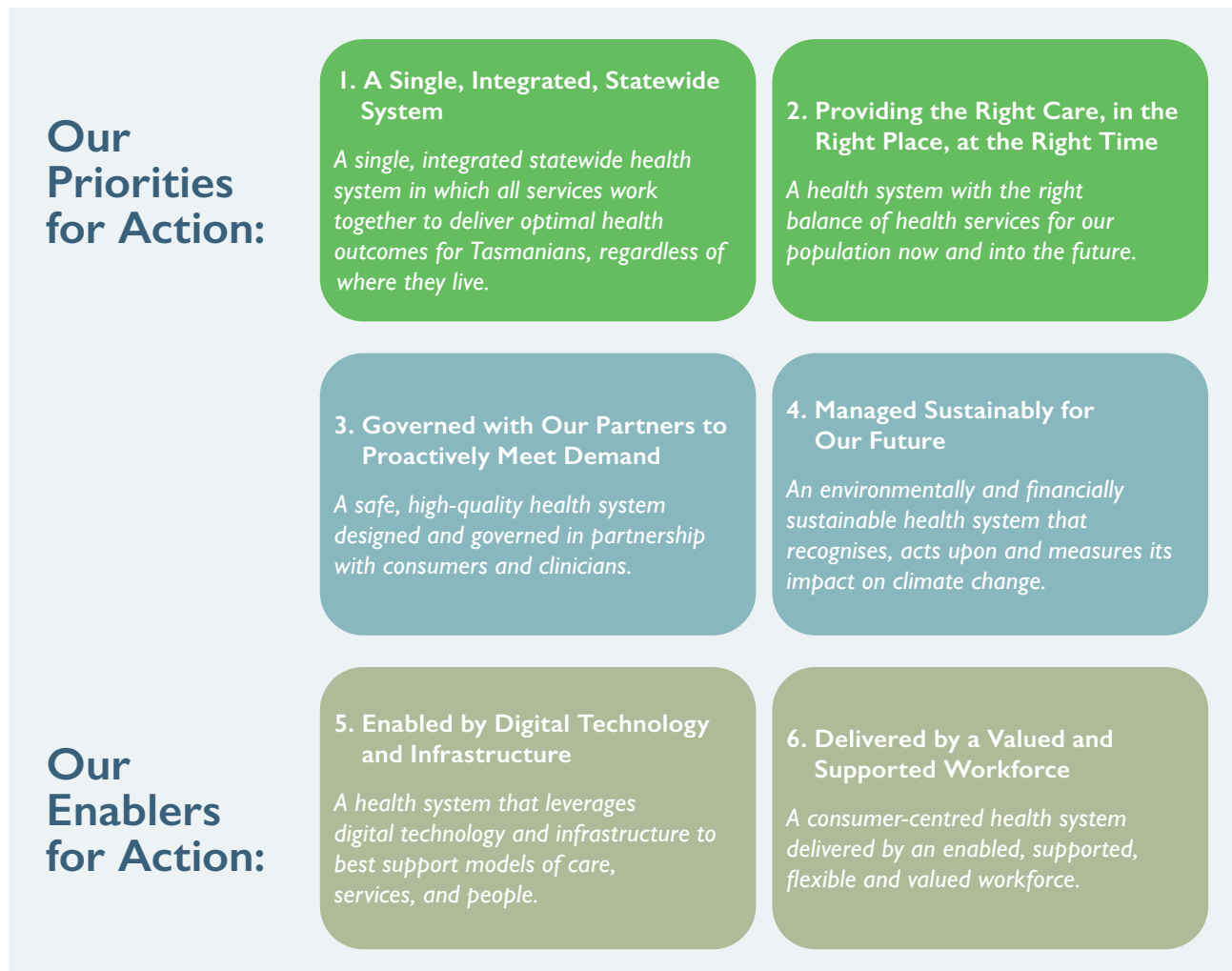
It is a shared vision that has been developed together with consumers, clinicians and our partners through the *Our Healthcare Future* consultation process that builds upon a significant body of reform work already underway across the Tasmanian health system.

Our Healthcare Future: The Six Action Areas Outlined in this Long-Term Plan

The Long-Term Plan identifies six action areas.

These action areas align with the strategic ambitions of *Our Healthcare Future: Advancing Tasmania's Health* and share the same underpinning principles - consumer-centred, collaborative, innovative, integrated, equitable, and evidence-based.

Figure 2. Our Priorities for Action and Our Enablers for Action



THE INITIATIVES WE WILL IMPLEMENT

This Long-Term Plan describes the priority initiatives we will undertake to deliver the right care, in the right place, at the right time.

Table 1. Summary of Action Areas

Action Area	Priority Initiatives
1. A Single, Integrated Statewide System	<ul style="list-style-type: none"> 1.1 – Strengthening our relationship with primary healthcare 1.2 – Continuing system role delineation 1.3 – Enhancing the role of our hospitals 1.4 – Distributing services for safety and access 1.5 – Integrating Mental Health Services 1.6 – Improving how we use our service network 1.7 – Partnering with aged care and disability services 1.8 – Partnering with the private sector
2. Providing the Right Care, in the Right Place, at the Right Time	<ul style="list-style-type: none"> 2.1 – Addressing subacute care needs 2.2 – More care in the home and community 2.3 – Optimising rural health services 2.4 – Strengthening prevention and early intervention
3. Designed with Our Partners to Proactively Meet Demand	<ul style="list-style-type: none"> 3.1 – Planning in a commissioning environment 3.2 – Partnering with consumers and communities 3.3 – Partnering with clinicians
4. Investing in Our Future to Deliver Sustainable and Efficient Services	<ul style="list-style-type: none"> 4.1 – Value based healthcare 4.2 – Sustainable healthcare
5. Enabled by Digital Technology and Infrastructure	<ul style="list-style-type: none"> 5.1 – Digital health transformation 5.2 – 20 Year Infrastructure Strategy
6. Delivered by a Valued and Supported Workforce	<ul style="list-style-type: none"> 6.1 – Increasing capacity 6.2 – Improving distribution 6.3 – Workforce flexibility 6.4 – Valuing and supporting our workforce

Next steps

The Long-Term Plan identifies the priority strategies to deliver Tasmania's clinical services now and into the future, through a health system that is sustainable, integrated and balanced.

This Long-Term Plan acts as a guide towards the continual reform of our health system toward priorities that will enable better health outcomes for Tasmanians.

Detailed implementation planning for the next steps will follow from this Long-Term Plan to operationalise the priorities.

Governance and leadership for planning will be led by the Department of Health (DoH) Secretary with oversight by the Health Executive.

Establishing and maintaining effective partnerships will be essential to achieving the whole-of-system improvements described in this Long-Term Plan. Implementation planning will include extensive consultation with consumers, clinicians and other key partners.

Change will require enabling resources such as digital technology transformation, data and research, contemporary physical infrastructure, and a valued and supported workforce.

Due to the long-term nature of the Long-Term Plan, many aspects of the implementation will need to be phased over several years. Monitoring, evaluation, review and refinement of the implementation is essential to ensure the goals of the Long-Term Plan are achieved.

Progress toward implementation of the Long-Term Plan will be publicly reported so that Tasmanians remain connected and informed.





Our priorities for action



Action Area 1. A Single, Integrated, Statewide System

INTENT

A single, integrated statewide health system in which all services work together to deliver optimal health outcomes for Tasmanians, regardless of where they live.

Underpinned by *Advancing Tasmania's Health Principle*

Integrated: Consumers will have access to seamless coordinated care across the full spectrum of delivery models, from major public hospitals through to subacute, primary, community, residential and home-based services.

WHY

The THS is one part of the wider health system (Figure 3). Our health system comprises public and private hospitals, day surgery centres, and public and private services in the community. All parts of the system have an important role in delivering health services and need to work together to support good health outcomes for all Tasmanians.

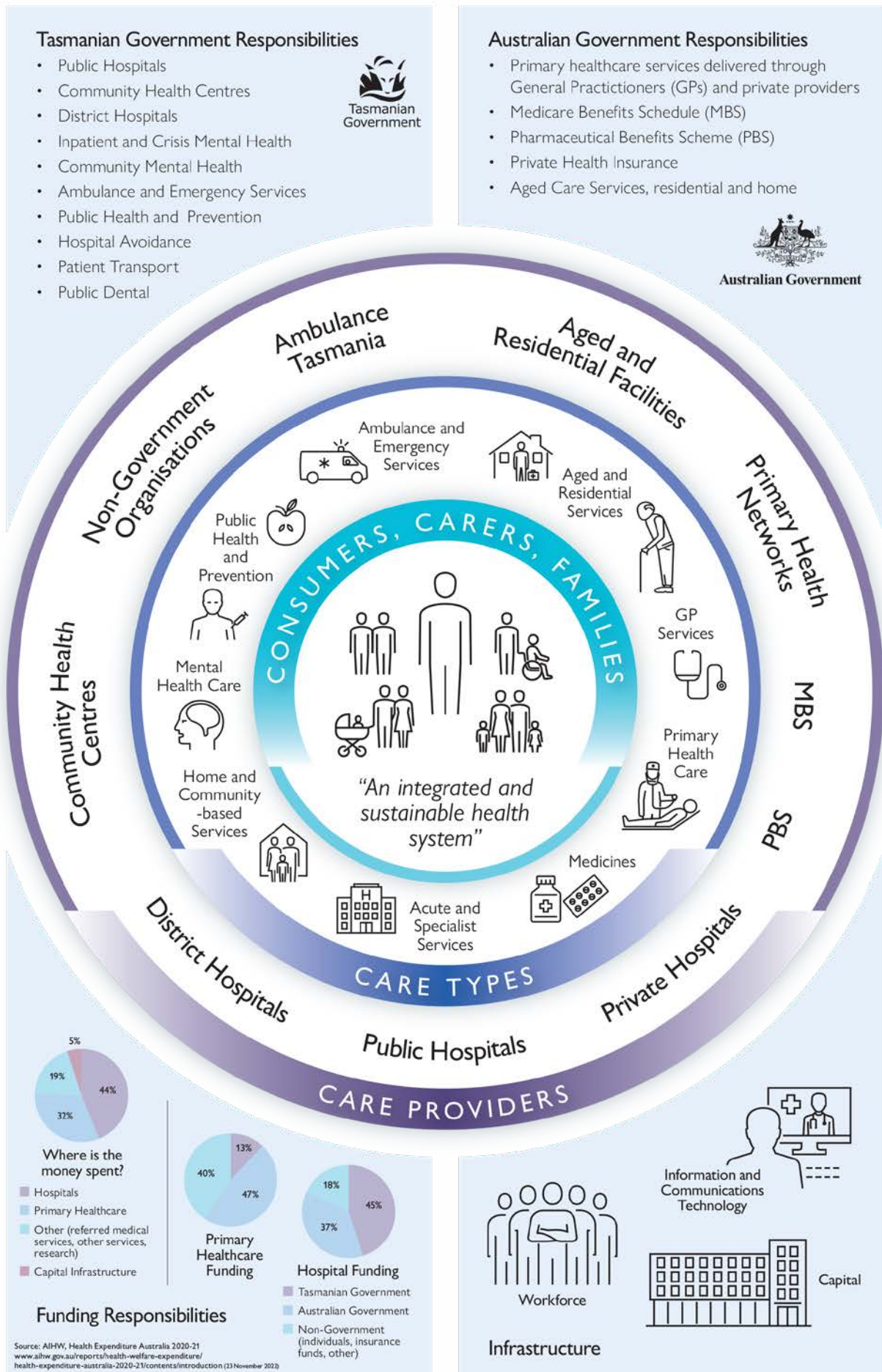
Our journey towards a single statewide health system began in 2015. Since then, we have actively restructured our services and made significant progress towards integration, but there is more work to be done.

Opportunities to enhance integration continue to exist in parts of Tasmania's public health service which would lead to more efficient and accessible services for Tasmanians. By committing to better ways of working together, and with our private hospital partners, we can increase our service quality and capacity across hospital services and coordinate the best use of the range of available services.

We recognise that hospitals are only one part of our healthcare system. Most people receive healthcare in the community from hundreds of primary healthcare providers working throughout our towns and cities. A strong primary healthcare sector is an essential part of a balanced healthcare system. Current gaps and pressures in primary healthcare are resulting in less access to services in the community and increased demand for hospital services.

While the Australian Government is responsible for funding primary healthcare services delivered through GPs and private providers, the Tasmanian Government is also supporting the sector through several investments into primary healthcare in communities. The Tasmanian Government will continue to work collaboratively with the Australian Government to support primary health.

Figure 3. Health ecosystem diagram



As people move across primary and hospital health services, they should have seamless care, but some are experiencing disjointed care. Intermediate care is one way to improve integration and strengthen care delivery in the community. It describes services designed specifically for people with healthcare needs that extend beyond traditional primary healthcare capacity and capability but are not so urgent and complex that they require immediate hospitalisation.

Intermediate care requires primary healthcare and hospitals to work together to ensure people receive the care they need in their own homes, for example in a private residence, residential aged

care facilities, supported accommodations for disability, or other community settings.

We also recognise the additional barriers to accessing healthcare faced by people living in rural and remote parts of Tasmania. We are committed to ensuring equity of access to healthcare across the State, regardless of where you live in Tasmania. As highlighted in the recently updated Tasmanian Role Delineation Framework, our services operate within a network of services with some highly specialised services not being delivered in every region. A greater focus on virtual care and ensuring patients are assisted to travel to access health services when necessary will facilitate connecting patients to care, regardless of where they live.

WHAT WE WILL DO

For our health services to work more effectively as a whole of a health system, we are strengthening our relationships with primary healthcare, disability services and aged care. We will also enhance the role of our hospitals for safe and equitable service delivery and ensure mental health services are more integrated with the rest of the health system.

ACTION 1.1 – STRENGTHENING OUR RELATIONSHIP WITH PRIMARY CARE

Primary care refers to services in the community that people go to first for healthcare. For example, general practices, community pharmacies, many allied health services, mental health services, drug and alcohol services, community health and community nursing services, maternal and child health services, sexual health services and oral health and dental services.

Most healthcare in Tasmania is provided in the community. Tasmania's primary health system is the first point of access for most people seeking health, prevention, and wellbeing services. As the number of people experiencing chronic disease in

our community increases, the demand for primary healthcare services will also increase.

A strong primary healthcare sector enables more people to manage their own health and optimise wellness whilst remaining at home. For those who do need hospital care, a strong primary healthcare sector facilitates timely access to the right hospital service according to each person's unique needs and supports them to return home, and remain at home, after a hospital stay.

Primary healthcare is largely the responsibility of the Australian Government.

Australia's Primary Health Care 10 Year Plan describes the Australian Government's plan to strengthen primary healthcare over the next decade. It concentrates on three work streams:

future focused healthcare; person-centred primary healthcare supported by funding reform; and integrated care, locally delivered. The Long-Term Plan identifies several opportunities for collaboration between state governments and the primary healthcare sector to strengthen healthcare integration, equity, safety and continuity of care.

While the Tasmanian Government is responsible for only a small part of the primary healthcare sector, it does have an important role to play in partnering with other primary healthcare providers and supporting integrated care.

Action 1.1.1 – Co-develop a Primary Health Strategy and Action Plan for Tasmania

In response to *Australia's Primary Health Care 10 Year Plan*, we will partner with Primary Health Tasmania, primary health stakeholders, community organisations and consumers from across the State to co-develop a Primary Healthcare Strategy and Action Plan for Tasmania. The action plan will focus on opportunities to improve communication and information sharing between community and acute services, expand new workforce roles to improve community capacity, and strengthen integrated community-based service delivery models, such as intermediate care.

Action 1.1.2 – Building rural workforce capacity in Tasmania – Single Employer Model

An innovative new employment model for General Practitioners in training aimed at boosting the number of doctors in rural and remote areas will be piloted in Tasmania following an agreement between the Tasmanian Government and the Australian Government.

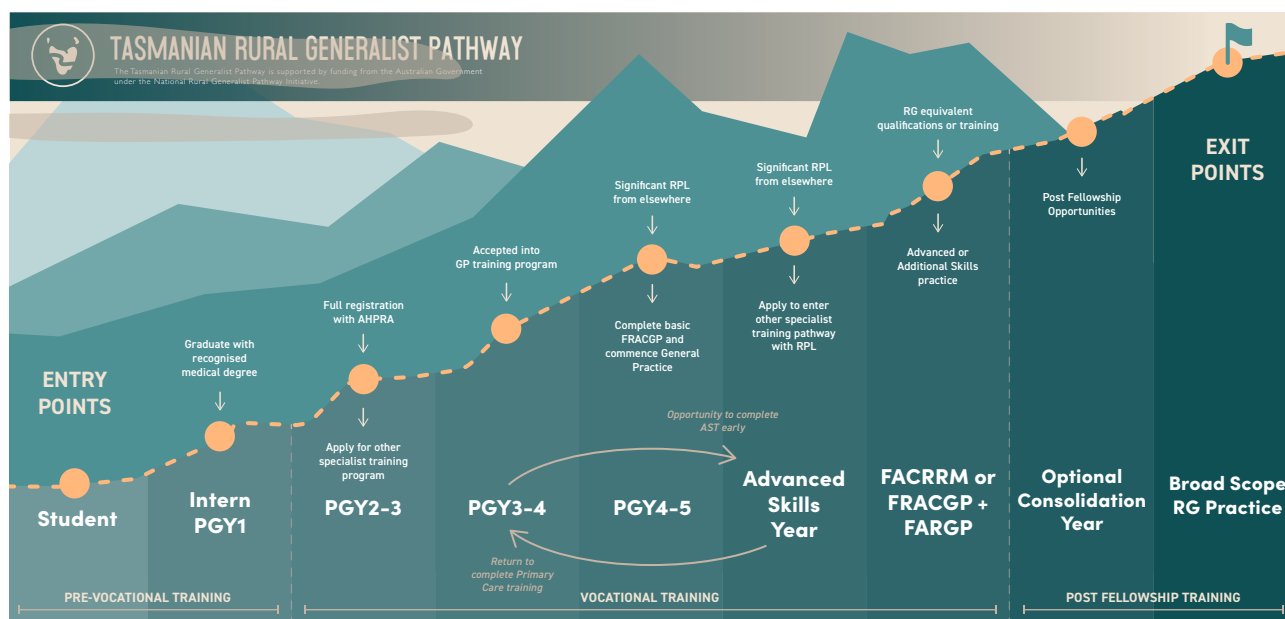
Under the pilot model, doctors training to specialise in rural medicine will have the choice of being employed by the THS for their training period, which will allow for a seamless transition throughout their hospital and community-based GP training placements.

Currently, GP registrars will have between three to five employers throughout their studies across a range of healthcare services including hospitals, primary care practices and community health centres. Because of the change in employers, the registrar loses entitlements that accrue with length of service.

By implementing a Single Employer Model, GP trainees will be employed by the THS on a contract of up to four years, providing them with a similar salary and entitlements – such as annual leave, sick leave and other benefits – to doctors working in a hospital setting.

A Single Employer Model will support the attraction and retention of doctors in rural and remote areas in Tasmania and is an important first step in the longer-term solutions to deliver more access to primary care services to Tasmanian communities.

Figure 4. Tasmanian Rural Generalist Pathway



Action 1.1.3 – Through partnerships with the primary healthcare sector, continue to support enhanced access to primary healthcare, including after hours and urgent care

Through the development of a Primary Healthcare Strategy and Action Plan we will implement a range of strategies that will increase access to after hours and urgent care services in Tasmania, including:

- The roll out of the Australian Government's Urgent Care Clinics – Tasmania will partner with the primary healthcare sector to implement the trial of Urgent Care Clinics in the South, North and North West
- Continuing to support the primary healthcare sector with initiatives such as GP After Hours Grants, Primary Care Support Initiative, and the Hospital Avoidance Co-Investment Fund – with a particular focus on vulnerable Tasmanian patient cohorts
- Enhanced after hours palliative care services
- Implementing virtual models of care such as My Emergency Doctor, GP Assist and Health Direct to ensure a greater range of options for after-hours care available to Tasmanians.

Action 1.1.4 – Strengthening use of HealthPathways in Tasmania

Tasmanian HealthPathways is a web-based information portal coordinated by Primary Health Tasmania that guides best-practice assessment and management of common medical conditions by GPs and other clinicians and health staff.

The portal helps GPs and other health professionals deliver care by outlining:

- the best available management and treatment options for common medical conditions
- information on how and where to refer to the most appropriate local services and specialists
- educational resources and information for clinicians and patients.

Embedding Tasmanian HealthPathways and other decision support tools into our service system is a critical component that supports a smoother, more connected care journey and will ensure more people receive the right treatment or specialist care, in the right place, at the right time, with less waiting time.

Action 1.1.5 – Establishing a model for General Practitioners with a Specific Interest (GPSIs) in Tasmania

To meet the growing and changing demand facing our health system, we must develop and invest in new models of care and ways of delivering services.

The GPs with a Specific Interest Program will engage GPs in our hospital and health services across a range of specialties.

The program provides GPs with the opportunity to work part-time under the supervision of a consultant in hospital outpatient clinics as well as other health settings such as district hospitals.

Under this model, GPSIs are employed by the THS on a part-time basis, working as part of a specialty outpatient team.

The role of a GPSI may include consultation with patients, specific procedural tasks, and other tasks specified in the health service's GPSI scope of practice. Evidence from other jurisdictions shows that GPSIs are accepted by patients, hospital staff and GPs; that waitlists are improved; integration between primary and secondary services benefits; and GPs can take learnings from the specialist outpatient clinic back into the community.

The objectives of this initiative include to:

- improve access and reduce waiting times for outpatient services
- improve outpatient clinic discharge rates
- streamline care to the most appropriate clinician for patients' needs

- facilitate shared learning and upskilling of GPs and Medical Specialists
- provide a structured approach to fostering collaborative relationships and improving communication between primary care and hospital services
- test alternative models for providing outpatient care in a range of service settings.

Action 1.1.6 – Partnering to improve support for people with complex chronic healthcare needs

The number of people living with chronic disease is increasing in Tasmania. Many people are living with multiple chronic diseases.

When the effects of chronic disease escalate, the management of complex chronic disease can be complicated. Without alternative care options, primary healthcare providers often have no choice but to refer people to the hospital emergency department for specialist advice. People with complex chronic disease often experience long wait times in the emergency department and subsequently long stays in hospital. For people with chronic disease, long stays in a hospital bed can result in poorer outcomes compared with targeted community-based care.

Half of all preventable hospitalisations in Tasmania are related to chronic conditions, with the highest rates occurring in the North and North West of Tasmania.

In partnership with the Australian Government, we have provided better support to people in Northern Tasmania with chronic complex healthcare needs through the implementation of the Rapid Access In-Reach Service (RAIS). This service sees medical specialists of the THS and GPs in primary healthcare working together to provide patients with rapid access to complex community-based support.

We will continue to work with our primary healthcare partners to further strengthen care for people with complex chronic illnesses by expanding this program across Tasmania and bolstering the care team with nursing and allied health professionals from across the hospital and community sectors.

Working as part of a collaborative team, GPs, medical specialists, nurses and allied health professionals will provide tailored, and coordinated patient care for people with complex chronic conditions so that they can receive the care they need while remaining in the community.

Action 1.1.7 – Partnering to develop a Tasmanian Chronic Disease Strategy

Tasmania's ageing population, combined with other population factors means that there are higher rates of chronic disease in the community.

Many people with chronic conditions do not have a single, predominant condition, but they experience multimorbidity – the presence of two or more chronic conditions in a person at the same time.

The *National Strategic Framework for Chronic Conditions* is the overarching policy document for chronic conditions. It sets the directions and outcomes to help Australians live healthier lives through effective prevention and management of chronic conditions.

To ensure Tasmania develops targeted initiatives to support people living with chronic conditions and to focus on reducing risk factors associated with chronic disease, we will partner with key stakeholders to develop a Tasmanian Chronic Disease Strategy.

Action 1.1.8 – Statewide eReferrals Project

The DoH and Primary Health Tasmania are working together to develop a single electronic patient referral system to work across primary care and THS hospital outpatient services.

Following the completion of a highly successful proof-of-concept trial and detailed discovery phase, we are now preparing for a regional rollout of an enhanced eReferral solution to in-scope THS outpatient services across Tasmania.

The Statewide eReferrals Project will provide an easy and effective solution for Tasmanian healthcare providers to send, receive and navigate electronic referrals to deliver more efficient and appropriate patient care.

Action 1.1.9 – Mental Health and Alcohol and Other Drugs Central Intake and Referral

Tasmania needs a flexible, responsive, single point of contact for service users, carers, GPs, allied health professionals, community sector organisations, and others who are seeking to access or refer people to mental health and alcohol and other drug support services across Tasmania.

We are continuing to work with Primary Health Tasmania to develop and implement the Central Intake and Referral Service (CIRS) to streamline mental health and alcohol and other drug support service access in Tasmania.

CIRS will support the Stepped Care model of mental health support, which provides people with access to services that are person-centred, evidence-based and comprise of supports across a spectrum of needs. It will ensure that people can access the most appropriate services for their mental health and alcohol and other drug supports needs at any given time.

CIRS will incorporate the national Head to Health assessment and referral phone service. Core elements of the CIRS include initial assessment and referral, central referral process and triaging to relevant service providers, technology enabled systems to streamline access to services, information management and data storage, and monitoring, reporting and evaluation of data and information.

To ensure that a suitable and effective service is being implemented we will deliver the CIRS in a phased approach, with the first phase of the project focusing on the mental health sector.

ACTION 1.2 - CONTINUING SYSTEM ROLE DELINEATION

Action 1.2.1 – Implementing the revised Tasmanian Role Delineation Framework across our hospitals

To work together effectively, each part of the health system needs a clearly defined role. Role definition provides services with clarity of function and, when viewed as a whole, identifies service capacity and capability throughout the system. A role delineation framework outlines service, clinical support and staffing requirements that are required to ensure services are delivered in a safe, efficient and appropriate manner.

The TRDF describes the breadth of health services that Tasmanians require. Level 1 describes generalist health services delivered by primary healthcare providers, for example health checks provided by a local GP.

Higher levels describe increasing specialisation, up to Level 6, which describes highly complex services delivered in tertiary hospitals with specialised equipment and expert staff, for example complex heart surgery.

Extensive consultation with clinicians, consumers and health services managers has enabled a complete refresh of the TRDF. The TRDF is a dynamic document that will continue to be updated as clinical services evolve.

We have assessed services we provide against the TRDF, including those provided on our behalf by other providers in the health system, and interstate partners. The TRDF also assists us in understanding the capacity of the private hospital sector, which is also assessed, through licensing and partnership arrangements. This enables a comprehensive understanding of our capability and capacity across the State and identifies further opportunities for partnership and collaboration.

Using the TRDF, we can see the strengths and opportunities within our system, areas where services are working in harmony across the State and where services can be adapted to better meet the needs of Tasmanians. Informed by this system-wide view, our service development priorities and future investments will be directed toward strengthening, integrating and balancing the entire statewide health system.

To maintain an accurate view of our health system capability in the future, we will ensure that all our services continue to be delivered against the TRDF so that each service area continues to meet the requirements of its designated role.

ACTION 1.3 – ENHANCING THE ROLE OF OUR HOSPITALS

Our hospitals have an essential role within the Tasmanian health system. We need to further strengthen our hospital network through defining the role each hospital plays within the network and ensure that barriers to accessing services are addressed.

We need to maximise the value and usefulness of our unique hospital assets. The Clinical Services Profiles provide a detailed description of capacity and capability of each of Tasmania's publicly owned hospitals.

This Long-Term Plan recognises the overarching role of hospitals as follows:

Action 1.3.1 – The Royal Hobart Hospital

The Royal Hobart Hospital (RHH) will continue to be the Level 6 tertiary referral hospital for the State and the principal referral hospital for the South and provide a defined number of statewide services.

The role of the RHH in leading and coordinating 'care networks' will be formalised and strengthened. The RHH will provide single disciplinary and multidisciplinary outreach support to lower-level services within a care network. The RHH will also actively co-ordinate the Tasmanian care network for patients that require Level 6 care from public hospitals on the mainland.

Action 1.3.2 – The Launceston General Hospital

The Launceston General Hospital's (LGH) role as the principal referral hospital for the North and North West of Tasmania will be further strengthened by leveraging expertise and support systems located in the North to provide a more robust range of tertiary services across the North and North West and addressing service and workforce gaps through the establishment of new services for the people of North and North West Tasmania.

Action 1.3.3 – The North West Regional Hospital

The North West Regional Hospital (NWRH) will continue to be the main primary provider of acute general hospital services across the North West region. Over time service capacity will be increased to meet the growing needs of the North West community.

Action Area 1. A Single, Integrated, Statewide System

Action 1.3.4 – The Mersey Community Hospital

The Mersey Community Hospital (MCH) will continue to provide inpatient and outreach subacute services, emergency care and day surgery services, with a focus on optimising service provision to the local population of North West Tasmania.

In 2015, we established the MCH as a statewide day surgery centre, offering a wider range of elective procedures, including those which require up to one night's stay in the hospital for recovery. We will continue to build upon this service, with a focus on ensuring more access to elective surgery for Tasmanians.

We will build upon the new Rural Medical Workforce Centre at the MCH, which has been established to support the recruitment and retention of permanent doctors to the region, by considering the potential expansion of the centre to a Rural Health Workforce Centre with a multidisciplinary focus.

Action 1.3.5 – District hospitals and community health centres

The State's 13 district hospitals and 23 community health centres, many of which are located in rural and remote areas, provide essential support to Tasmanian communities.

Service delivery in our district hospitals will be optimised to strengthen health system service delivery in areas such as inpatient care, home-based care delivery, and outpatient specialist care. District hospital service models will also continue to provide a range of services tailored to the needs and capacities of the local community in which they are located.

Community health centres located in metropolitan areas will be enhanced to provide greater access to community-based ambulatory care services, including multidisciplinary care. Rural community health centres will be supported to provide local healthcare services that align with the needs and priorities of the local community and facilitate the delivery of more care closer to home.



Action 1.3.6 – Private hospitals and day surgery centres

Private hospitals and day surgery centres are an essential part of our health system.

When public and private hospitals partner together, it increases the capacity and sustainability of hospital care in Tasmania.

Partnerships between public and private hospitals enable us to deliver services more effectively and efficiently. By partnering together, public and private healthcare providers create opportunities to share workforce and infrastructure to increase local service availability.

We are currently planning the delivery of integrated health services with co-located private hospitals in all regions of Tasmania. It is expected that integration between public and private hospitals will underpin greater service capacity in a range of clinical areas such as ophthalmology, ear-nose-and-throat surgery, orthopaedic surgery, cardiology, interventional radiology, and other elective surgery.

Action 1.3.7 – Interstate specialist hospital services

Tasmania is a small jurisdiction by both land mass and population size compared with interstate jurisdictions. This means that there will be some highly specialised services that Tasmania will not have the demand to support. To ensure Tasmanians have access to the specialised services they need, we have partnership arrangements with mainland hospitals.

Our Clinical Services Profiles describe which services can be safely provided in Tasmania and which services will be provided by specialist hospitals located interstate.

To ensure safe, quality care the following Level 6 services will continue to be provided by our mainland partners, with Tasmanian-based care coordination and support:

- Rare and complex adult cancers
- Some paediatric cancer and paediatric surgical sub-specialties
- Transplants (other than autologous stem cell transplants)
- Highly specialised interventional cardiology procedures
- Highly complex cardiothoracic, vascular, neurology, neurosurgery and gastroenterology surgery
- Complex burns.

We will continuously monitor service demand and our capacity to provide these services over time.

Where increased capacity exists, or effectiveness of service provision improves, we will adjust our service and partnership arrangements.

We will also increase our monitoring of mainland hospital service usage. Data shows some people are being sent to mainland hospitals for services that are available in Tasmania. Unnecessary travel for care is expensive and burdensome on patients. It also undermines the sustainability of Tasmanian services. We will work with our partners to maintain access to mainland services for those who need it and deliver care within the State for those who can be safely cared for here.

Action 1.3.8 – Mental health and alcohol and other drug services

Our specialist mental health and alcohol and other drug services provide targeted inpatient services to Tasmanians with mental health conditions and/or who use alcohol and other drugs.

We provide these services in inpatient settings, like a hospital, and in the community, and we partner with community sector organisations to deliver these services to Tasmanians.

These services can also be provided by private specialists and facilities.

We will continue to progress key actions under *Rethink 2020: a state plan for mental health in Tasmania 2020–2025*, the Tasmanian Mental Health Reform Program and the Reform Agenda for the Alcohol and Other Drug Sector in Tasmania to develop a seamless and integrated system that provides support in the right place and the right time.

ACTION 1.4 – DISTRIBUTING SERVICES FOR SAFETY AND ACCESS

To secure the safety and efficiency of our clinical services, we must ensure that services are distributed in accordance with the TRDF as documented in the Clinical Services Profiles.

Action 1.4.1 – Statewide services

Statewide services include those that are delivered in one place in the State, such as the RHH or NWRH, and provide services for all Tasmanians, regardless of where they live. They also include services that are coordinated as a single service, but are delivered at multiple locations, such as Oral Health Services Tasmania or Child Health and Parenting Services.

Evidence shows it is good practice for high complexity, low patient volume services such as cardiothoracic surgery, vascular surgery and neurosurgery to be provided on a statewide basis as it provides the safest and most sustainable way to deliver these services.

The following high complexity, low volume services will continue to be provided on a statewide basis and located where the health system has the greatest capacity and workforce capability, as described in the Clinical Services Profiles:

- Neurosurgery
- Vascular surgery
- Cardiothoracic surgery
- Clinical genetics
- Hyperbaric care
- Paediatric intensive care
- Paediatric surgery
- Gynaecologic oncology
- Burns
- Trauma.

Action 1.4.2 – Integrated care across the North and North West

It is not always safe or sustainable from a workforce perspective to offer services in both the North and the North West of Tasmania. It is possible to improve access to these services by creating integrated care services that manage service provision across the North and North West of Tasmania.

The Northern Integrated Cancer Service is an example of an integrated service, established as a part of the Stage One reforms, that provides and coordinates care across the State's North and North West. By leveraging the cancer services expertise and infrastructure available across the whole North and North West region, people of the North West now have better access to high-quality, timely cancer care.

Integrated care hubs will be established and based at the LGH to provide services across the North and North West in key areas, including neurology, rheumatology, cardiology, and specialist women's and children's services.

Action 1.4.3 – Care networks

The TRDF describes the capacity and capability of service streams across the State. All services that provide care from Level 1 through to Level 6 are part of a care network.

Some specialised services require patients to move across care settings as their care needs increase or decrease. Where services are provided in multiple locations, a single statewide system requires that these services work together to provide one service delivered on multiple campuses. These services must work together to ensure patients receive the right care in the right place at the right time.

Since the release of the *One State, One Health System, Better Outcomes* (Stage One) reforms, some clinical service areas such as surgical services, cardiology, trauma services, and critical care services have successfully worked towards statewide integration and, in doing so, have improved the safety, access and sustainability of clinical services within their care network.

Other services, such as cancer and maternity services, have made progress towards integration within their service areas and opportunity exists to make further gains through statewide integration.

Clinical leadership can provide the focus and support required to integrate other areas that remain regionalised. This is discussed further in the Action Area 3 of this Long-Term Plan.



CASE EXAMPLE

Public cancer services in Tasmania are provided in the South by services based at the RHH and in the North and North West by the Northern Integrated Cancer Centre. The establishment of the Northern Integrated Care Centre provided significant improvements in patient safety, access to treatment closer to home, and timeliness of service provision, particularly in the North West of Tasmania.

Data predicts that there will be significant increases in demand for cancer services across Tasmania. Cancer service complexity is increasing as treatment becomes more specialised and individualised.

As cancer services evolve, the need for specialised workforce and infrastructure also increases. Cancer care consists of many interdependent components such as screening and prevention, diagnostics, treatment, surgery, rehabilitation, survivorship support and palliative care. Cancer services also require specialised support from other services such as pharmacy, medical imaging, pathology and a range of allied health services. Integrated care is essential to achieving good outcomes for patients experiencing cancer.

The Australian Cancer Plan 2023-2033, when released later this year, is expected to focus closely on the role of collaboration and coordination in improving cancer outcomes.

To realise a fully integrated cancer service in Tasmania, we will continue to build on existing collaborative efforts and proactively seek collaborative opportunities with private cancer services providers and highly specialised cancer services located outside of Tasmania.

Action 1.4.4 – Planning for equitable access to elective surgery, endoscopy and outpatient services

The *Statewide Elective Surgery Four-Year Plan 2021-2025* provides the strategy for ensuring that Tasmanians receive their planned surgeries within clinically recommended timeframes, based on their clinical need, not on where they live.

Capacity planning and service forecasting data models have been used to identify the clinical needs of the Tasmanian community, and match this against the capability, capacity and availability of services in each region and across the State. We have then put plans in place to deliver the service activity required to meet this need.

This includes partnering with the private sector, and where appropriate, offering people surgery in other centres so they can receive their care quicker.

In 2023, the *Statewide Elective Surgery Four-Year Plan 2021-2025* will be further enhanced with a dedicated plan for increasing access to endoscopy services (including colonoscopies), an area of identified need for Tasmania.

Action is also required to change the way outpatient services are delivered in Tasmania, to better meet the needs of our community and ensure people have access to the services they need, when they need them, regardless of where they live.

Using capacity planning and forecasting tools, we have identified where barriers to access exist and where people are waiting longer than clinically recommended for services. We have outlined our strategies for enhancing the delivery of outpatient services through the *Transforming Outpatient Services 2022-26*.

Over the next four years, many service changes and enhancements will be needed to address the current waiting times and to plan for future growth. New models of care, better use of digital technology and other service offerings will be introduced so that people can access specialist services as close to home as possible, as long as it is safe and appropriate to do so. These include:

- Introducing GPs with a Specific Interest (GPSIs) and more nurse-led models into outpatient settings
- More options for accessing care at home and in the community, including virtual care
- More services focused on early intervention and alternatives to surgery.

Action 1.4.5 – Co-design a new breast care centre for Tasmania

Building on our co-investment with the Australian Government to introduce public diagnostic mammography services for Tasmanians, we will commence work in 2023 to develop a new public breast care centre for Tasmania.

The new centre will build on BreastScreen Tasmania's successful screening program, by including a range of other diagnostic, treatment and support services for people with, or at risk of, breast cancer. Over time, our services will expand to provide diagnosis, information, care and support for people who have concerns about their breast health, all on the day of their visit. The centre will be a one-stop shop, providing a professional team approach to treatment, that involves and supports people in decisions about their care.

The service will be co-designed by people with lived experience, staff, service providers and consumer organisations and will provide comprehensive and holistic care for all Tasmanians. We will continue to provide services across the State through a networked service model to enhance access.

The DoH Breast Care Network will lead this important service development program, which will be carefully staged to deliver the expansion of services safely and sustainably and with the needs of consumers and service providers at the forefront.

ACTION 1.5 – INTEGRATING MENTAL HEALTH SERVICES

Mental health services are an integral part of the health system. Services require strong linkages with the rest of the health system and with care and support services to meet people's healthcare needs.

Action 1.5.1 – Rethink Mental Health Reforms

Rethink Mental Health is a long-term plan for mental health system integration and service improvement in Tasmania. Mental Health reforms commenced in 2015 as part of the *One State, One Health System, Better Outcomes* reforms and continued through the refocused *Rethink 2020* update in consultation with sector partners.

Significant progress has been made towards mental health service improvement and integration, and further opportunity exists to ensure mental health services are accessible across the continuum from community to acute mental health.

In progressing our *Rethink 2020* strategic agenda we are focused on increasing our capacity to provide mental health services closer to home by:

- Increasing availability of mental health resources, particularly in North and North West of Tasmania, in line with population needs
- Expanding support for older people with mental healthcare needs
- Implementing a single, statewide intake and assessment phone service for mental health and alcohol and other drug services that integrates with Tasmania's existing state-based systems
- Providing more mental health services at home and in the community.

Improved integration for patient-centred care drives the *Rethink 2020* reform agenda. We need flexible, cohesive services that can be stepped up or down according to individuals' changing mental healthcare needs.

Action 1.5.2 – Integrated Care Hubs

We are working towards improving care integration at the individual, service and system levels. By partnering with community organisations, primary healthcare providers and social care organisations we will establish accessible, community-based, patient-centred, integrated care hubs. These hubs will provide a broad spectrum of mental health services from day-support to short-term recovery beds, and connect people living with mental illness, and/or experiencing suicidal distress to a range of health, community and social services.

The Southern hub will be established by the Tasmanian Government and located in Hobart's Northern suburbs. The Northern hub, located in Launceston, will be established by the Australian Government, through Primary Health Tasmania, together with the Tasmanian Government.

The hub in Launceston will also provide services for people experiencing mental health crisis, meaning that people can quickly access the mental health services they need without having to attend a hospital emergency department.

These services are in addition to two new Integration Hubs under development as part of the Tasmanian Mental Health Reform Program, which includes the Peacock Centre in North Hobart.

Action 1.5.3 – Interface with Alcohol and Drug Services

We will continue to strengthen the interface between Alcohol and Drug Services (ADS) and mental health services to improve continuity of care for those who need simultaneous support from both service areas; while understanding this is not the case for all people. We are also working towards improved integration with the rest of the health system, understanding that many people who access the ADS may also live with a number of other illnesses.

We will continue the work to implement the Reform Agenda for the Alcohol and Other Drug Sector in Tasmania, which is our 10-year plan to ensure Tasmanians affected by alcohol, tobacco and other drugs use can access appropriate, timely, effective and quality alcohol, tobacco and other drugs services, supports and treatments.

Action Area 1. A Single, Integrated, Statewide System

The Tasmanian Government also works closely with alcohol and other drug community sector organisations to ensure there are broader supports in place to work with individuals around the State.

Action 1.5.4 - Tasmanian Suicide Prevention Strategy 2023-2027

We will be working together with Primary Health Tasmania and our key partners in the sector to achieve the vision of the *Tasmanian Suicide Prevention Strategy 2023-2027 (Strategy)* for a compassionate and connected community working together to prevent suicide. We will be taking action in five key areas:

- Enabling collective action to prevent the onset of suicidal behaviour and responding early to distress
- Delivering compassionate and connected services that meet people's needs
- Empowering our people and communities to lead suicide prevention action

- Developing a skilled, supported and sustained workforce in Tasmania
- Enhancing whole of government mechanisms to coordinate our approach.

While health and mental health services will continue to play a key role in suicide prevention, a broader and more connected response will be achieved through:

- Collective action across multiple agencies and sectors
- A whole of population approach that fosters social connection, builds hope and addresses the social and economic factors that may increase vulnerability to suicide
- Increased coordination across multiple sectors
- Co-located or linked approaches so that people can access multiple supports at the same time.

ACTION 1.6 – IMPROVING HOW WE USE OUR SERVICE NETWORK

An integrated health system is one in which every part of the health system has a role to play. People receive care in the parts of the system that have the capability and capacity to safely meet their needs while being as close to home as possible. For many people, care is provided locally. For some people with more complex care needs, care is not available close to home, and travel is required.

Transport enables the 'flow' of patients through our health system. The movement of patients within the health system is an important clinical support service.



When we achieve the right patient flow, service access improves, and people receive more timely care. The right flow also improves service quality as people receive the care they need in the parts of the system that are best equipped to provide it.

Improved patient flow also supports the sustainability of the whole healthcare system. By helping patients to access the services that meet their needs, while remaining as close to home as possible, the care network operates at its most efficient.

Action 1.6.1 – Centralised co-ordination of patient flow

To achieve the right flow, we need a real-time, birds-eye view of our system, so we can see where demand pressures are building in the system and identify alternative parts of the system that have the capacity to assist with demand pressures. We also need a mechanism to direct patient flows and clinical resources throughout the entire network so that we can be more proactive in responding to system pressures as they arise.

To achieve this, we will build on our current Statewide Access and Patient Flow Program, which has already established Integrated Operational Centres (IOCs) in each of our three regions. These IOCs provide local coordination of patient flow. Integration of these centres, together with flow and capacity views from other care settings such as private hospitals, residential aged care facilities, district hospitals and hospital-in-the-home services will enable the establishment of a System-wide (System) IOC.

The System IOC will provide a whole of system view of demand and capacity, and as lead flow co-ordinator, the System IOC will direct the flow of patients and health resources within the THS and leverage capacity in private settings in line with care partnerships and commissioning arrangements.

Embedding governance changes announced as a result of the Child Safe Governance Review into the LGH and Human Resources will further strengthen leadership across the THS and support the flows of patients and resources across the entire clinical service network. This includes the creation of the new position of Deputy Secretary Hospitals and Primary Care, to support the implementation of the new hospital structure and to provide a strategic statewide focus.

Action 1.6.2 – Clinical transport

The transfer of patients to and between facilities is critical to maximising the effectiveness of our care network. Clinical transport provided by Ambulance Tasmania includes emergency transport services, aeromedical retrieval, inter-hospital transfer and non-emergency transport. We are investing in new and upgraded transport infrastructure throughout Tasmania to strengthen this clinical transport capacity.

In 2021-22, the Tasmanian Government provided \$9 million over three years to upgrade Ambulance Tasmania's vehicle fleet, to provide for new vehicles, replace ageing stock, deliver an improved fleet management service and upgrade and replace critical equipment to support paramedics.

Ambulance Tasmania is developing a Patient Transport and Interfacility Coordination Unit. The objective is to provide a well-resourced, efficient and effective patient transport system for the Tasmanian community and to work closely with THS facilities to improve patient outcomes, patient and clinician experience and operational efficiency.

Ambulance Tasmania provides a non-emergency patient transport service for the transport of low acuity patients between health facilities. Private providers are also engaged to provide non-emergency patient transport. We are working with private non-emergency patient transfer services to further maximise patient transfer capacity across the State.

Action Area 1. A Single, Integrated, Statewide System

Ambulance Tasmania is growing alternate care pathways to meet the medical care needs of lower acuity patients, with avoidance of an emergency ambulance response, as appropriate. The Ambulance Tasmania Secondary Triage service provides alternate medical care pathways for lower acuity patients, who have phoned Triple Zero and have been assessed as not requiring an emergency ambulance response. Where possible, alternate transport options are used to facilitate patient transport to GPs, hospitals and pharmacies, as appropriate to their care needs.

Extended care paramedics and community paramedics have a primary healthcare focus, assessing and treating patients at home, where possible, and avoiding the need for emergency medical transport.

ACTION 1.7 – PARTNERING WITH AGED CARE AND DISABILITY SERVICES

There is a strong interdependence between primary healthcare, hospital care and social care services. As we work towards an integrated health system and the delivery of balanced health services, we need to work in partnership with social care services.

Social care providers, such as aged care and disability organisations, assist some of Tasmania's most vulnerable people, many of which have complex healthcare needs.

Barriers to accessing aged care services and delays in accessing subsidised disability services through the National Disability Insurance Scheme (NDIS) are contributing to long hospital stays as people are unable to be discharged from hospital until the right supports are in place.

The Aged Care Royal Commission has identified that people who are receiving aged care and disability services often do not have sufficient access to healthcare. In particular, the Commission found some people residing in aged care facilities who require complex care coordination for dementia and challenging behaviours, unstable chronic disease, and palliative care are not receiving the care they need.



Although the workforce providing aged care and disability care services is very large, evidence shows social care services experience challenges in recruiting and retaining sufficient staff numbers and sufficiently trained staff, which can affect the quality of care delivered.

Whilst aged care services and disability services are largely the responsibility of the Australian Government, there is an opportunity for the Tasmanian Government and providers of aged care and disability services to work together more closely to improve health outcomes.

Action 1.7.1 – Greater support into residential aged care and supported accommodation

As we develop and expand our home-based services model, our definition of 'home' will include aged care facilities and supported accommodation for people with disability, meaning that people receiving residential services have equitable access to a range of home-based services.

We will also partner with aged care services to provide support to enable more complex care to be delivered in residential aged care facilities. This will include in-reach models of care in key areas such as urgent care, home-based clinical services, palliative care, and dementia. For residents who require hospitalisation, we will develop discharge pathways that will facilitate supported discharge of residents from acute hospital services back to the aged care residence.

Action 1.7.2 – Partnering with the Australian Government

Given the Australian Government has responsibility for aged care and residential services, the NDIS and the Medicare Benefits Scheme, and the Tasmanian Government has responsibility for public hospitals and a range of other public health services, it is essential that the two levels of government work in close collaboration. Delays in access to aged care and the NDIS supports can contribute to hospital bed block, where a person who is medically ready to be discharged remains in hospital while they wait for a more appropriate place to become available in another setting.

We will actively work with the Australian Government and social care providers to identify opportunities to:

- Improve timely access to residential aged care beds
- Enhance aged care service capabilities in areas of specialised care needs such as dementia support
- Increase timely access to NDIS support for people in need of disability services.

A Tasmanian Aged Care Collaborative, facilitated by the DoH, and involving Tasmania's residential aged care sector, Primary Health Tasmania and the Australian Department of Health, has been formed to drive improvements across four areas:

- **Collaborative Care Planning:** to support a patient's journey from hospital to residential aged care, seven-days a week, with wrap around care for safe and appropriate discharge for complex needs.
- **Consumer Choice and Advocacy:** including involving families and other support people sooner to support a smooth and informed transition to aged care, accommodating the decisions of patients and their families.
- **Access and Utilisation of Available Beds:** including improving the visibility of available beds and types of beds within residential aged care facilities, for transition care or permanent placement from the hospital.
- **Bringing the Sector Together:** improving how we coordinate between our State hospitals, the Australian Government as funder and regulator of the aged care sector, and service providers.

ACTION 1.8 – PARTNERING WITH THE PRIVATE SECTOR

The private sector is an integral part of the health system in Tasmania. As such it is important that we have a systematic way of partnering with the private sector.

We will strengthen our collaboration with the private sector through:

- Strengthening our current arrangements with co-located private hospitals that provide enhanced service integration and efficiency
- Joint planning on the formation and distribution of health services

- Maximising the capability of our private sector through implementation of the TRDF and incorporating care pathways and networks
- Pursuing opportunities for flexible use of physical infrastructure and resources
- Partnering with the private sector to support additional elective surgery and endoscopy, outpatients and allied health services.



Action Area 2. Providing the Right Care, in the Right Place, at the Right Time

INTENT

A health system with the right balance of health services for our population now and into the future – providing the right care, in the right place, at the right time.

Underpinned by *Advancing Tasmania's Health Principles*

Equitable: All Tasmanians, regardless of their background or circumstances, will have access to care which is appropriate to their health needs.

Consumer centred: The health system will engage and partner with consumers in decisions regarding their healthcare and demonstrate respect for consumers' preferences, needs, and values to ensure services are safe and culturally appropriate.

WHY

The Tasmanian population is growing at a higher than anticipated rate. Growth is occurring in all three regions of Tasmania, but it is strongest in Southern Tasmania. We need the right mix and balance of health services to respond to the future needs of our population.

The age profile of our population is changing. The percentage of children and young adults is decreasing, while the number of older Tasmanians is increasing. Our population is ageing faster than the rest of Australia. As our population ages, the number of people experiencing chronic disease will continue to increase. Demographic data shows that our population also has low health literacy rates and lower incomes than other states in Australia. These challenges combined will result in increased health service demand and costs.

We are already seeing the effect of increasing demand on key areas in our system. In recent years the number of people presenting to hospital emergency departments has increased significantly.

Despite expansion in the size and staffing of our emergency departments across the State, demand continues to out-grow capacity.

Many people presenting to our emergency departments do not need emergency care.

They need timely care that could be provided in other health settings. Research tells us that when people can urgently access primary health services, mental health services and chronic disease support services in community settings, they often have a better patient experience than they would have in a hospital setting. This also frees up emergency departments to focus on patients with emergency care needs.

We are also experiencing high levels of demand for hospital beds, particularly in our medical wards. This demand is driven by increased admissions through emergency departments and long inpatient stays. Data from our health services shows us that patients aged more than 65 years and residing in the North or North West of Tasmania can experience longer hospital stays than would be necessary if more appropriate services were available in community settings. To address this, we are increasing our focus on subacute and hospital alternative services in these areas.

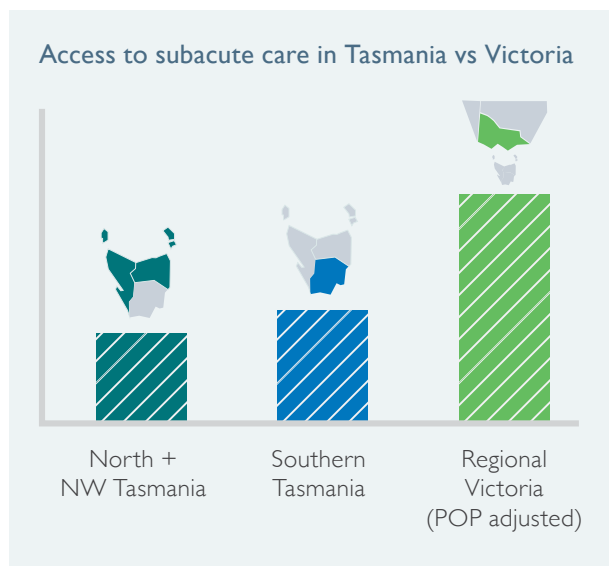
SUBACUTE CARE

Subacute care includes rehabilitation, geriatric evaluation and management, older persons mental healthcare and palliative care. Subacute care is provided to a broad range of medical and rehabilitation patients to improve their health and wellbeing, maximise their function, and maintain their independence.

Subacute care is also projected to be the area of greatest demand growth across the THS between now and 2040. We need to address the current imbalance in subacute care capacity statewide and prepare for future growth in subacute demand.

For example, our capacity in Southern Tasmania is half that of comparable services in regional Victoria, after adjusting for population. Capacity in the North and North West of the State will require even further investment.

Figure 5. Subacute care capacity comparison (excludes specialist older persons mental health)



Due to insufficient dedicated subacute care services, many patients who need subacute care are being treated in general medical wards for long periods of time and are not receiving the targeted care they need. As a result, they are experiencing poorer health outcomes and unnecessarily long hospital stays.

HEALTHCARE AT HOME

If the way we provide care does not change, rates of hospital usage will continue to climb. Projections of public hospital activity for inpatient and emergency department episodes over the next 20 years indicate a 30 per cent increase in activity. Demand for mental health inpatient activity is also projected to increase significantly in the future.

As our population grows and the demand for health services increases, we need to consider how to best use all our available resources rather than continuing to build bigger hospitals.

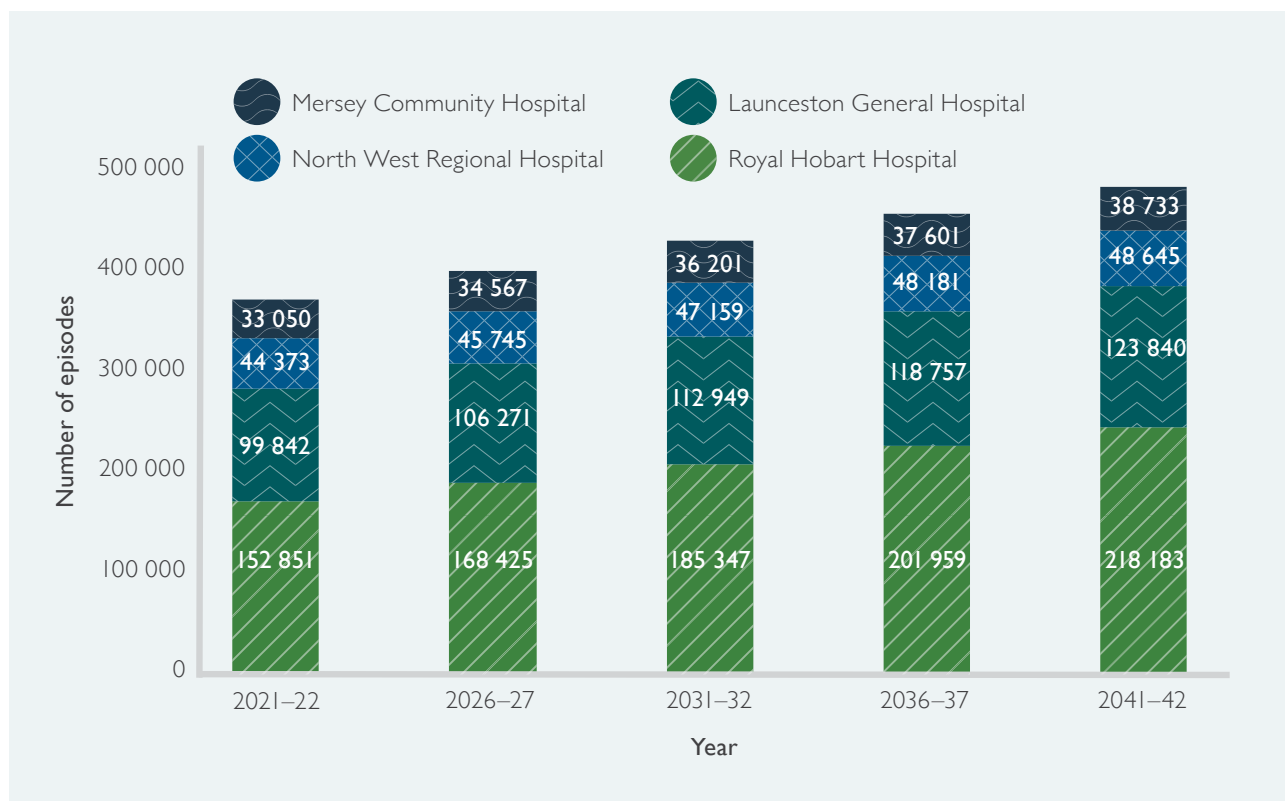
Increasingly, people want to receive care in their homes. By providing home-based care, people can receive the care they need in a familiar and comfortable environment whilst maintaining connections with family, friends and pets.

In the past home-based care has been mostly low-acuity care, such as wound dressings and low-risk medication administration. Now, with advancements in digital communication and remote monitoring, health services in Australia and overseas are providing increasingly complex care in people's homes.

Hospital in the Home (HiTH) provides hospital-equivalent care to people who can be cared for at home. Using digital technology through the expansion of telehealth and virtual care, together with dedicated staff who are trained and equipped to provide care in the home or community, we can offer more care to people and can redirect resources that may have been required to build bigger hospitals toward improving patient health outcomes.

Home-based hospital services that have been trialled in Tasmania have shown positive results. For home-based services to provide consistent, high-quality, and sustainable care, we must support the health system to transform the way care is delivered. We need to develop and implement a framework for the delivery of home-based care that supports access, resourcing, integration and monitoring of home-based services as a key part of our single statewide health system.

Figure 6. Projected public hospital usage in Tasmania 2021-22 to 2041-2042 (source *Our Healthcare Future: Advancing Tasmania's Health* December 2022).



RURAL HEALTH SERVICES

Relative to other jurisdictions, Tasmania's population is small and regionally dispersed. One in five Tasmanians do not live in a major city but instead live in the many small towns across our State.

People living in rural communities can experience more limited access to healthcare services and poorer health outcomes compared with the general population.

Whilst services in our urban areas are provided for all Tasmanians, we need to ensure that Tasmanians living in rural and remote communities can access more care close to home where it is safe and sustainable to do so.

Across Tasmania, we have 13 district hospitals providing a range of inpatient care, residential aged care, primary healthcare and emergency care. We also contract care from a further five privately owned rural hospitals. In addition, we have 23 community-based health centres that provide or host a selection of community health, primary healthcare and social care services.

Our rural health facilities have been historically underutilised. To expand the capacity and capability of our rural health services, we need to address key issues that prevent optimal use of rural healthcare assets. These issues are different for each location. The current service offering and capacity for each of our district hospitals is very different based on population size, proximity to the closest tertiary service, local health needs, workforce availability, and health infrastructure.

To best understand the health needs of our rural communities and plan services that are fit for purpose into the future, we must identify and respond to the specific circumstances of each rural community and work in partnership with local people, service providers and community groups.

Health is influenced by many 'place-based' factors such as population, social and economic characteristics and the built and natural environment. A one-size-fits-all plan for all rural health services is not appropriate. Instead, we need a holistic approach that considers the unique characteristics, influences, strengths and challenges of each of our rural communities and identifies and advances the shared goals, priorities and outcomes of the community it serves.

PLACE-BASED APPROACHES

There is a growing body of evidence supporting place-based approaches to planning and funding health services to amplify locally led models and resources, and address systemic barriers that often accompany statewide, centralised planning and funding.

Place-based approaches target the specific circumstances of a place taking into consideration the unique physical, historical, cultural, social and environmental characteristics that present different opportunities and barriers to improving health outcomes for those communities.

This approach to local planning provides a helpful lens for looking at and interpreting system issues, and creating locally led solutions through improved understanding of the unique issues and opportunities in each Tasmanian community.

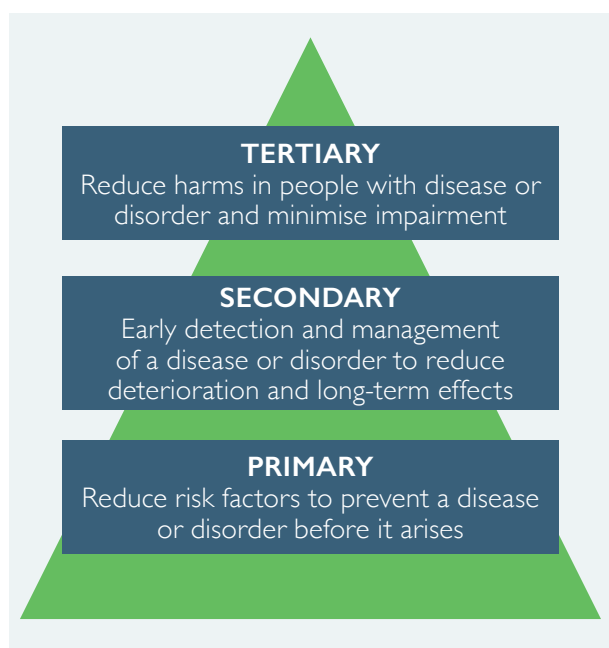
PREVENTIVE HEALTH

Almost half of all Tasmanians have a preventable health condition. As our population grows and ages, this is expected to increase health service demand and costs.

Prevention is the best strategy to reduce the incidence and outcomes of health conditions in our population. It supports people to live healthier lives and participate more fully in daily activities, which is good for their wellbeing and our State. Our *Healthy Tasmania Five-Year Strategic Plan*, now in its second iteration, outlines our Government's plan for preventive health.

The Australian Government also plays an important leadership, governance and funding role in preventive health as outlined in the *National Preventive Health Strategy 2021-2030*.

Figure 7. Levels of preventive health (Reference: *National Preventive Health Strategy*)



Prevention works in three ways:

Tertiary prevention manages ongoing illness or injury in a way that maximises health and wellbeing.

Secondary prevention reduces the effect of disease or injury once it has occurred.

Primary prevention prevents injury or disease before it occurs.

Primary prevention requires a commitment to long-term strategies focused on reducing risk factors to prevent disease or disorder before it arises. We have been actively working with health stakeholders to improve health-promoting behaviours for many years and have a strong track record of improved outcomes in areas such as increased immunisation rates and reduced smoking rates. Despite these gains, there are ongoing challenges, particularly in mental health, nutrition, physical activity, health literacy and harmful alcohol consumption.

Secondary prevention strategies such as health screening and early intervention services, and best practice management of a disease or disorder, are also important forms of prevention. Our Population Screening and Cancer Prevention service works in collaboration with the Australian Government and primary healthcare providers to identify cancers such as bowel, breast and cervical cancer and facilitate early intervention to improve clinical outcomes. Best practice disease management programs include Diabetes Tasmania's COACH Program® for people with chronic disease or at risk of chronic disease.

Tertiary prevention focuses on reducing harms in people with a disease or disorder and minimising functional impairment. This includes management of co-morbidities, complications and associated disabilities.

Although this type of preventive activity is core to the delivery of health services, our current efforts could be better targeted and coordinated across the health system.

Strategies to strengthen health literacy can have a positive influence on each of these levels of preventive health. Health literacy is the knowledge and skills needed to find, understand and use information and services to make decisions about healthcare. The health literacy environment is the way services are provided, and the things that make it easier or harder for people to access, understand and use information and services.

WHAT WE WILL DO

We will connect and balance care across acute, subacute, rehabilitation, mental health and primary health to care in the community.

ACTION 2.1 – ADDRESSING SUBACUTE CARE NEEDS

Data shows that as our population ages and the number of people living with chronic disease increases, demand for subacute care will continue to grow.

To address current subacute care gaps and growing future subacute care needs across the entire State, we will establish purpose-designed subacute care centres to significantly enhance our capacity to provide contemporary, high-quality subacute care.

Action 2.1.1 – Enhancing subacute services in the North and North West of Tasmania

Subacute care is best provided by allied health, nursing and medical staff working together in teams to plan and deliver care that is carefully tailored to each individual patient's needs.

We will enhance subacute services in the North and North West of Tasmania, through:

- Partnering with the Australian Government to establish a 10 bed palliative care hospice in Launceston.
- Planning for expanded subacute services at the MCH.
- New purpose build mental health precincts in Launceston and at the NWRH.

The services will be configured to the unique requirements of each care stream and staffed by a range of medical, nursing and allied health practitioners with specialised skills and experience in each subacute care type.

In addition to delivering high-quality inpatient care to patients across the North and North West of Tasmania, it will also provide a base for the delivery of subacute care in the home and community.

Through connecting the subacute workforce, partnership with other local providers, and digitally enabled home-based care and monitoring, we will deliver more subacute care closer to home.

Action 2.1.2 – Establishing a subacute care centre servicing Southern Tasmania

We will prioritise redevelopment of a subacute campus to deliver a 24-hour subacute care centre in the South of Tasmania.

The purpose-designed Southern subacute centre will enhance access to, and coordination of, inpatient, outpatient, community and home-based subacute care. It will also support the provision of individually tailored care delivered by expert staff working in multidisciplinary care teams.

ACTION 2.2 – MORE CARE DELIVERED IN THE HOME AND COMMUNITY

We will deliver more care in people's homes and the communities in which they live. This will be achieved through the implementation of more in-reach and home-based models of care, leveraging of the success of programs such as COVID@Home to expand virtual care options.

Action 2.2.1 – Establishing central virtual care hubs to enhance and integrate community and home-based services

In response to the COVID-19 global pandemic, COVID@home was established to provide safe and effective in-home virtual health care for those who meet referral criteria and are deemed suitable for enrolment. The model has also empowered and supported our healthcare providers to embrace digital care technologies in the provision of enhanced and timely patient care.

Between 15 December 2021 and 31 January 2023, COVID@home has successfully delivered over 33 000 instances of care to the Tasmanian community.

Building on the success of COVID@home, work has commenced to scope high quality, effective and safe virtual care opportunities across our health services with a focus on aligned governance, funding and other policy issues that will support system and care delivery transformation.

This will allow existing services such as Community Rapid Response Service (ComRRS) Community Nursing, Rapid Access In Reach Service (RAIS) and HiTH (including Mental Health HiTH) to be connected and integrated under the umbrella of a central virtual care hub.

Central virtual care hubs will be established to strengthen and better coordinate the delivery of home and community-based services across a range of care areas, including intermediate care, subacute care and HiTH. This is outlined in Figure 8 below.

To do home-based care well, we need to provide the right mix of services and achieve sufficient volumes of patients accessing home-based services. Rather than each service operating independently, with its own referral pathway, models of care and independent workforce, we will bring home-based services together under one system of operation.

Central virtual care hubs will provide a single point of access for home and community-based care, making it easier for people to identify what services are available to be delivered in the home. Referrals for the central virtual care hubs will be streamlined and centrally coordinated to support timely access to services. Virtual care and digital health technologies will be a key strategy to enable single, statewide service delivery closer to community needs and supports.

The provision of services at home and in the community is a shift away from a 'hospital-centric' model in which people must visit a hospital or stay in a hospital bed to access services.

Instead, these enhanced services will promote a community-centric model in which more of the services people need are provided in their own homes, including in residential aged care facilities, supported accommodation for disability or other suitable community-based locations.

Care will be provided by a multidisciplinary team working collaboratively to deliver the range of healthcare services needed. The care team members will vary according to each patient's need. Care teams may consist of providers from both primary and hospital care, and from various care organisations.

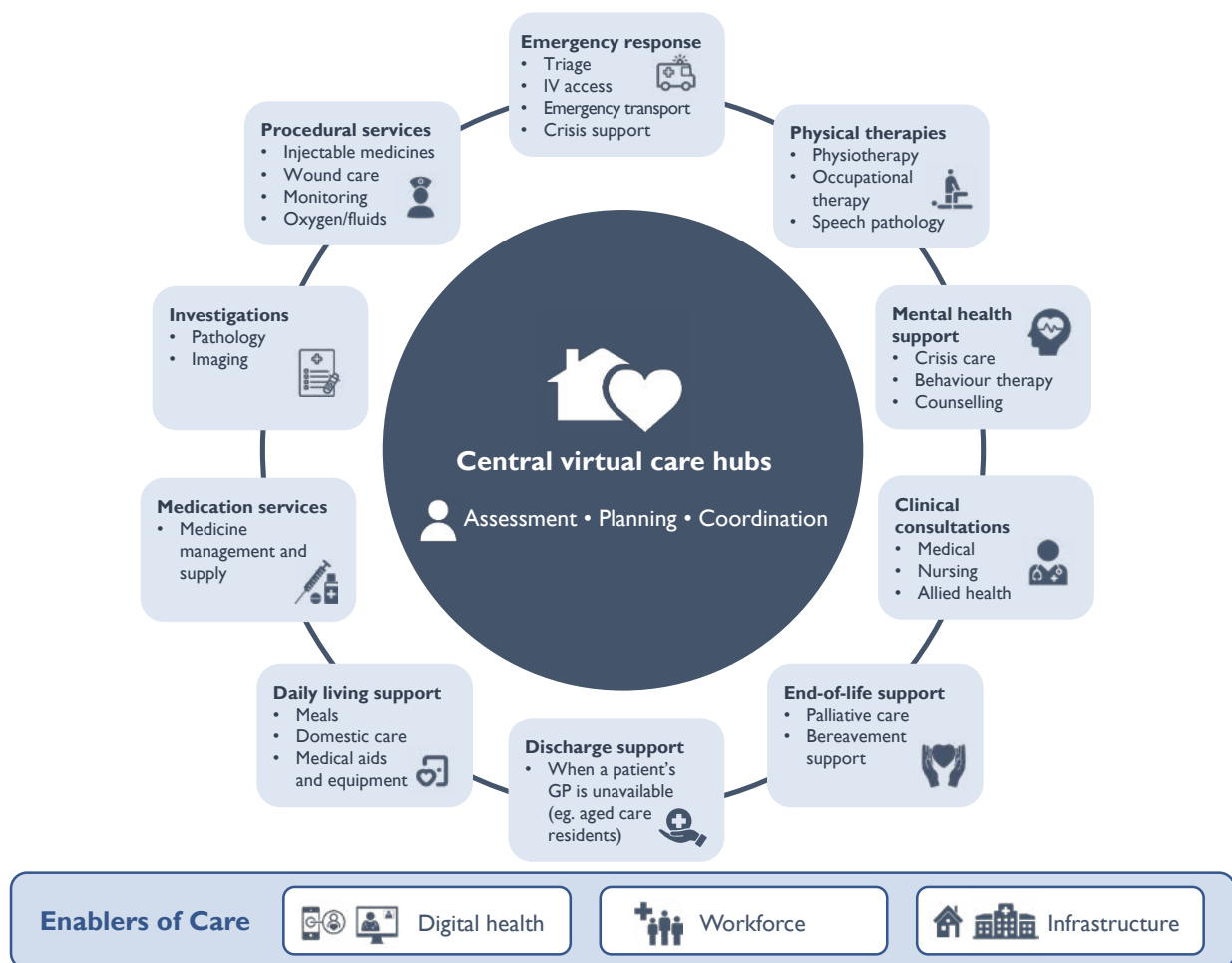
Services will receive and respond to referrals, assess patients' care needs and mobilise clinicians and resources to deliver care in the community. Barriers to clinicians working to their extended scope of practice where clinically appropriate will be addressed, and clinicians will be supported to develop their skills where required. New workforce roles in nursing, paramedicine, allied health and medicine will further facilitate the delivery of specialised home-based services.

Central virtual care hubs will be enabled by digital health technology such as telehealth, remote monitoring equipment, and team-care planning platforms. Our plan to significantly invest in new digital health technology will optimise clinical and operational workflows as outlined in the Digital Health Transformation Strategy. The four focus areas of the Strategy are to:

- Improve community care
- Engage patients in their care
- Optimise clinical and operational workflows
- Foster statewide collaboration.

Care that requires complex equipment, such as medical scans and care that needs to be delivered in special environments, such as surgery, will continue to be provided in hospitals. People who need overnight hospital care may be able to have a portion of their treatment in their home. For example, after surgery, patients may receive post-surgical support and rehabilitation in their home. This would allow them to return home sooner whilst still receiving hospital-equivalent care.

Figure 8. Home-based and community-based service delivery



Action 2.2.2 – Changing the way we deliver outpatient services by providing more services in the community

In November 2022, the *Transforming Outpatient Services 2022-26* was released. This strategy outlines progressive reforms and improvement activities that will be implemented to maximise current service capacity, as well as supporting the healthcare system to plan for and respond to expected future health needs of Tasmanian communities. This will involve:

- Increasing the use and integration of virtual care solutions into models of care, to help reduce waiting times, increase access and convenience for consumers and optimise resources
- Enhancing the use of rapid access clinics to ensure patients receive the care they need as quickly as possible
- Increasing the use of in-reach models of care into Tasmanian district hospitals, community health centres and into people's homes, including residential aged care facilities
- Expanding access to models of care that utilise advanced practice workforce roles, including the use of generalists supported by specialists, to increase the types of care that can be safely delivered in people's homes, such as renal dialysis and chemotherapy
- Increasing the use of remote telemonitoring to support access to home-based care

- Ensuring timely discharge of consumers back to their primary healthcare providers to streamline patient flow and increase the capacity of specialist clinics to treat new people – while some complex and rare conditions will require lifelong involvement of specialists, most people need specialist care for a limited period and should be discharged to other service provided, as soon as clinically appropriate
- Increasing utilisation by GPs and specialists of Tasmanian HealthPathways, enabling people's care to be coordinated and managed in the most appropriate setting, strengthening shared decision making and avoiding unnecessary outpatient activity
- Developing and maintaining effective processes and governance arrangements for the routine review of Tasmanian HealthPathways to ensure they are clinician informed, contain the latest best-practice guidance, and reflect the provision of care in Tasmania
- Delivering a digital outpatient management software solution to improve the patient experience across the outpatient journey, removing existing process complexity and delivering an enhanced user experience for consumers, clinicians, and administrators
- The digital outpatient management software will incorporate telehealth/virtual care capabilities that support the adoption of multi-channel service delivery options for consumers and clinicians – this will improve communication and enable self-management strategies, provide the ability to better navigate throughout the system and give patients more control over their referrals and bookings.

ACTION 2.3 – OPTIMISING RURAL HEALTH SERVICES

Action 2.3.1 – A place-based approach to rural health service planning, implementation and delivery

We are committed to establishing a place-based approach to rural health service planning, implementation and delivery.

A place-based approach recognises that each rural community is unique, and the health and wellbeing of people is strongly influenced by factors specific to the place in which they live. The interplay of

factors such as the built and natural environment, availability of knowledge and skills, levels of social cohesion and economic factors all contribute to health outcomes. As a result, each rural community, when viewed holistically, has specific opportunities and challenges that inform health service planning, development and delivery.

Place-based work is collaborative, community-centred and locally owned and led. We recognise that services delivered by the Tasmanian Government are only one part of the local health system, and our role is to partner with local people, providers and community organisations in a way that:

- Builds on local strengths
- Identifies shared goals and priorities for each local community
- Strengthens local agency through shared decision-making and accountability
- Leverages existing local resources
- Fosters community connections and resilience.

This innovative approach to service planning, development and delivery is different from our traditional work methods. It will require us to adapt our approach to leadership and accountability, reorientate funding and resourcing streams and strengthen capabilities in place-based methods.

To support these changes we will develop, in consultation with our partners, a framework for place-based approaches to health service planning, development and delivery. The Framework will describe the aim and methods of place-based approaches and guide the operational and cultural change required to adopt this new way of working.

Action 2.3.2 – Optimising rural service delivery

Using a place-based approach, we will partner with rural communities to optimise rural health service delivery in locations where district hospitals and community health centres are located.

We know that capacity to consistently provide local healthcare services is dependent on key resources such as health infrastructure and workforce.

Action Area 2. Providing the Right Care, in the Right Place, at the Right Time

District hospitals and community health centres are important health infrastructure assets located in rural communities throughout Tasmania, but they are currently underutilised. They can provide a 'hub' for delivering a range of local healthcare services, particularly in locations with limited access to non-government primary healthcare infrastructure. They are also important community assets, providing and hosting various community services and activities.

We have an opportunity to optimise local health service delivery by leveraging key healthcare assets and resources, public and private, to best meet the needs of our rural communities. To support this process, we have begun mapping the capacity of our publicly owned rural infrastructure, commencing with district hospitals. Building on this work, we will also map rural and remote community health centres and ambulance stations. We will overlay this map with information on non-government healthcare assets and resources available at each location to provide a complete picture of current healthcare capability and capacity across the rural healthcare network.

In addition, we will continue to strengthen other essential health infrastructure, including establishing and upgrading ambulance stations across key rural locations such as Beaconsfield, Bicheno, Oatlands, Bridgewater and Queenstown.

We are also increasing the number of rural-based paramedics across the State and extending hours of operation to 24/7 in more locations to improve our rural and remote emergency care capacity.

Effective rural health service delivery requires a skilled workforce but attracting and retaining health workers in rural and remote areas is challenging. To optimise rural health service delivery, we need to incentivise rural health practice, increase the capacity of the local healthcare workforce and, where appropriate, supplement local service delivery with workforce located outside of the local community.

Opportunities to increase workforce resources or capacity include:

- upskilling the existing workforce
- expanding generalist clinician roles
- utilising the existing workforce in different ways
- introducing new workforce models
- incentivising primary health providers to establish or expand local service offerings
- partnering with Aboriginal Community Controlled Health Organisations
- increasing positions (such as Aboriginal Health Practitioners, Nurse Practitioners, Extended Care and Community Paramedics and GPs)
- improving access to remotely based staff through visiting services and virtual care arrangements
- accommodating visiting health professionals in local communities.

See Action Area Six for more detail about how we are building the capacity of our health workforce.

As access to skilled workforce and specialised infrastructure increases, so does the capacity to provide more complex care locally.

Figure 9 demonstrates how rural health services can build their service offering in line with increasing resource availability.

Using a place-based approach, we will partner with rural communities to plan, develop and deliver a shared plan for optimised rural health services.

Each plan will be uniquely tailored to the specific circumstances, challenges and opportunities of each rural or remote location. The plans will describe the current care capacity and capability within the community and identify agreed aims and priorities for optimised service delivery that enables more care closer to home.

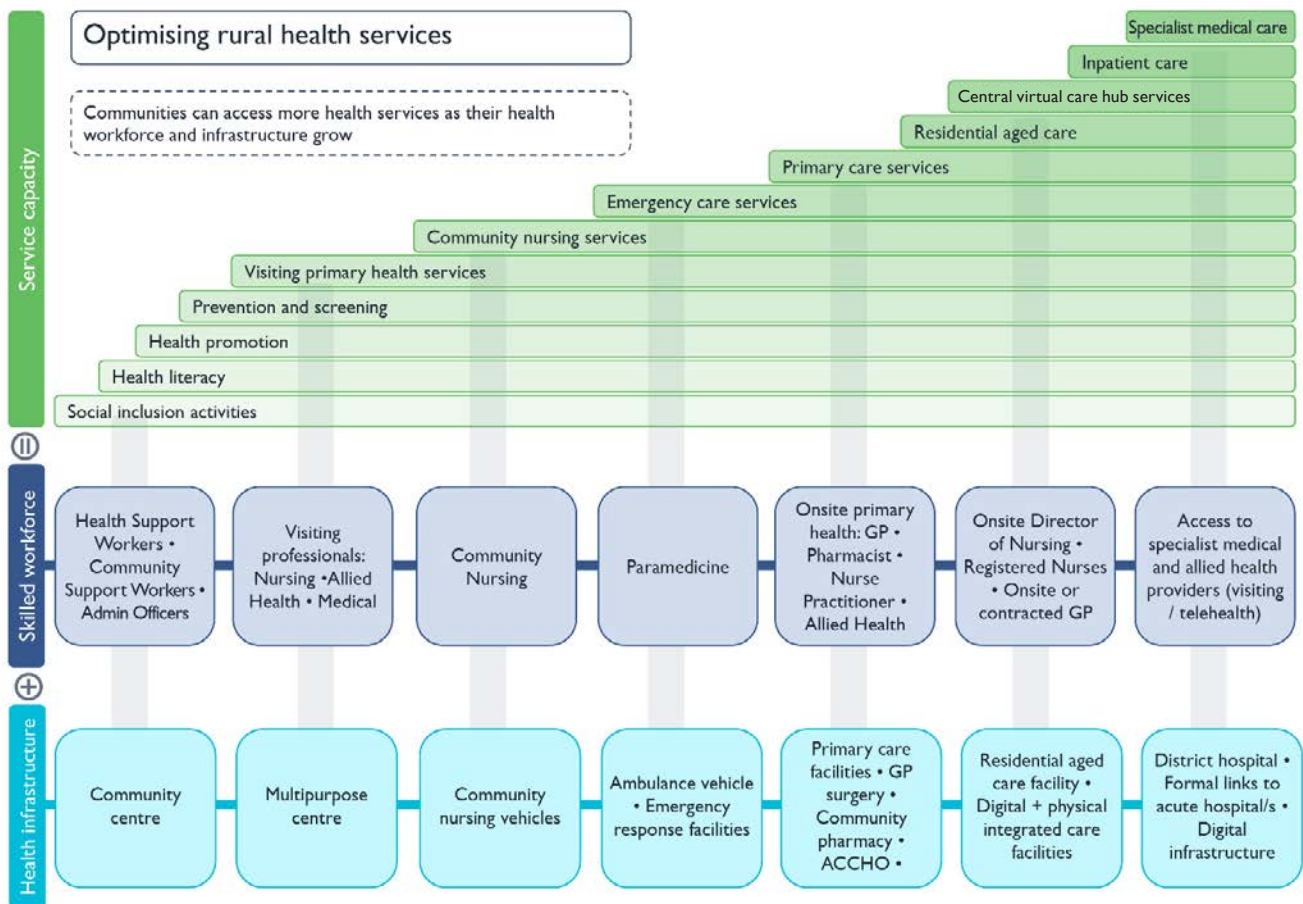
Although each health service optimisation plan will vary according to the unique factors associated with place, it is anticipated that plans will identify opportunities for improved local service delivery, such as:

- Increased inpatient care delivery in district hospitals
- Improved access to specialist medical care, particularly in ambulatory and subacute care
- Increased cross-sectoral collaboration to deliver more primary healthcare locally
- Greater access to home-based services through participation in the central virtual care hubs and specialised response teams

- More support for emergency response care
- Strengthened and targeted preventive health services.

Each health service optimisation plan, developed in partnership with rural communities, will also inform the infrastructure maintenance and development plans for our district hospitals and community health centres.

Figure 9. Optimising rural health services



ACTION 2.4 – STRENGTHENING PREVENTION AND EARLY INTERVENTION

Preventive healthcare can often be overlooked when we focus on responding to illness rather than prioritising approaches to health and wellbeing. As we look towards 2040, we have an opportunity to proactively pursue and embed health prevention strategies across our healthcare system, while we continue to implement the *Healthy Tasmania Five-Year Strategic Plan*.

Action 2.4.1 – Prioritising preventive health at all levels of the organisation

We will continue to work together with all levels of government and across communities to progress our shared long-term primary prevention priorities as agreed in our current and future *Healthy Tasmania* strategic plans. Actions focus on supporting Tasmanians to be more connected in their communities, have positive mental health and wellbeing, limit harmful alcohol use, be smoke free, eat well, and live more active lives.

The DoH will lead by example with health promoting policies and settings: provide smoke free areas, healthy food and drink choices, breastfeeding friendly facilities, encourage staff health and wellbeing, and environmentally sustainable health facilities.

We will support consumers, carers, clinicians, researchers and decision makers, across the entire health system to act in health promoting ways.

Action 2.4.2 – Supporting priority population groups

Some population groups including Aboriginal people, people from the LGBTIQ+ community, culturally and linguistically diverse people, and people living with a disability are more vulnerable to poor health for a range of reasons such as reduced access to healthcare services, low health literacy rates and socioeconomic barriers to health and wellbeing. We need to recognise our vulnerable groups and target our efforts toward

those who are most in need.

We are currently progressing targeted strategies for:

- *Improving Aboriginal Cultural Respect Across Tasmania's Health System* in collaboration with the Aboriginal community
- Increasing mental health literacy and early intervention, particularly in rural and remote communities, as part of the *Rethink 2020* strategy
- Strengthening preventive health support for our youngest Tasmanians (0-25 years) with the child and adolescent wellbeing strategy *It Takes a Tasmanian Village* – focusing on the first 1 000 days of life (conception to two years) as preventive actions in this critical period can affect lifelong health and wellbeing outcomes
- Empowering people to take control of their own health, through the implementation of the *Health Literacy Action Plan 2019-2024*
- Ensuring more Tasmanians can learn about and access, healthy, nutritious food wherever they may live through the *Food Relief to Food Resilience Strategy and Action Plan*
- Improving the health and wellbeing of people with disability living in Tasmania, through developing and implementing a Disability Health Strategy informed by the lived experience of people with disability
- Ensuring health services are inclusive and LGBTIQ+ Tasmanians have equal access to and quality of healthcare.

Action 2.4.3 – Population-based priority setting

Future priorities will be determined, and strategies developed, based on emerging population health data understood through community and clinician consultation.

We will continue to adopt and deliver preventive health measures in response to identified public health need and as new technologies become available, such as:

- New population screening tools, for example, lung cancer screening

- New vaccines for the prevention of infectious disease
- Advances in medical and surgical prophylaxis
- Community-based preventive health programs that have been tested and found effective will be upscaled.

Tertiary prevention strategies are often highly resource intensive. To achieve preventive health gains, we need a long-term focus and a multi-pronged approach.

Using population health data, social determinants of health data, and predictive analytics, we will identify key areas specific to the Tasmanian population that will be targeted for strategies to manage ongoing illness or injury in a way that maximises health and wellbeing.

We will focus our efforts on those areas that will provide our population with the greatest benefit. We know that our population has high rates of chronic disease in conditions such as musculoskeletal illness (such as arthritis), cancer, diabetes and heart disease. These rates are expected to increase as our population ages.

We will continue to develop promotion, prevention and early intervention approaches in the areas of mental health and alcohol, tobacco and other drugs, through new policy frameworks which will be developed under *Rethink 2020* and the Reform Agenda for the Alcohol and Other Drug Sector in Tasmania, and we will maintain a determined focus on the implementation of actions and approaches that reduce the stigma and discrimination.

Action 2.4.4 – Applying a prevention lens

We will apply a 'prevention lens' to clinical service planning, commissioning and evaluation to ensure evidence-based opportunities for prevention are identified and actioned. We have reviewed community feedback, evidence and local research in relation to the Healthy Tasmania Fund and are committed to implementing the opportunities identified for effective community-based preventive health activity. This work will be driven in alignment with the *National Preventive Health Strategy 2021-2030*.

As system integration increases and we operate more effectively as a network of health services, we will leverage system resources to:

Action 2.4.5 – Increase the dissemination of preventive health information

- Using digital health platforms to improve health literacy and give people access to trusted health information that is relevant to them
- Work with our partners such as libraries to reduce barriers to digital literacy, by improving access to computers, private spaces and data
- Providing tailored and actionable information to primary healthcare providers, community groups, and social service providers
- Use of peer approaches to disseminate preventive health messages (e.g. mental health, drug and alcohol, parents and families, carers and schools).

Action 2.4.6 – Co-ordinate a multi-level system response

- The task of prevention is not confined to discrete service areas. Instead, it is the role of all clinical services. The types of prevention activities will vary according to care complexity, as indicated in the TRDF, but activity will be coordinated and monitored centrally
- We will take a systems perspective to ensure prevention is embedded across the entire health system. Important factors that will help to drive this include leadership, capacity building, measuring performance and dedicated time and resources for clinicians to work in health promoting ways.

Action Area 2. Providing the Right Care, in the Right Place, at the Right Time

Action 2.4.7 – Embedded prevention into our ways of working

- Ensuring clinical pathways are inclusive of preventive strategies and embedded in clinical workflow for ease of implementation
- Harnessing early predictive decision support technologies
- Monitoring and responding to clinical variation trends that identify opportunities to strengthen the implementation of preventive health actions
- Ensuring health promotion, health literacy and cultural competency training is embedded into every worker's orientation and training.

Action 2.4.8 – Mental health and alcohol and other drugs early intervention and prevention

- Developing a contemporary Tasmanian Promotion, Prevention and Early Intervention Framework for mental health and alcohol and other drugs
- Building an inclusive community and working with our stakeholders to promote a healthier attitude to mental health conditions and alcohol and other drug use
- Extending supports in rural communities and neighbourhood houses, and increasing support for communities to develop and implement community actions
- Building an integrated mental health and alcohol and other drug service system, including integration with other key areas such as housing, children and youth services, and education
- Intervening early and improving timely access to support (early in life and early in illness)
- Nurturing the early years, fostering resilient individuals and strengthening families
- Focusing on whole of population approaches and working to reduce inequalities.



Action Area 3. Governed with Our Partners to Proactively Meet Demand

INTENT

A safe, high-quality health service designed and governed in partnership with consumers and clinicians.

Underpinned by *Advancing Tasmania's Health Principles*

Collaborative: All stakeholders, including consumers, clinicians and health administrators, will work together to inform the design and operation of the Tasmanian health system.

Evidence-based: The planning, provision and evaluation of healthcare will be informed by current best evidence and the needs identified by communities.

WHY

We need a health service that is specifically designed and governed to meet the needs of our population. To achieve this, we must ensure that our services are planned, provided and evaluated based on best evidence, as understood through the needs of our communities.

We cannot do this alone. We need consumers, clinicians and other key stakeholders to partner with us so that together we can co-design and deliver a better health system. A health system that delivers safe, high-quality, consumer-centred care and is constantly adapting to improve health outcomes for Tasmanians.

To develop strong and authentic partnerships from which the health service can be designed and governed, we need to change the way we work with our system partners. Consumer and clinician engagement can no longer be a 'peripheral' or time-limited activity. It needs to be core to how we plan and run our services every day. This means embedding consumer and clinician engagement and participation throughout our planning and governance structures, facilitating shared decision-making, co-design of services, and other collaborative governance approaches. This will support service delivery that is reflective of the needs, preferences and values of our community.

Clinical governance is the system by which system leaders, managers and clinicians are jointly responsible and accountable for the delivery, monitoring, and continuous improvement of patient care. Strong and effective clinical governance is essential to the delivery of safe, high-quality clinical care.

The creation of a single statewide health system began with the commencement of the *One State, One System, Better Outcomes* (Stage One) reforms in 2014, and in 2015 a managerial and operational restructure to shift the system towards a single statewide model. While this was an important first step towards integration, there is also a need for system-wide clinical leadership. Many of our clinical leaders are still operating in regional roles.

Action Area 3. Governed with Our Partners to Proactively Meet Demand

This means that under the existing structure most clinical services do not have a clinical leader with a statewide or system-wide view. Statewide leadership offers the opportunity to enhance effective clinical governance of our system. Ensuring clinicians have the appropriate authority and scope required to bring strong clinical governance to our system will support the delivery of safe and appropriate services across the service network.

Good clinical governance requires effective clinician engagement in the planning, monitoring and improvement of health services. We are

working on new ways to engage with clinicians and targeting new investment in the structures required to facilitate clinician engagement in system design and governance. The systems we do have tend to be discipline-specific and inwardly focused. Opportunity exists to strengthen support for clinical governance in every service area and to broaden clinician engagement beyond disciplinary, regional and sectoral boundaries so that together we can respond to the complex multifactorial issues that our services need to address across Tasmania.

WHAT WE WILL DO

We are committed to partnering with consumers and clinicians to design and govern a health system that provides safe, high-quality services that are responsive to the unique health needs of our population.

Our service design will be informed by an evidence base gathered from research, demographic data, public health profiles, disease prevalence rates and health service usage statistics. This evidence base will be interpreted in collaboration with consumers, clinicians and other key stakeholders to develop a health system in which system managers, consumers and clinicians work together for optimal outcomes.

ACTION 3.1 – PLANNING IN A COMMISSIONING ENVIRONMENT

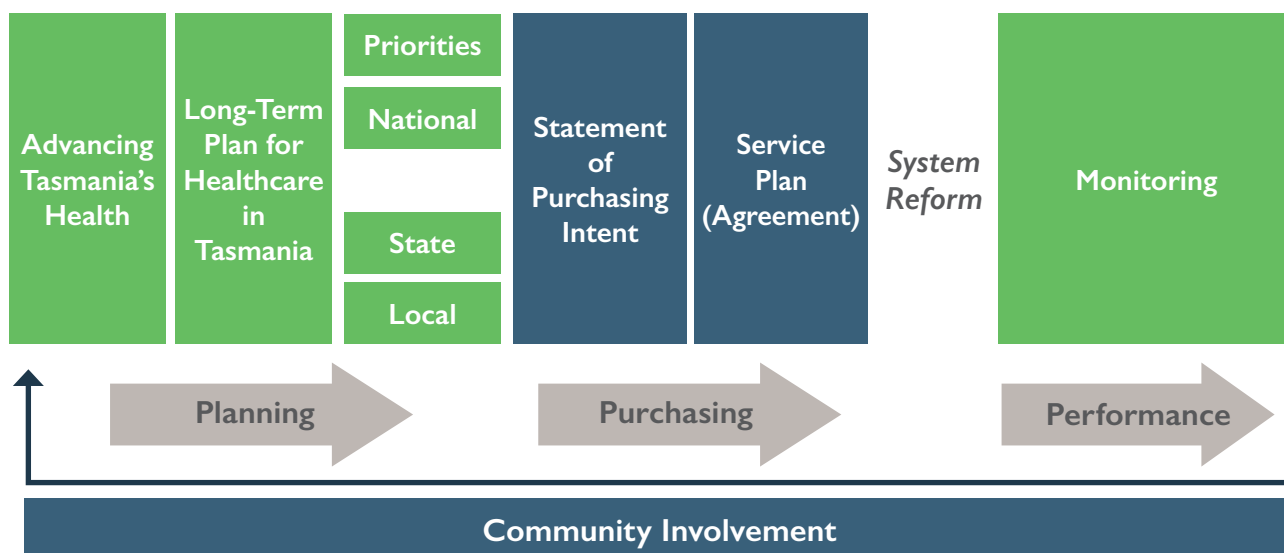
Many of the strategies outlined in this Long-Term Plan will be implemented through the Tasmanian Government purchasing services from providers.

The process of planning and buying health services to meet the health needs of the population is known as commissioning. We will strengthen the commissioning process to ensure health services purchased by the Tasmanian Government address the community's health needs in the most effective and efficient way.

Action 3.1.1 – A stronger commissioning cycle

Figure 10 summarises how the high-level vision and strategic ambitions for Tasmania's future healthcare system outlined in *Advancing Tasmania's Health* will be translated into an annual schedule of services provided in the annual THS Service Plan.

Figure 10. Summary of the Commissioning Process



The key steps in this process are:

- **Advancing Tasmania's Health:** Provides the vision, guiding principles and strategic ambitions for Tasmania's future healthcare system.
- **Long-Term Plan for Healthcare in Tasmania 2040:** Provides the long-term strategic priorities for the Tasmanian health system, together with the five year priorities outlined in the regional Clinical Services Profiles.
- **Rethink 2020: A State Plan for Mental Health in Tasmania 2020–2025:** sets out a 10-year vision to integrate mental health services and improve care and support for people with mental ill-health and their loved ones.
- **Reform Agenda for Alcohol and other Drugs Sector in Tasmania:** establishes a 10-year vision to ensure Tasmanians affected by alcohol, tobacco and other drugs use have access to appropriate, timely, effective and quality alcohol, tobacco and other drug services, supports and treatments.
- **Priority setting:** priority setting will be evidence-based to ensure we can deliver the best outcomes for patients and the best value for the health system. Factors to be considered will include National Health Reform priorities, State Government priorities and initiatives and current best-practice models of care. Priorities will be determined annually by the DoH Executive in consultation with the Minister.

- **Statement of Purchasing Intent:** The DoH will develop a Statement of Purchasing Intent (SOPI), which will act as a bridge between the long-term strategic direction of the health system and the annual purchasing of services from the THS. The Statement of Purchasing Intent will be developed through collaboration with the Department, the THS, the Australian Government and public and private health providers. It will have a five-year outlook but will be updated annually to ensure it reflects the contemporary environment.
- **THS Service Plan:** provides a schedule of services to be provided by or on behalf of the THS and the estimated funding to be provided in relation to the provision of those services, in addition to the performance standards expected of the THS in the delivery of those services.

The reforms implemented as part of this Long-Term Plan will be regularly monitored and evaluated to ensure they are helping to achieve the long-term vision for the health system.

ACTION 3.2 – PARTNERING WITH CONSUMERS AND COMMUNITIES

To facilitate our partnership with consumers and the community we are strengthening the involvement of, and support for, Consumer and Community Engagement Councils at the regional and system-wide levels.

The THS has three Consumer and Community Engagement Councils that support the THS across the North, North West and South and provide a community member point of view into the delivery of healthcare services.

We are also working with consumer organisations, groups and representatives, to explore new ways of engaging with a broad range of consumers and communities. We are particularly focused on increasing engagement with vulnerable groups that may have been under-represented in the past, including Aboriginal people, people from the LGBTIQ+ community, culturally and linguistically diverse people, and people living with a disability.

Action 3.2.1 – Consolidating our approach to consumer participation

Further, we have established a new Tasmanian Consumer Health Planning Committee that aims to bring together consumer engagement organisations and groups across our State. In partnership with this Committee, we will develop a new agency-wide consumer and community consultation and engagement framework that will embed the consumer voice throughout our planning and governance arrangements.

The Tasmanian Consumer Health Planning Committee will also directly contribute to health planning associated with the *Our Healthcare Future* reforms.

The Tasmanian Consumer Health Planning Committee is currently Co-Chaired by the DoH and Health Consumers Tasmania. Health Consumers Tasmania is Tasmania's peak body for all consumers across Tasmania.

Action 3.2.2 – Embedding the voice of lived experience

We continue to work closely with peak bodies for people with a lived experience of mental ill-health and/or alcohol and drug use and their families and friends to ensure that the voice of lived experience is heard in the planning and delivery of Tasmanian mental health and alcohol and other drug services.

- Flourish Mental Health Action in Our Hands Inc. is Tasmania's peak body for people with a personal lived experience of mental ill health.
- Mental Health Families & Friends Tasmania is Tasmania's peak body for the families and friends of people affected by mental ill health and co occurring alcohol and other drugs and mental health conditions.
- Roses in the Ocean is Australia's national lived experience of suicide organisation.
- The Alcohol Tobacco and Other Drugs Council Lived Experience Advocated Service links us with Tasmanians who have a lived experience of alcohol and other drug use.

ACTION 3.3 – PARTNERING WITH CLINICIANS

Action 3.3.1 – Strengthening our clinical engagement practices

To design and implement the service changes our health system requires, we need expert clinical advice and strong clinical leadership. We will develop a new clinical engagement framework to ensure that the clinician voice is included in all clinical planning and reforms. To achieve this aim, we will establish an integrated multi-level clinical engagement approach that will enhance clinical engagement and strengthen consumer participation in clinical service planning and improvement. The approach will include:

- Service-specific leadership and advice through strengthening Tasmanian Clinical Networks
- System-wide clinical leadership and advice through the establishment of the Tasmanian Health Senate
- Clinical innovation through the Leadership 2040 Forum.

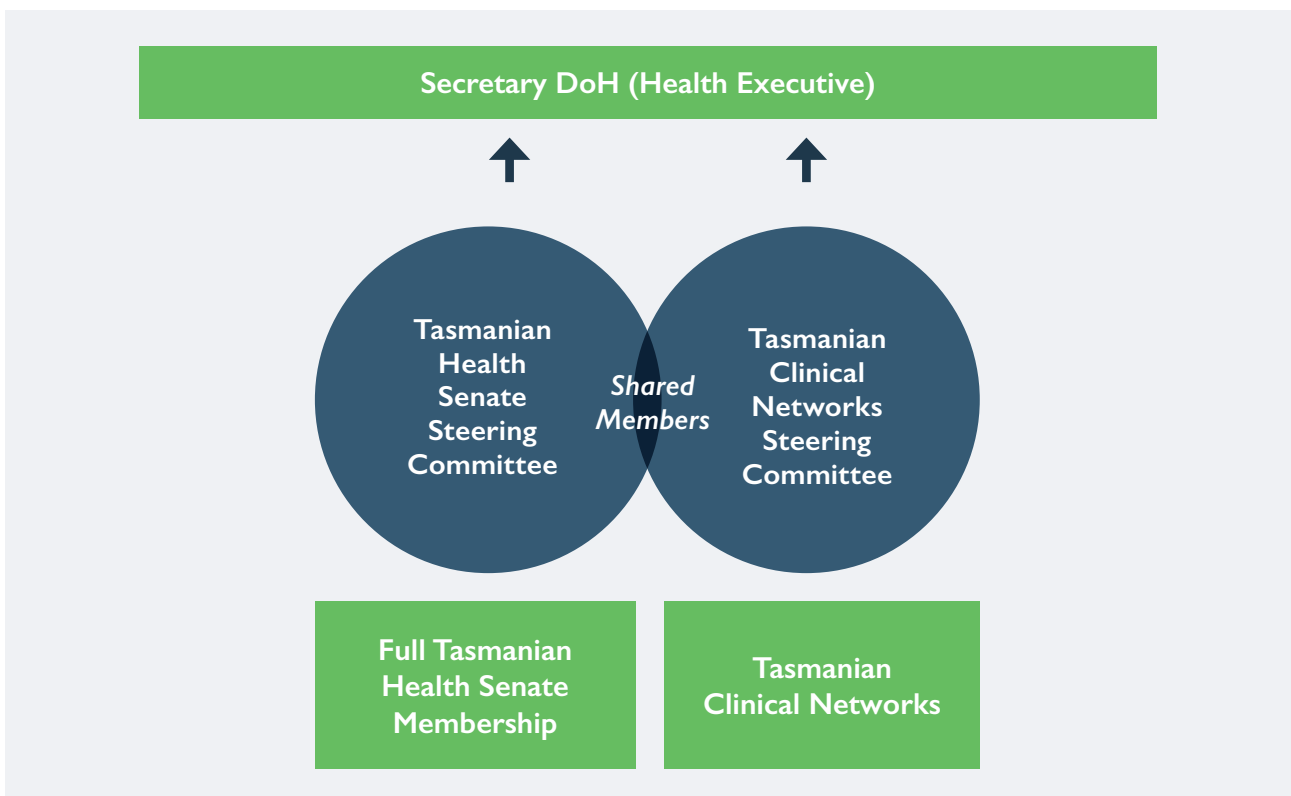
To facilitate clinical engagement integration and coordination, the steering committees of the Tasmanian Clinical Networks and the Tasmanian Health Senate will each have at least three shared members. Each Steering Committee will report to the Secretary, DoH.

Action 3.3.2 – Statewide Clinical Networks

We will improve clinical leadership, planning and advice in each of our clinical service areas by strengthening our Clinical Networks. Clinical Networks are the mechanism by which clinicians, service managers and consumers are engaged to lead service-level and system-level safety and quality improvement and to inform the DoH on clinically related issues.

New Clinical Networks will be established for key clinical areas that do not currently have a Clinical Network. All Clinical Networks will receive administrative support from a shared secretariat. The establishment of a Tasmanian Clinical Network Steering Committee will provide the networks with oversight and direction.

Figure II. Tasmanian Health Senate Steering Committee and Tasmanian Clinical Networks Steering Committee Governance Framework (source *Tasmanian Health Senate Operational Framework, 2022*)



Action Area 3. Governed with Our Partners to Proactively Meet Demand

Clinical Networks will be tasked with contributing to the development and implementation of statewide service plans that reflect the principles of the *Our Healthcare Future: Advancing Tasmania's Health* program of reform and align with the requirements of the TRDF. The priority areas are:

- Improving care and outcomes for Tasmanians with, or at risk of, heart disease
- Developing an integrated service system for intermediate care
- Increasing timely access to evidence-based care pathways for people with musculoskeletal conditions
- Implementing *Australia's Primary Health Care 10 Year Plan 2022-2032*
- Improving cancer outcomes and the lives of all people affected by cancer
- Improving access to healthcare services in the community and hospital for children and young people.

Clinical Networks will also support the development, implementation and review of patient-centred clinical pathways. Clinical pathways guide the assessment and management of health conditions according to best practice and direct the flow of patients throughout the system according to the Clinical Services Profiles.

Tasmanian Health Pathways are an important health system resource administered by Primary Health Tasmania. Engagement of clinicians, including through Clinical Networks, in maintaining and updating health pathways is essential to embed the pathways into clinical practice to improve care consistency and patient outcomes.

Clinical Networks will also monitor service outcomes and indicators and identify service improvement opportunities in partnership with consumers and representative community organisations.

Action 3.3.3 – Tasmanian Health Senate

The establishment of the Tasmanian Health Senate will provide clinical leadership and independent advice for complex, system-wide health service delivery issues and plans.

The Senate will consist of clinical experts across various health disciplines and sectors within Tasmania's health system, together with people who use health services, to provide independent evidence-based advice on issues of statewide, strategic importance to the health system.

The Tasmanian Health Senate Steering Committee will oversee and direct Senate activity. Senate recommendations will be provided through to the Secretary, DoH for consideration and action.

Action 3.3.4 – Leadership 2040 Forum

Health system change is continuous. As the health needs of our population change and health technologies emerge, we need leaders who are equipped to anticipate change and respond with innovative ways of delivering care.

Through the establishment of the Leadership 2040 Forum we will gather emerging health leaders from health services, professional groups, and educational institutions to develop new ways of addressing current and emerging health issues of importance to our State.

The Forum will facilitate cross-disciplinary and cross-sector information sharing, strengthen partnerships, and grow our future leaders. Each of these are important foundation requirements for successful health innovation in the future.



Action Area 4. Investing in Our Future to Deliver Sustainable and Environmentally Responsible Services

INTENT

An environmentally sustainable health system that recognises, acts upon, and measures its impact on climate change.

Underpinned by *Advancing Tasmania's Health Principles*

Innovative: The health system will foster a culture of innovation which encourages new ideas that can bring about a positive change to health and wellbeing, for our patients, our staff and the Tasmanian community.

WHY

The health system of the future will look very different to today, we need to change the way we deliver services by taking advantage of advances in technology and research, implementing innovative models of care and responding to consumer expectations.

Health systems have a role and a responsibility in reducing their own environmental impact, including reducing low value healthcare. We need to act now to guarantee the environmental and financial sustainability of our health system, to meet the challenges of the future.

Health systems around Australia and internationally are shifting towards more innovative and sustainable service provision, to reduce the effect of the provision of healthcare upon the environment and build services that are more resilient to the impact of climate change, now and in the future.

Innovation and the provision of more environmentally sustainable services, can also drive efficiencies in health service delivery, increasing service access and improving patient experiences.

Examples of innovative technologies that will have a co-beneficial effect for both the health system and the environment include the use of drones to deliver medications and pathology specimens, and into the future, the increasing use of genomics and artificial intelligence in hospitals.

SUSTAINABLE HEALTHCARE

Due to the nature of the services they provide, hospitals and other healthcare facilities use significant amounts of energy and water and generate large volumes of waste.

The Australian healthcare sector produces an estimated seven per cent of the nation's carbon emissions, with hospitals (public and private), pharmaceuticals and capital works projects all contributing significantly to this.¹

There is an expectation that health services will reduce their environmental impact and contribute to improving the natural and built environments. At the same time, health services must come to be prepared to deal with the impacts of climate change, now and in the future on health.

Climate change presents a serious challenge to the health and wellbeing of Tasmanians and is already having an impact on health services which will continue to increase over coming years. As extreme weather events such as heatwaves, floods, droughts and storms worsen and become more intense, this risk of negative health impacts also increases, especially for children, older people and vulnerable population groups. This in turn, places increasing pressure on health services.

While health systems face a dual responsibility to reduce their carbon footprint while responding to the health outcomes associated with climate change, there are many opportunities to harness mitigation, adaptation and resilience strategies for the future.

The *Global Green and Healthy Hospitals Sustainability Agenda*² sets out 10 interconnected goals for the health sector to address and promote greater sustainability and environmental health:

- Leadership
- Chemicals
- Waste
- Energy
- Water
- Transportation
- Food
- Pharmaceuticals
- Buildings
- Purchasing.

A review commissioned by the Australian Commission on Safety and Quality in Health Care³ found many examples of good practice, nationally and internationally, for Australian health jurisdictions to draw on in pursuing these goals.

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- 1 Source: Malik A, Lenzen M, McAlister S and McGain F. (2018). The carbon footprint of Australian health care. *The Lancet Planetary Health*. 2: e27-e35.
 - 2 Source: Global Green and Healthy Hospitals. (2021). *A Comprehensive Environmental Health Agenda for Hospitals and Health Systems Around the World*. Buenos Aires, Argentina: Health Care Without Harm. Accessible from: [Global-Green-and-Healthy-Hospitals-Agenda_3.pdf](#) ([greenhospitals.org](#))
 - 3 Source: Wyns A, Bragge P, Armstrong F, Carino S, Doker D, Lennox A, Tsering D. (2022). *A review of sustainable healthcare policy, practice and research with a focus on safety and quality*. Sydney: Australian Commission for Safety and Quality in Health Care.



WHAT WE WILL DO

We will apply a value-based approach to healthcare in Tasmania and commit to environmental sustainability, to drive an efficient and healthy Tasmanian health system for the future.

ACTION 4.1 – VALUE-BASED HEALTHCARE

Action 4.1.1 – Applying a value-based approach to purchasing and procurement

We will aspire to add value to each of the five elements of the Quintuple Aim by working with communities to:

- Improve health system design, to make it easier to access, navigate and work in
- Improve the mix of health services to better reflect the health needs of our communities
- Implement models of care that not only reduce the burden of disease but also safely reduce the treatment burden for patients
- Cease to invest in healthcare practices that are found to be unnecessary or offer no benefit to the patient, such as ineffective tests or procedures.

To do this, we will apply a value-based approach to our purchasing and procurement processes to ensure we are investing in the health services that will have the greatest benefit to Tasmanians, and to drive efficiencies across our service network. Value for money will be determined in partnership with consumers and clinicians.

This will include reviewing purchasing and procurement decisions through a value-based lens, where value for money will be determined in partnership with consumers and clinicians, as well as underpinning our commissioning cycle with a value-based approach.

Choosing Wisely Australia® is an initiative of NPS MedicineWise in partnership with Australia's health professional colleges, societies and associations. The campaign supports clinicians, consumers and healthcare stakeholders to have important conversations about tests, treatments and procedures where evidence shows they provide no benefit or, in some cases, lead to harm.

The program is designed to support clinician led and locally driven quality improvement initiatives. The evidence and resources developed by NPS MedicineWise are used to encourage clinicians and consumers to have better conversations about what care is truly needed – identifying which practices are helpful and which are not.

Under the program, our clinicians have used the implementation toolkit to focus on five key areas, including unnecessary pre-operative testing, opioid stewardship, reducing unnecessary coagulation, CT scans, and use of cannulas in the emergency department. The RHH translation service also worked with Choosing Wisely Australia to translate consumer resources into languages relevant to Tasmanians.

The DoH will continue to support and promote clinicians and consumers to work in partnership to choose healthcare that is supported by evidence, not duplicative, free from harm and truly necessary.

ACTION 4.2 – SUSTAINABLE HEALTHCARE

Action 4.2.1 – A net zero health service by 2030

Amendments to the Tasmanian *Climate Change (State Action) Act 2008* were passed by Parliament in November 2022.

In response to the most recent independent review, the amendments to the Act introduce a new emissions reduction target for Tasmania of net zero emissions from 2030. All Tasmanian Government Departments are expected to comply with this target.

The amendment legislation also includes a set of principles to guide climate action and drive a commitment to implement a whole-of-government policy framework. This will require the DoH to consider climate change mitigation and adaptation activities across its operations.

Action 4.2.2 – A strategic approach to cleaner health services

The DoH has created a Statewide Health Environmental Sustainability Committee as a sub-committee to the DoH Executive.

This group will lead and provide a more coordinated and strategic approach to climate change opportunities across the DoH, through the development of environmentally sustainable systems.

Strategies that the DoH will pursue to reduce the environmental impact of health service delivery and build preparedness for climate change include:

- Promoting wellbeing
- Delivering healthy facilities
- Sustainable practices
- Adapting to a changing climate
- Digital technology
- Leadership
- Standards and protocols
- Innovation.

An environmental sustainability specialist has also been engaged to review and make recommendations on the development and implementation of a comprehensive environmental sustainability strategy for the DoH.

Action 4.2.3 – Progressing the Global Green Healthy Hospitals goals

Internationally, various programs now exist to strengthen collaboration on sustainable healthcare between jurisdictions and between health service organisations, allowing the sharing of resources and best practices.

The DoH has extended its membership to the Global Green and Healthy Hospitals (GGHH) network. The GGHH is an international network of hospitals, healthcare facilities, health systems and health organisations dedicated to reducing their environmental impact and promoting public and environmental health.

The DoH has committed to prioritising four of the GGHH's top sustainability goals for healthcare for action in Tasmania:

- Leadership – prioritising environmental health
- Waste – reducing, treating, and safely disposing of healthcare waste
- Transportation – improving the environmental performance of transportation for both patients and staff
- Buildings – reducing environmental impacts and implementing and healthy hospital design and construction.

In line with the GGHH's Buildings Goal, a critical component of the DoH 20 Year Infrastructure Strategy will be environmental sustainability.



Our enablers for action



Action Area 5. Enabled by Digital Technology and Infrastructure

INTENT

A health system that leverages digital technology and infrastructure to best support models of care, services, and people.

Supported by the 10 year program of *Digital Health Transformation for Improving Patient Outcomes* and the 20 Year Infrastructure Strategy.

WHY

We need a modern, integrated and sustainable Tasmanian health system to meet the challenges of the future. Digital technologies, and adaptable and scalable infrastructure, can support models of care, release additional healthcare capacity and facilitate the best use of our health workforce.

DIGITAL HEALTH INFRASTRUCTURE

While we are investing extensively in new and redeveloped hospital infrastructure, in today's rapidly changing health environment, modern digital health infrastructure is just as important as bricks and mortar.

Hospitals, GPs, and community health providers can only work together effectively as a health system if they are joined up as one network.

Our current digital health infrastructure is fragmented and out of date. It limits our ability to provide timely integrated care across these settings and hinders our capacity to provide care in new and innovative ways.

Patient health information is stored across many health applications and paper-based records are still in use in some areas within our health system.

Health applications are not integrated, meaning the information health professionals need to provide care is not readily accessible. As a result, healthcare providers waste valuable time gathering information.

Patients and carers are also affected. They are required to repeatedly fill in forms, re-tell their medical history and sometimes must undergo repeat investigations (such as blood tests and scans) as they move between different healthcare settings.

Disjointed ways of working also leads to Tasmanians travelling to major centres to receive care in hospital settings, when digital technologies could enable services to be delivered in the home or community-based settings and prevent unnecessary hospital visits.

We need to link together patient health information to establish a comprehensive health record for each individual that encompasses all their healthcare – regardless of where it happens across the State. This will enable patients and their healthcare providers to easily view the information they need and determine the best treatment options. Digital technologies can also improve clinical decision-making.

By linking decision support tools with patient clinical information and embedding best practice guidance within the digital workflows of the health workforce, clinicians can be supported to make evidence-based decisions that best meet the specific needs of their patients.

We also need to improve how health information is communicated. Our system continues to rely on old methods of communication such as phone calls, mail and faxes. To deliver timely, team-based care, the health workforce needs access to real-time health information exchange and digital support for case conferencing, care planning, care coordination, and referral, using modern communication tools.

As more healthcare is provided in homes and the community, digital technologies play an important part. Telehealth and remote medical monitoring are key to supporting more people to receive care at home and improving equitable access to care, particularly for vulnerable patient groups such as residents of aged care and disability facilities, and people living in rural and remote communities.

Digital technology also has a role in helping us to understand our health system better and respond to the health needs of our population. Our current system view is disjointed as we rely on pockets of data pieced together from a range of systems to provide a picture of the activity, quality, and cost of our health services.

An integrated digital health system would provide us with unprecedented system visibility which would provide important advances in health service planning, evaluation and innovation.

Digital health infrastructure is a critical enabler of this Long-Term Plan. Digital facilitation of service integration, delivery and oversight will require significant investment in health technology and robust support for the health workforce, patients and carers who use it.

INFRASTRUCTURE

A 20 Year Infrastructure Strategy will respond to the Long-Term Plan to ensure that we have the right assets in the right place, to the right specifications and standards to ensure that they are fit for purpose, future focused and enable high quality and safe care.

Planning will be focused on what is needed to deliver, optimise and maintain a physical infrastructure asset base which meets current and future service levels, and which supports safety, sustainability and good practice health service delivery.

Key to planning future investment in modern health facilities is understanding demand, future service need and contemporary service delivery models. Our master planning takes a holistic approach to determining the future vision, direction and the clinical services our facilities will provide. It is driven by clinical service planning undertaken by the DoH's Health Planning Unit in consultation with our staff, community, and partners.

A 20 Year Infrastructure Strategy will take a coordinated, statewide approach to managing infrastructure.

This represents a shift to a forward-looking, proactive model that delivers facilities to meet community need, and will support improved service delivery over the long term.

Action Area 5. Enabled by Digital Technology and Infrastructure

We are delivering \$200 million in critical upgrades to the RHH, with Stage Two Redevelopment projects commencing.

As part of the Government's plan to deliver upgraded health facilities to meet the needs of Tasmanians now and into the future, the first stage of a significant expansion of the Emergency Department has been completed to help meet growing demand. Our cardiology services will be upgraded and a new sleep medicine service established to meet current and future clinical needs. We will continue to deliver on significant works to increase the hospital's critical care capacity, as well as enhancing our endoscopy, general medical and surgical inpatient services.

The LGH Redevelopment Masterplan forecasts capital investment of \$580 million over 10 years and includes the development of a new Mental Health precinct and a new tower on the current

Northside site, providing additional capacity to meet future demand.

In accordance with the LGH Masterplan, \$80 million has been allocated for the new, purpose-built mental health precinct. The precinct will include a new mental health inpatient unit, to replace the current Northside Unit. Community/ outpatient based mental health and alcohol and other drug services will also be co-located on this precinct.

The NWRH redevelopment includes \$40 million for Stage One of a new Mental Health precinct and \$20 million for the refurbishment of the Spencer wing to provide additional wards.

Our \$20.7 million commitment to the new St John's Park mental health hub and the redevelopment of the Peacock Centre will provide a broad spectrum of mental health services from day-support to short-term recovery beds and connect people living with mental health conditions to a variety of health, community and social services.

As we plan for our future, we need adaptable and scalable infrastructure that can support innovative models of care, provide additional healthcare capacity and facilitate the best use of our healthcare workforce.



WHAT WE WILL DO

We have developed a long-term digital health strategy that describes the priority areas for investment in response to the Long-Term Plan.

We are developing a long-term infrastructure strategy that describes the priority areas for infrastructure investment in response to the Long-Term Plan.

ACTION 5.1 – DIGITAL HEALTH TRANSFORMATION

Digital Health infrastructure is key to providing contemporary, joined-up care as close to home as possible. We have commenced implementation of a 10-year program of *Digital Health Transformation - Improving Patient Outcomes* which will position Tasmania to be the first Australian state to deliver a fully integrated healthcare system.

Our system-wide digital health system will empower consumers and support healthcare professionals to deliver better patient outcomes.

Action 5.1.1 – Implementing the Digital Health Transformation Strategy




The *Digital Health Transformation - Improving Patient Outcomes* is an important enabler of the Long-Term Plan. The following table outlines how the key digital advancements described in the Strategy support the aims of this Long-Term Plan.

Our roadmap to deliver this transformation includes three key horizons:

- **Horizon 1:** Building digital foundations and targeted investments in modernising clinical information systems across the State. This includes investments in a new paramedic electronic patient care record, virtual care and broader eReferral investments, while initiating procurement for an Electronic Medical Record system. In addition, we will commence health system-wide integration initiatives.
- **Horizon 2:** Deployment of a statewide Electronic Medical Record including enhanced diagnostic and decision support capabilities. We will also uplift our patient administration technologies equipping Tasmanians with the information they need to be more informed and involved with their care.
- **Horizon 3:** Is where all the benefits come together, with a modern, highly integrated, patient centric service. The technology and the data facilitate advanced diagnostic and treatment options, such as precision medicine, predictive analytics and genomic technologies.

Table 2. Digital health enablers of care

Aim	Digital enabler	Outcome
<p>Informed care</p> 	<p>Modern, integrated electronic medical record capability</p> <p>Digital medication management technology</p> <p>Decision support tools and clinical pathways embedded in digital workflows</p> <p>Electronic supports for multidisciplinary team care planning and coordination</p> <p>Integration of patient clinical records across public and private settings throughout Tasmania</p>	<ul style="list-style-type: none"> • Each patient has a single health record in which all their health information is stored regardless of where they receive care • Healthcare providers access the patient health record to make informed and timely treatment decisions for their patients • Healthcare providers make clinical decisions based on best practice evidence • Healthcare providers are given the requisite support to prescribe, order, monitor, adjust, dispense, and record the administration of medicines digitally • Healthcare providers spend more time focusing on clinical activities and patient care, and less time on administrative tasks through manual, paper-based processes - improving staff satisfaction and employee retention • Improved compliance with national obligations including Medicare revenue and Activity Based Funding and National Safety and Quality Health Service standards
<p>Collaborative care</p> 	<p>A statewide patient record viewer for all care settings</p> <p>Electronic referral</p> <p>Digital outpatient management</p> <p>Telehealth-enabled case conferencing</p>	<ul style="list-style-type: none"> • Streamlined service delivery processes from waitlist to appointment, integrating virtual care capabilities to support a multi-channel delivery model • Improved visibility to clinical information across the State's healthcare settings will promote effective collaboration regardless of where care is delivered • Health professionals communicate together, providing improved continuity of care as patients move between care settings • Health professionals work together in multidisciplinary teams to provide improved health outcomes for patients
<p>Care at home</p> 	<p>Telehealth</p> <p>Virtual care</p> <p>Remote monitoring</p>	<ul style="list-style-type: none"> • More care is provided in homes and communities with the central virtual care hubs • Improved access to healthcare services for people residing in rural and remote areas of Tasmania

Aim	Digital enabler	Outcome
<p>Self-care</p> 	<p>Appointment scheduling</p> <p>Online health education and advice</p>	<ul style="list-style-type: none"> • Patients and their carers can make and change their outpatient appointments • Patients and their carers can update their personal information electronically • People can access trusted health information that assists them in improving their health and wellbeing • Patients and carers have the tools they need to help them make decisions and manage their care with increased transparency around access to services and wait-times
<p>Networked system</p> 	<p>Operational Dashboards</p> <p>Data visualisation tools</p> <p>Patient flow decision support</p> <p>Secure health information access and sharing</p> <p>Integrated clinical systems</p>	<ul style="list-style-type: none"> • Healthcare demand and capacity across the State can be viewed centrally in real-time • Healthcare resources are mobilised, and patient flow is directed in response to changing healthcare needs and priorities • Better user experience, time savings and productivity
<p>Informed system</p> 	<p>Data analytics</p> <p>Predictive analytics</p> <p>Outcome measures</p> <p>Performance metrics</p> <p>Care variation statistics</p> <p>Research and data linkage</p>	<ul style="list-style-type: none"> • Health system planning, management, evaluation and quality improvement is informed by data collected across the system • Feedback from consumers, carers and clinicians is routinely collected and analysed to monitor care experiences and outcomes

ACTION 5.2 – 20 YEAR INFRASTRUCTURE STRATEGY

Action 5.2.1 – Develop a 20 Year Infrastructure Strategy encompassing the hospital masterplans

Our 20 Year Infrastructure Strategy will respond to the Long-Term Plan and inform asset management and investment decisions.

The Strategy will include and build on work already underway to strengthen our planning and management practices to ensure our infrastructure assets enable the delivery of safe, high-quality healthcare services to the Tasmanian community.

Given issues with ageing assets, together with a growth in demand for more community-based and in-home services, the 20 Year Infrastructure Strategy will focus on priority investment in several key areas to meet future demand and consumer and community expectations.

The 20 Year Infrastructure Strategy will encompass masterplans developed to inform future capital investment programs. It will include our major public hospitals, district hospitals, community health centres, oral health facilities, mental health facilities, child health and parenting facilities, and Ambulance Tasmania assets.

Our masterplanning will enable decisions to be made about what built infrastructure should be disposed of to enable the DoH to reinvest into the delivery of assets that meet users' needs, quality standards and achieve best value.

The Clinical Services Profiles and models of care will inform masterplans and will be aligned to service needs, system-wide objectives, and Government policy.

Action 5.2.2 – Implement an Asset Management System and Health Facility Planning and Delivery Process

Our newly developed Asset Management System will be a cornerstone to ensuring that a lifecycle asset management approach is consistently applied to our assets throughout the 20 Year Infrastructure Strategy. It is aligned with international best practice and is guided by the following six key principles:

- Ensuring good governance
- Enabling the delivery of health services
- Proactively managing our risk
- Planning for the future
- Continuous improvement
- Financial sustainability.

The DoH's Health Facility Planning and Delivery Process will be used to guide all projects included in the capital investment program. The process involves a series of planning steps and decision gateways, designed to ensure that all new and upgraded health facilities are fit for purpose, future focused and enable high quality and safe care.

Action Area 6. Delivered by a Valued and Supported Workforce

INTENT

A consumer-centred health system delivered by an enabled, supported, flexible and valued workforce.

Supported by the Tasmanian Government's *Health Workforce 2040* strategy

WHY

Our healthcare workforce is large and diverse and of critical importance to the delivery of our health services. The performance and experience of our health workers has a direct influence on patient experiences and outcomes.

The total healthcare workforce in Tasmania, in relation to the size of the population, is about the same size as other Australian states and territories. Despite this, we continue to face significant workforce challenges with workforce gaps in our regional and rural communities, in health professional groups and in some specialty areas of practice.

The North West of Tasmania has the lowest density (number per 100 000 population) of medical, nursing and allied health workers. While some additional health professionals would be expected in the South and North as a reflection of the State's Clinical Services Profiles, this disparity is larger than expected.

The COVID-19 pandemic has highlighted how sudden impacts on healthcare demand and workforce availability can significantly affect our health system, especially in our regional hospitals.

Workforce constraints and key-person dependencies are even more pressing in our rural and remote communities. The movement of just one local healthcare worker can significantly affect access to healthcare for an entire community.

Despite long-running recruitment campaigns, Tasmania continues to experience workforce gaps. This has been magnified by the COVID-19 pandemic. We need to think more broadly about the way we attract health professionals to work and live in Tasmania. We also need to recruit according to service need and demand, ensuring our staffing contingent aligns with the profile of the clinical service. In addition, we need to improve efficiency by minimising lead times for end-to-end recruitment and improving effectiveness in the competitive employment market.

Action Area 6. Delivered by a Valued and Supported Workforce

Data demonstrates that local training and education opportunities significantly affect our workforce composition. In general, we have more healthcare workers in professions and areas of practice where training and professional development can be accessed here in Tasmania.

The way we allocate and mobilise our workforce also directly affects the sustainability of the healthcare system. The public health workforce is the largest workforce within the State Service, and workforce payments account for two-thirds of the State health budget. This workforce is supported by many individuals who contribute their time and talents in an unpaid capacity, such as volunteers, peer workers, carers, family and friends. We must make best use of all our workers and volunteers to provide sustainable healthcare and deliver optimal health outcomes.

Too often, our clinical staff spend valuable time doing non-clinical tasks that could be done more efficiently by others. We need the right mix of professional, technical, assistant and administrative staff, working across a range of areas, to maximise service efficiency and optimise use of clinical staff with specialist skills.

We also need to re-balance our workforce. Healthcare is becoming more specialised, but our system still requires a strong generalist workforce, particularly in rural and regional areas where clinicians need to respond to a broad range of health needs. In recent years the tendency towards specialisation of our workforce has overshadowed the importance of generalists. We need a balance of specialist and generalist healthcare providers to ensure the health needs of our whole population are met more efficiently.

We also need to consider how we can best use our workforce to proactively improve people's health and wellbeing before they need more complex care. Allied health professionals are vital to addressing the growing rates of chronic disease in our ageing population. Early interventions by allied health professionals, working alone and in multidisciplinary teams, can reduce or eliminate the need for more invasive and costly care.

To achieve the aims of this Long-Term Plan, the size, mix and distribution of the health workforce must line up with the healthcare needs of our population. Where we do not have the local workforce to deliver the services that people require, we need to implement innovative and flexible ways to provide those services. To do this we need to actively build capacity within our workforce and improve the distribution of skills across the service system.

And finally, we need to work proactively to retain and support all our valuable health workers. Our workforce is our health system's greatest asset, and we must ensure that everyone feels valued, supported and empowered to perform their role, every day. To do this, we will focus on strategies that build strong clinical leadership, foster good culture, and strengthen workplace flexibility and diversity. For example, enabling existing clinical staff to advance their scope of practice, and increasing Aboriginal participation amongst the health workforce.

WHAT WE WILL DO

Tasmania's healthcare workforce is key to the delivery of high-quality, sustainable and consumer-centred healthcare. To meet the healthcare needs of Tasmanians now and into the future, we have developed a long-term workforce strategy.

Health Workforce 2040 describes how we are addressing workforce challenges and demands across six focus areas to shape an enabled, supported and sustainable workforce that can flexibly respond to the changing healthcare needs of our population. It encompasses a range of strategies aimed toward increasing workforce capacity and improving the distribution of skills.

ACTION 6.1 – INCREASING CAPACITY

Local availability of education, training and professional development across a range of health disciplines is important to ensure a steady workforce supply and to retain existing workers seeking to expand their knowledge and skills. We are working with our education partners to maximise training and professional development availability in Tasmania and to ensure that educational offerings align with health workforce priorities. Recent advances include:

- Introduction of a suite of allied health education programs by the University of Tasmania (UTAS) in areas including occupational therapy, physiotherapy, and speech pathology
- Access to fast-tracked UTAS degrees in nursing, paramedicine and pharmacy
- Increased opportunities for medical and surgical specialist training in Tasmanian hospitals.

Action 6.1.1 – Growing the multidisciplinary rural workforce

To address rural workforce challenges, we need to grow the multidisciplinary rural workforce. We will do this by strengthening and establishing generalist education and training pathways in medical, nursing and allied health disciplines, further strengthening clinical placements in rural areas across allied health, nursing and medicine, and enhancing scope of practice to support skill-sharing.

We will work with other government agencies and partner with private health providers to further leverage the benefits of living and working in Tasmania, to attract more healthcare professionals to work in our State. We will also increase our reach into intrastate, interstate and international recruitment pools to access people with the specific skills and aptitudes we need.

Action 6.1.2 – Demand driven recruitment

The TRDF and Clinical Services Profiles describe service capacity and the capability across the State. We will ensure that recruitment is driven by health service needs and enables the delivery of health services appropriate to the care setting.

The National Mental Health Service Planning Framework and Drug and Alcohol Services Planning Model are nationally recognised and evidence-based population planning frameworks. We will continue to apply these frameworks as a component of our mental health, alcohol and other drug service system planning.

Action 6.1.3 – Making the best use of our non-clinical and support staff

We will make best use of our existing workforce. Our technical, assistant, and support health workforce are important healthcare team members.

We are actively trialling and implementing new ways of working that increase delegation of non-clinical tasks, such as greater use of allied health assistants, pharmacy technicians and medical equipment technicians. This increases the clinical capacity of healthcare professionals, improves efficiency, and increases job satisfaction for non-clinical staff. We will work with TAFE Tasmania and other vocational education and training organisations to grow and upskill the technical workforce and further enhance the capacity of the healthcare workforce.

Action 6.1.4 – Health professionals advancing their scope of practice

Scope of practice describes the functions, responsibilities, activities and decisions that healthcare workers are capable and authorised to perform. Supporting healthcare professionals to advance their scope of practice improves workforce capacity. Opportunities exist to remove custom and practice barriers to advance 'health workers' scope of practice', and support staff to upskill where clinical skills have been lost over time.

Further, supporting staff to advance their scope of practice through professional experience and competency development that extend beyond traditional norms (but remain within regulatory boundaries) improves clinical capacity and enables multidisciplinary skill sharing.

In response to specific workforce shortages, we have introduced some extended scope of practice roles in nursing and allied health. Practitioners with an 'extended scope' have additional knowledge and skill that enables them to capably undertake tasks that are beyond the traditional scope of practice for their profession, such as prescribing, ordering blood tests and scans, referral, and performing procedures.



CASE EXAMPLE

Trevor is a community nurse; in his current role, he provides wound care and medical injections to patients when he visits their homes.

Trevor is eager to be part of the new central virtual care hubs so that he can provide a broader range of clinical care to patients in their homes, but some of his skills, such as taking blood samples and administering intravenous infusions have declined over time.

Supporting Trevor to upskill in these areas will enable him to work with a broader scope of practice and work in a multidisciplinary team where his skills can be shared to deliver more patient care.

Using extended scope practitioners appropriately is an important strategy for bridging workforce gaps and improving workforce capacity. Unfortunately, the adoption of advanced scope of practice and extended scope of practice roles has been slow in Tasmania due to legislative, funding and cultural barriers. For example, opportunity exists to amend the *Tasmanian Poisons Act 1971* to enable innovative workforce models that safely facilitate better access to medicines. We will work to reduce the regulatory barriers to maximising the capacity of our current workforce while ensuring patient safety.

Action 6.1.5 – Embedding Lived Experience into service provision

Lived Experience workers have unique knowledge, abilities and attributes. A thriving Lived Experience workforce is a vital component of quality, recovery-focused mental health and alcohol and other drug services.

We are progressing the development of a Tasmanian Lived Experience Workforce Framework to provide an overarching vision, values and principles for involvement of or influence by consumers, families, and carers in mental health and alcohol and other drug services.

We will continue to build the Lived Experience workforce across the alcohol and other drugs, mental health and suicide prevention sectors to enhance the delivery of consumer-centred models of care.

We will continue to recruit Lived Experience workers within our mental health services, including our new Peacock Centre and St John's Park sites, as well as support their employment through a number of our community sector organisations.

The first two of four Lived Experience Lead positions commenced in southern Tasmania in February 2023. As a part of their role, these positions provide support and coaching to our direct Lived Experience workers, as part of our commitment to ensuring a safe and sustainable workforce.



CASE EXAMPLE

Paramedics are trained in our State by the UTAS. Paramedicine is one of the few health professions in Tasmania where the number of graduates exceeds the number of entry jobs available. This means we effectively have a surplus of paramedics.

Paramedics are primarily trained to respond to medical emergencies and traditionally work with hospital emergency departments. As we seek to rebalance our healthcare system and provide more care in the community, it is clear that paramedics' knowledge and skills are very relevant in primary care settings.

Innovative models of care are being developed and implemented to maximise the benefits of paramedics within their local communities. Community Paramedicine is a new and evolving model of care in which paramedics receive specialist training and operate with an expanded scope of practice to provide public health, primary healthcare and preventive care to under-served populations within the community.

Paramedics working in advanced scope of practice roles will be an important resource in addressing critical primary care workforce shortages, particularly in rural and remote parts of Tasmania.

ACTION 6.2 – IMPROVING DISTRIBUTION

Our healthcare workforce is not evenly distributed across Tasmania. The concentration of healthcare workers is highest in Southern Tasmania and lowest in the North West.

While it would be ideal to have an even distribution of healthcare workers physically residing and working across the State, the reality is that recruitment and retention of healthcare workers outside of metropolitan areas is a challenge for health systems in many developed countries.

We are working on a range of strategies to improve the distribution of healthcare worker skills across our State in accordance with the agreed service capability and capacity requirements described in the TRDF.

Key strategies include:

Action 6.2.1 – Improving geographic workforce distribution in generalist service areas:

- Incentivising practice and professional development in rural and remote communities
- Maximising rural and regional training opportunities, including the commencement of nursing and pharmacy programs in the North West of Tasmania
- Working with educational partners to rebuild the generalist medical workforce and establish a generalist nursing and allied health workforce.

Action 6.2.2 – Improving the distribution of specialist skills:

- Increasing access to specialist skills using digital technologies such as telehealth
- Facilitating remote access to interstate specialist providers
- Sharing recruitment and employment of specialist staff with the private sector.

Action 6.2.3 – Increasing distribution through skill-sharing and a more mobile workforce:

- Facilitating multidisciplinary team care arrangements that extend across care settings and health organisations
- Strengthening shared-care arrangements between specialist and generalist providers
- Looking at options to support a more mobile health workforce by supporting clinicians to work across multiple sites.

ACTION 6.3 – WORKFORCE FLEXIBILITY

Enhancing workforce flexibility by enabling existing staff to work to their full scope of practice, extending their roles or by introducing new workers, can help to support new models of care and meet workforce shortages.

Action 6.3.1 – Paramedic Workforce

The Ambulance Tasmania workforce is becoming increasingly diversified, with increased roles for paramedics, nursing and medical staff.

Across the public and private health sectors there is increased opportunity to expand paramedic roles in hospital and community settings. Recent amendments to Tasmanian legislation amendment has enabled the term 'paramedic' to be appropriately recognised outside of an ambulance services authority.

We will consider the future appointment of a Chief Paramedic position to provide an authority and governance structure to further diversify the paramedic role both in the public and private health sectors.

The Secondary Triage service will expand over time, with increased numbers of nurse and paramedic clinicians assessing patients and determining referral to alternate medical care pathways.

Action 6.3.2 – Rural Generalist Pathway

Rural generalists are GPs who provide primary care services, emergency medicine and have training in additional skills like obstetrics, anaesthetics or mental health services.

Rural generalists broaden the range of locally available medical services for rural Australians. This helps these communities to access the right care, in the right place, at the right time, as close to home as possible.

The National Rural Generalist Pathway is a dedicated medical training pathway to attract, retain and support rural generalist doctors. In Tasmania, the Pathway is led by the DoH with funding from the Australian Government Department of Health.

We are committed to working collaboratively with a range of stakeholders to support rural generalist trainees, the Tasmanian Pathway and the National Rural Generalist Pathway.

Rural generalists will continue to be an important part of our regional, rural and remote health workforce. In the future, we can expect to see other health professionals expanding their roles in similar ways, such as allied health professionals.

Action 6.3.3 – Nurse practitioner models

Nurse practitioners are registered nurses educated at Master's level with a clinical specialty and endorsed by the Nurses and Midwives Board of Australia to provide patient care in an advanced and extended role.

The potential benefits of strengthening the nurse practitioner workforce in Tasmania include addressing workforce shortages; enhancing patient access to services; offering longer consultations; and decreasing hospital re-admissions through proactive specialist patient follow-up.

We are committed to developing innovative nurse practitioner-led models of healthcare in Tasmania, to increase service access and efficiency and improve patient experiences.



CASE EXAMPLE

Cygnets is a small town in the Huon Valley in southern Tasmania. The Cygnets Family Practice (CFP) is a general practice which offers a range of primary healthcare services to the surrounding communities using a patient-centred, team-based, holistic care approach.

The key aspect of the CFP's model of care is the use of a nurse practitioner to provide access to urgent care for patients and additional clinical support for GPs compared with the usual general practice model of care. The nurse practitioner at CFP has the expertise and authority to diagnose and treat people of all ages with a variety of acute or chronic health conditions. The CFP recognises that the nurse practitioner role is suited to managing patients who present with requests for urgent care for non-life-threatening conditions. Collaboration and escalation of care, where needed, is provided by the practice's GPs.

With nurse practitioners being the most senior and independent clinical nurses in the health care system, the CFP saw the opportunity to add value to the patient experience by providing high quality, patient-centred care. The nurse practitioner can prescribe medications, provide referrals to specialists and order blood tests, x-rays and ultrasounds.

The success of the nurse practitioner/general practitioner shared-care model has enabled the CFP to expand to now have six GPs, providing valuable access to health services to residents of rural and remote areas of southern Tasmania.

Action 6.3.4 – Technology assisted access to specialised health workforces in Tasmania

Access to particular, highly specialised health professionals will always be a challenge in Tasmania, as it is throughout many parts of regional, rural and remote Australia.

In these instances, advances in digital technology and the update of virtual care services can help to facilitate access to services in Tasmania that would traditionally only be available interstate. Examples of these types of services currently in place in Tasmania include the Victorian Telestroke Services and My Emergency Doctor.

The DoH will continue to pursue opportunities to provide Tasmanians with expanded access to specialised health professionals locally through technology solutions, where this is clinically safe and appropriate.

Action 6.3.5 – Scope of Practice of Pharmacists

Pharmacists are important primary health providers, and we are exploring ways we can extend the role of pharmacists to improve access to GPs and ease pressure on our hospitals.

We are undertaking a Pharmacy Scope of Practice Review to consider what other services and supports this highly skilled group of professionals may be able to safely provide to Tasmanians.

This initiative complements our innovative GP solutions package, including our Single Employer Model for rural generalists, GP After Hours Grants, Primary Health Support Initiative, Hospital Avoidance Co-Investment Fund, Community Rapid Response Service, new Rural Medical Workforce Centre, community paramedics and mental health HiTH service.

ACTION 6.4 – VALUING AND SUPPORTING OUR WORKFORCE

We know the greatest asset in our health system is our people. We want the DoH to be considered a workplace of choice, where everyone feels valued, staff are recognised, and individuals feel empowered to make positive changes and are given opportunities for growth.

Improving staff satisfaction and engagement will allow us to retain and attract staff and through investment in our existing and upcoming leaders, we can improve diversity, drive positive cultural change and lead the delivery of our strategic priorities.

Good leadership and an inclusive culture are key features of high performing organisations that are workplaces of choice. Workplace culture, workforce wellbeing and inclusion are interconnected. When these building blocks are healthy, the organisation will be better equipped to deliver high quality health services to the community.

Improving culture and increasing the wellbeing of the workforce benefits not only individuals but the wider community, with evidence clearly indicating good culture drives better health service outcomes for the community.

Healthy organisations typically have a culture that promotes trust, openness and engagement and enables continuous learning and improvement. There is a 'can do' culture, supported by effective working processes.

Action 6.4.1 – One Health Culture program

One Health Culture is about building an inclusive environment that supports us all to work together – to learn, collaborate, problem solve, share risk, empower and respect one another – drawing on our diverse backgrounds, experiences, knowledge and skills.

The program has five focus areas that are coherent with the *Health Workforce 2040* strategy. They are:

- Leadership accountability
- Building capability
- Workforce values and behaviours
- Health, safety and wellbeing
- Systems and processes.

Work has already begun in several areas, including:

- The Aspire leadership program
- A Department-wide wellbeing framework including a critical incident response protocol
- Significant work around transforming our human resources systems through the Human Resources Information System project.

Action 6.4.2 – Ambulance Tasmania Culture Improvement Action Plan

In mid-2022, Ambulance Tasmania launched its *Cultural Improvement Action Plan*, providing an immediate and long-term commitment to build safe, supportive work environments that are based on and support professionalism, dignity and respect.

Ambulance Tasmania committed to the implementation of 73 actions and is continuing to monitor and report progress against these on a monthly basis. In early 2023 we will review our success and set priority actions into the future.

We have an ambitious plan to improve the culture of Ambulance Tasmania and while we know that changes to culture take time to embed, we are fully committed to making this change.

Action 6.4.3 – Child Safe Governance Review of Launceston General Hospital and Human Resources

The Child Safe Governance Review was about making important and necessary changes which focused on resetting the organisational structure of the LGH and Human Resources, with a priority focus on the handling of serious misconduct such as institutional child sexual abuse. The Review was about safeguarding children.

Following an extensive review of the issues, the Co-Chairs of the Governance Advisory Panel submitted their report into the LGH and Human Resources to the Secretary of the DoH in December 2022.

A strong and healthy organisational culture is an important component of ensuring children and young people's right to feel and be safe in all healthcare settings.

The Premier has acknowledged the recommendations from the Governance Advisory Panel and has announced that the Tasmanian Government will accept and implement all 92 recommendations in full.

The Strategic Planning Environment

The Long-Term Plan sits within, and aligns to, a broader health landscape and planning framework that includes the Clinical Services Profiles, as well as the TRDF, infrastructure masterplanning, enabling plans by portfolio and other statewide service planning by clinical stream.

ROBUST SERVICE PLANNING

This Long-Term Plan is central to the broader health planning framework (Figure 12) that includes the three regional Clinical Services Profiles and other planning activities, including:

- **Infrastructure Planning:** a 20 Year Health Infrastructure Strategy will describe the priority areas for infrastructure investment, informed by Masterplans for the major hospitals and consideration of the best use of other health facilities
- **ICT Planning:** the *10 Year Digital Health Transformation – Improving Patient Outcomes* provides new ways of caring for the health and wellbeing of Tasmanians, enabled by digital health technologies
- **Workforce Planning:** *Health Workforce 2040* provides a long term strategy to shape a health workforce that meets the needs of Tasmanians now and into the future
- **Service Planning by Stream:** service development will consider priority areas to guide the reconfiguration of existing services and the development of new models of care to meet the future health needs of Tasmanians
- **Evidence Based Population Planning Frameworks:** we will continue to apply the nationally recognised National Mental Health Service Planning Framework and Drug and Alcohol Services Planning Model as components of our mental health, alcohol and other drug service system planning.

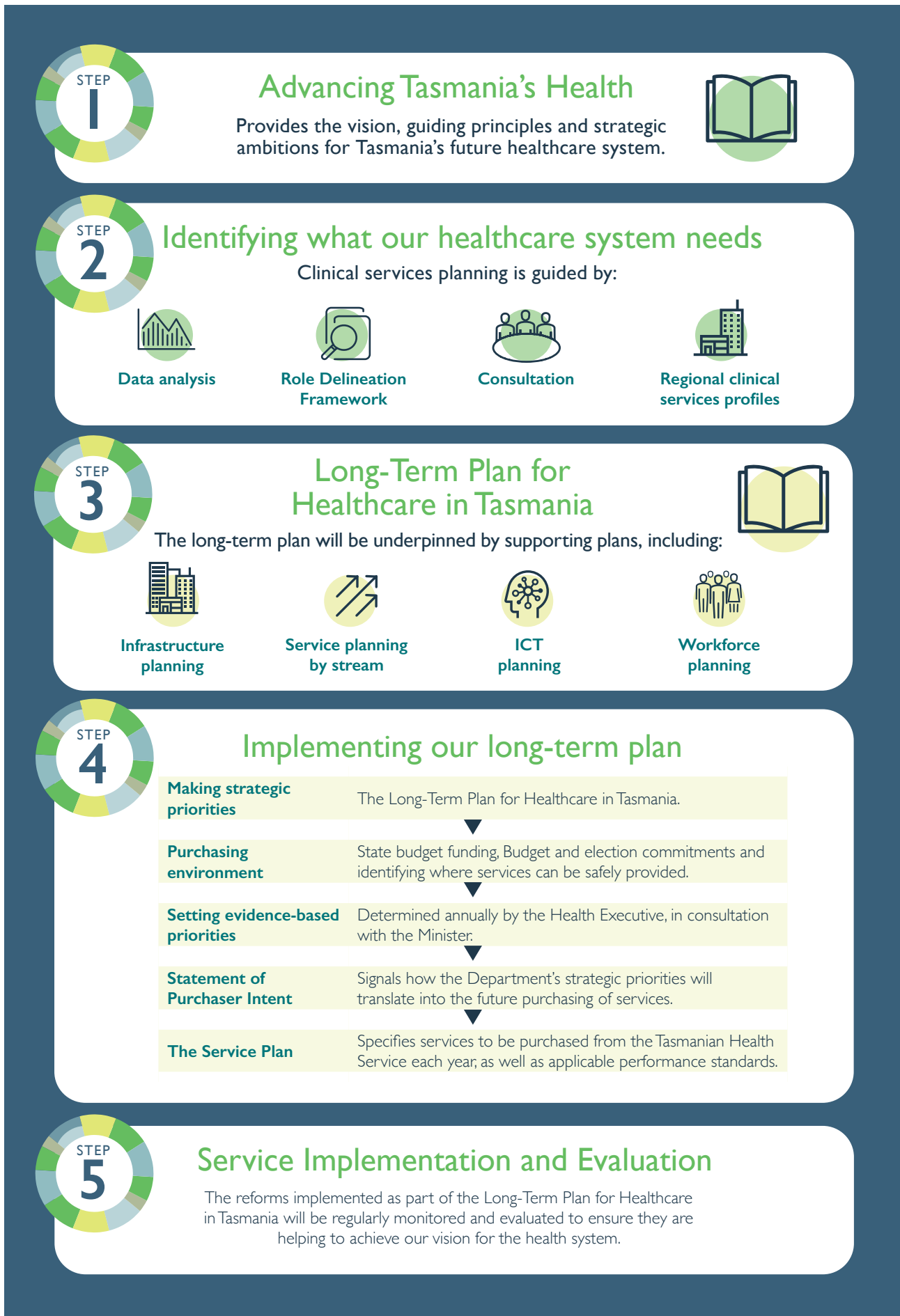
STATEWIDE SERVICE PLANNING

This Long-Term Plan and three accompanying regional Clinical Services Profiles identify where specific service development is required to address service gaps or to reconfigure services to meet the changing needs of the Tasmanian community.

We will do this through our Tasmanian Clinical Networks. The priority areas are:

- Improving care and outcomes for Tasmanians with, or at risk of, heart disease
- Developing an integrated service system for intermediate care
- Increasing timely access to evidence-based care pathways for people with musculoskeletal conditions
- Implementing *Australia's Primary Health Care 10 Year Plan 2022-2032*
- Improving cancer outcomes and the lives of all people affected by cancer
- Improving access to healthcare services in the community and hospital for children and young people.

Figure 12. Strategic Planning Environment



SYSTEM MONITORING

We are investing in the *10 Year Digital Health Transformation – Improving Patient Outcomes* to improve the way we gather, share and analyse and report data about our healthcare system.

Access to advanced data and analytics will help us to monitor our system more closely, make timely and evidence-based decisions, and adjust our services to ensure that we achieve our goals.

We will focus on driving performance and service quality through monitoring and reporting, to improve patient outcomes, reduce waste, support transformational change and achieve funding value.

Strategies include:

- Increasing our use of patient reported outcome and experience measures
- Increasing the transparency of our reporting by making more information publicly available
- Strengthening our key performance indicator reporting by advancing HealthStats – the Health System Dashboard
- Placing a greater emphasis on monitoring and reporting at the local level to identify the service needs of local communities
- Using advanced data analytics to identify opportunities to increase efficiencies and reduce waste in the system.

Clinical services provided by, or on behalf of, the

THS will be monitored to ensure they:

- Partner with consumers, carers and the community in the design, delivery and improvement of services
- Facilitate patient flow to ensure that patients receive the right care in the right place and at the right time, according to their health needs
- Optimise resource allocation, making the best use of the available workforce, equipment and facilities available
- Contribute to the efficiency, sustainability and vision of the overall health system.

THE TASMANIAN POLICY CONTEXT

Tasmania's health landscape includes the following policy and planning frameworks.

OUR KEY PLANNING DOCUMENTS



One State, One Health System, Better Outcomes (2015)

In 2014 Stage One of the health reforms began. *One State, One Health System, Better Outcomes*, released in 2015, was the first step of designing and implementing a single, statewide service. The focus was on the four major hospitals and defining their roles within the health system.



Our Healthcare Future: Advancing Tasmania's Health (2022)

Provides the vision, guiding principles and strategic ambitions for Tasmania's future healthcare system.



Tasmanian Role Delineation Framework for Health Services (2023)

The TRDF is a health planning tool which describes the range of health services in Tasmania by location, categorised by levels ranging from one to six. Level one describes generalist health services delivered by primary care providers, while higher levels describe greater levels of specialisation.



Clinical Services Profiles: North, North West and South (2023)

Describes the demographic and population health characteristics of each region of Tasmania, the parts of the healthcare system located within the region and the capability of each service. Profiles also identify key regional service improvement initiatives to be implemented over the next five years. Initiatives are based on priorities identified through assessment against the TRDF and extensive stakeholder consultation.



Rethink 2020: A State Plan for Mental Health in Tasmania

A plan to improve mental health outcomes for Tasmanians. *Rethink 2020* represents the basis for a collaborative approach to mental health service planning and delivery that has the consumer and their loved ones at the centre.



Tasmanian Suicide Prevention Strategy (2023-2027)

The third *Tasmanian Suicide Prevention Strategy 2023-2027* outlines the vision and priorities for suicide prevention in Tasmania for the next five years.



Healthy Tasmania Five-Year Strategic Plan (2022-2027)

The plan for preventive health in Tasmania, bringing together communities, services and all levels of government to work in partnership for improved health and wellbeing. It is the Tasmanian Government's second plan of its type, building on the evidence and lessons from the first five years of *Healthy Tasmania* from 2016–2021 to inform our next steps.



Health Infrastructure Strategy 2040 (in development)

A long-term infrastructure strategy that describes the priority areas for infrastructure investment in response to the Long-Term Plan. The plan encompasses the three regional masterplans for the RHH, LGH, and hospitals of the North West Region. It also includes our district hospitals, mental health facilities, child health and parenting facilities, and Ambulance Tasmania assets.



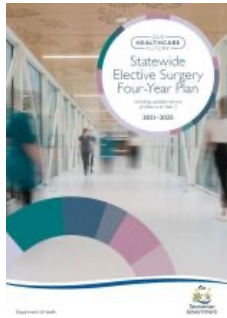
Digital Health Transformation – Improving Patient Outcomes 2022-33

The 10-year digital health strategy aims to improve patient care, deliver better health outcomes and increase capacity in the system through investment in digital health technologies that enable contemporary healthcare delivery.



Health Workforce 2040 (2021)

Health Workforce 2040 is a long-term strategy to shape a health workforce that meets the needs of Tasmanians now and into the future by addressing long-term challenges associated with building a sustainable health workforce.



Statewide Elective Surgery Four-Year Plan 2012-25 (2021)

The *Statewide Elective Surgery Four-Year Plan 2012-25* guides the statewide, sustainable delivery of elective surgery. The Plan focuses on equitable access for all patients, as determined by clinical decision making and safety, and enabling patients to receive procedures within clinically recommended times.



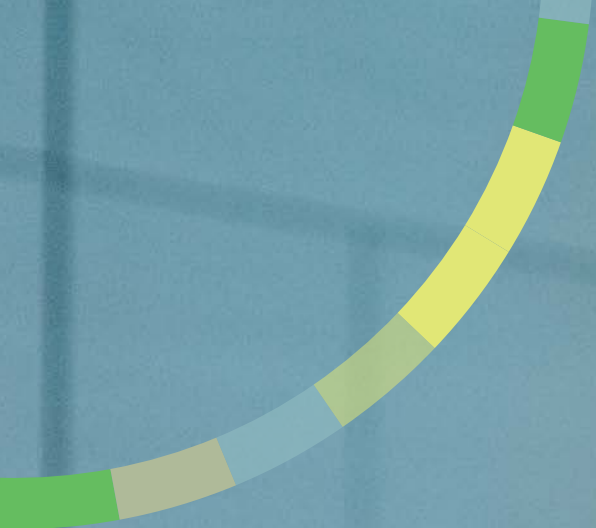
Transforming Outpatient Services 2022-26 (2022)

The four-year plan to improve access and quality of outpatient services in Tasmania. It sets the future vision for outpatient delivery in Tasmania and outlines the service improvements we will make to deliver the service capacity needed to meet current and future needs.



Tasmanian Palliative and End of Life Care Policy and Framework 2022-27 (2022)

The framework to create a path for improving and enhancing palliative care and end of life care in Tasmania and building a shared understanding with communities about what they can do to support this objective by becoming compassionate communities.



Appendices



The National Policy Context

The national policy context, including the various longer-term plans, serve as a framework for the broader Australian health policy reform agenda over the next 10 years and strongly align with the six action areas outlined in this Long-Term Plan for Healthcare in Tasmania.

AUSTRALIA'S LONG TERM NATIONAL HEALTH PLAN

Australia's Long Term National Health Plan (2019) aims to make Australia's health system the world's best through measures of quality, efficiency, access to care, equity and outcomes. There are four pillars of reform in the Long-Term National Health Plan:

- Guaranteeing Medicare and improving access to medicines through the Pharmaceutical Benefits Scheme
- Supporting public and private hospitals including improvements to private health insurance
- Mental health and preventative health
- Medical research to save lives and boost our economy.

NATIONAL HEALTH REFORM AGREEMENT

The *2020-25 Addendum to the National Health Reform Agreement* aims to improve health outcomes for Australians, by enabling better coordinated and more integrated care in the community and ensuring the future sustainability of Australia's public hospital system.

There are six long-term health reform areas included in the *2020-25 Addendum to the National Health Reform Agreement*:

- empowering people through health literacy – person-centred health information and support will empower people to manage their own health well and engage effectively with health services
- prevention and wellbeing – to reduce the burden of long-term chronic conditions and improve people's quality of life
- paying for value and outcomes – enabling new and flexible ways for governments to pay for health services
- joint planning and funding at a local level – improving the way health services are planned and delivered at the local level
- enhanced health data – integrating data to support better health outcomes and save lives
- nationally cohesive health technology assessment – improving health technology decisions will deliver safe, effective and affordable care.

AUSTRALIA'S PRIMARY HEALTH CARE 10 YEAR PLAN 2022-32

Australia's Primary Health Care 10 Year Plan 2022-2032 is about strengthening primary healthcare as part of the health system and providing a future focused agenda for primary healthcare reform over a decade. There are three streams of reforms in the Primary Health Care 10 Year Plan, with 12 action areas:

- Future focused healthcare:
 - Support safe, quality telehealth and virtual healthcare
 - Improve quality and value through data-driven insights and digital integration
 - Harness advances in healthcare technologies and precision medicine
- Person-centred primary healthcare, supported by funding reform:
 - Incentivise person-centred care through funding reform
 - Boost multidisciplinary team-based care
 - Close the Gap through a stronger community-controlled sector

- o Improve access to primary healthcare in rural areas
- o Improve access to appropriate care for people at risk of poorer outcomes
- o Empower people to stay healthy and manage their own care
- Integrated care, locally delivered:
 - o Joint planning and collaborative commissioning
 - o Research and evaluation to scale up what works
 - o Cross-sectoral leadership.

NATIONAL PREVENTIVE HEALTH STRATEGY 2021-2030

The National Preventive Health Strategy and Implementation Plan aims to create a stronger and more effective prevention system and recognises that a whole-of-government response is required at all levels. This strategy focuses on prevention not only within the current health system, but also beyond, involving other sectors and industries that have a direct influence on the health and wellbeing of Australians. The strategy will address the third pillar of *Australia's Long Term National Health Plan* and will align to the *2020-25 Addendum to the National Health Reform Agreement*.

NATIONAL AGREEMENT ON CLOSING THE GAP

All Australian governments are working with Aboriginal people, their communities, organisations and businesses to implement the new National Agreement on Closing the Gap. Closing the Gap is underpinned by formal partnerships with Aboriginal people who have a genuine say in the design and delivery of Indigenous policies, programs and services.

There are four priority reforms that focus on changing the way governments work with Aboriginal people that are being implemented at national, state and territory and local levels:

- Strengthen and establish formal partnerships and decision making
- Build the Aboriginal and Torres Strait Islander community-controlled sector
- Transform government organisations so they work better for Aboriginal and Torres Strait Islander people

- Improve and share access to data and information to enable Aboriginal and Torres Strait Islander communities to make informed decisions.

The *National Aboriginal and Torres Strait Islander Health Plan 2021-2031* is the new national policy to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander people over the next 10 years, in alignment with the new National Agreement on Closing the Gap.

NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION AGREEMENT

The *National Mental Health and Suicide Prevention Agreement* sets out the shared intention of all Australian governments to work in partnership to improve the mental health of all Australians and ensure the sustainability and enhance the services of the Australian mental health and suicide prevention system.

Through the Agreement, Australian governments have committed to work together to support and implement a whole-of-government approach to mental health and suicide prevention, with a focus on the following priority areas:

- Prevention and early intervention
- Suicide prevention
- Treatment and support
- Supporting the vulnerable
- Workforce and governance
- Quality and safety.

Implementation and funding arrangements for the Agreement are set out in associated bilateral schedules between the Australian Government and each state and territory.

Detailed List of Actions

ACTION AREA I. A SINGLE, INTEGRATED, STATEWIDE SYSTEM	
Action 1.1 Strengthening our relationship with primary healthcare	<p>1.1.1 – Co-develop a Primary Healthcare Strategy and Action Plan for Tasmania in response to <i>Australia's Primary Health Care 10 Year Plan</i>.</p> <p>1.1.2 – Building Rural Workforce Capacity in Tasmania – Single Employer Model to allow the seamless transition of GP training placements between hospital and community-based services, to support the attraction and retention of doctors in rural and remote Tasmania.</p> <p>1.1.3 – Through partnerships with the primary healthcare sector, continue to support enhanced access to primary and urgent care in the community, including: the Australian Government's Urgent Care Clinics, the GP After Hours Grants, Primary Health Support Initiative, Hospital Avoidance Co-Investment Fund and the utilisation of virtual care models of care such as My Emergency Doctor.</p> <p>1.1.4 – Strengthening use of HealthPathways in Tasmania to connect health professionals with each other and improve the shared transfer of care between parts of the health system.</p> <p>1.1.5 – Establishing a model for GPs with a Specific Interest (GPSIs) in Tasmania to increase access to specialist outpatient services to the community and support integration between primary and acute care.</p> <p>1.1.6 – Partnering to improve support for people with complex chronic healthcare needs through expansion of the Rapid Access to Medical Specialists in the Community program and other community-based services delivered in partnership between primary and hospital care providers.</p> <p>1.1.7 – Partnering to develop a Tasmanian Chronic Disease Strategy with a focus on initiatives to support people living with chronic conditions and reduce the risk factors associate with chronic disease.</p> <p>1.1.8 – Establishing a single electronic patient referral (eReferral) system to enable Tasmanian healthcare providers to send, receive and navigate electronic referrals to deliver more efficient and appropriate patient care.</p> <p>1.1.9 – Implementing a Mental Health and Alcohol and Other Drugs Central Intake and Referral Service to streamline mental health and alcohol and other drug support service access in Tasmania.</p>
Action 1.2 System Role Delineation	<p>1.2.1 – Implementing the revised Tasmanian Role Delineation Framework across our hospitals to ensure all services meet the requirements of their designated role in each region.</p>

Action 1.3 Enhancing the role of our hospitals

We will continue to maximise the value and usefulness of our unique hospital assets as follows:

1.3.1 – **The Royal Hobart Hospital (RHH)** as the Level 6 tertiary referral hospital for Tasmania, providing leadership and coordination of 'care networks', and disciplinary and multidisciplinary outreach across the broader service network.

1.3.2 – **The Launceston General Hospital (LGH)** as the principal referral hospital for the North and North West of Tasmania, further strengthened to provide a more robust range of tertiary services to the North and North West.

1.3.3 – **The North West Regional Hospital (NWRH)** as the primary provider of acute general hospital services across the North West Region, with increased service capacity to meet growing community needs.

1.3.4 – **The Mersey Community Hospital (MCH)** as a dedicated provider of inpatient and outreach subacute services, emergency care and day surgery services, with a focus on optimising access to services for the local community.

1.3.5 – **District hospitals and community health centres** as essential supports to their local communities and in providing appropriate services closer to home, including the optimisation of inpatient care, home-based care delivery, and outpatient specialist care, and a range of services tailored to local needs and capacities.

1.3.6 – **Private hospitals and day surgery centres** working more strongly in partnership with the THS to deliver services more effectively and efficiently through strategies such as shared workforce and co-location.

1.3.7 – **Interstate specialist hospital services** will continue to be used as appropriate for identified Level 6 specialised healthcare services with Tasmanian-based support.

1.3.8 – **Mental health and alcohol and other drug services** as a statewide integrated service, delivering inpatient and community-based services.

Action 1.4 – Distributing services for safety and access

1.4.1 – **Statewide services** of high complexity and low volume will continue to be provided on a statewide basis and located where the health system has the greatest capacity and capability, as described in the Clinical Services Profiles.

1.4.2 – **Integrated care across the North and North West** will be established through integrated care hubs at the LGH in key areas, including neurology, rheumatology, cardiology, and specialist women’s and children’s services.

1.4.3 – **Care networks** will be established where services are provided in multiple locations that require these services to work together as a single, statewide system.

1.4.4 – **Planning for equitable access to elective surgery, endoscopy and outpatient services**, including a dedicated plan for increasing access to endoscopy services (including colonoscopies).

1.4.5 – **Co-design a new breast care centre for Tasmania**, building on BreastScreen Tasmania’s successful screening program and our co-investment with the Australian Government to introduce public diagnostic mammography services for Tasmanians.

Action 1.5 – Integrating mental health services

1.5.1 – **Rethink Mental Health Reforms** are a long-term plan for mental health system integration and service improvement in Tasmania, including service expansion, particularly in high priority areas such as the North West of Tasmania, older person’s and child and adolescent mental health and services at home and in the community.

1.5.2 – **Integrated Care Hubs** will be located in the Northern suburbs of Hobart, and in Launceston, to provide a broad spectrum of mental health services from day-support to short-term recovery beds and connect people living with mental illness to a range of health, community and social services.

1.5.3 – **Interface with Alcohol and Drug Services (ADS)** and mental health services will continue to be strengthened for those who require continuity of care and support across both these areas, as well as the broader health system. This is work supported through our *Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania*.

1.5.4 – **The Tasmanian Suicide Prevention Strategy 2023-27** will be implemented to support a compassionate and connected community that works together to prevent suicide.

<p>Action 1.6 – Improving how we use our service network</p>	<p>1.6.1 – Centralised co-ordination of patient flow through the establishment of a system-wide Integrated Operations Centre that will bring together the three existing regional Integrated Operations Centres with views from other care settings such as private hospitals, residential aged care facilities, district hospitals and HITH services to direct the flow of patients and resources within the THS.</p> <p>1.6.2 – Clinical transport will be optimised through investment in new and upgraded transport infrastructure, development of a Patient Transport and Interfacility Coordination Unit, alternate care pathways for lower acuity Ambulance Tasmania pathways, and the use of Extended Care Paramedics and Community Paramedics to avoid emergency medical transport where it is not appropriate.</p>
<p>Action 1.7 – Partnering with aged care and disability services</p>	<p>1.7.1 – Greater support into residential aged care and supported accommodation through in-reach models of care in key areas such as urgent care, home-based services (central virtual care hubs), palliative care, and dementia.</p> <p>1.7.2 – Partnering with the Australian Government, including through the Tasmanian Aged Care Collaborative to improve the timely access to residential aged care and NDIS support services, and enhance aged care service capabilities in areas of specialised care needs such as dementia.</p>
<p>Action 1.8 – Partnering with the private sector</p>	<p>1.8 – Continue to strengthen private-public partnerships to provide better access to care through joint health service planning, and the implementation of the TRDF, and co-location of services.</p>
<p>ACTION AREA 2. PROVIDING THE RIGHT CARE, IN THE RIGHT PLACE, AT THE RIGHT TIME</p>	
<p>Action 2.1 – Addressing subacute care needs</p>	<p>2.1.1 – Enhancing subacute care services the North and North West of Tasmania to provide high-quality, patient-centred, multidisciplinary treatment in palliative care, rehabilitation, geriatric evaluation and management, and older persons mental health.</p> <p>2.1.2 – Expanding subacute care services in the South to enhance access to, and coordination of, inpatient, outpatient, community and home-based subacute care.</p>
<p>Action 2.2 – More care in the home and community</p>	<p>2.2.1 – Establishing central virtual care hubs to strengthen and better coordinate the delivery of home and community-based services across a range of care areas, including intermediate care, subacute care, and HiTH.</p> <p>2.2.2 – Changing the way we deliver outpatient services, providing more services in the community, through the implementation of the <i>Transforming Outpatient Services 2022-26</i>.</p>
<p>Action 2.3 – Optimising rural health services</p>	<p>2.3.1 – A place-based approach to rural health service planning, implementation and delivery supported by the development of a DoH framework to guide place-based approaches to health.</p> <p>2.3.2 – Optimising rural service delivery in partnership with communities by mapping healthcare capacity across the rural health network, strengthening resources and infrastructure in rural areas, and developing health service optimisation plans through the place-based approach.</p>

Action 2.4 – Strengthening prevention and early intervention

2.4.1 – **Prioritising preventive health at all levels of the organisation**, including leading by example as a healthy organisation and the ongoing implementation of the *Healthy Tasmania Five-Year Strategic Plan 2022-26*.

2.4.2 – **Supporting priority population groups** through a range of strategies including: *Improving Aboriginal Cultural Respect Across Tasmania's Health System*; *Rethink 2020: A state plan for mental health in Tasmania 2020-25*; *It Takes a Tasmanian Village, the Health Literacy Action Plan 2019-2024*, and the *Food Relief to Food Resilience Strategy and Action Plan*.

2.4.3 – **Population-based priority setting** using population health data, social determinants data, and predictive analytics, to target prevention strategies that will be of greatest benefit to Tasmanians.

2.4.4 – **Applying a prevention lens** to clinical service planning, commissioning and evaluation to ensure evidence-based opportunities for prevention are identified and actioned.

2.4.5 – **Increasing the dissemination of preventive health information** using digital health platforms, partner organisations, peer approaches and tailored messaging to give people access to trusted health information that is relevant to them.

2.4.6 – **Co-ordinating a multi-level system response** to embed prevention across the entire health system through leadership, capacity building, performance measurement and dedicated time and resources for clinicians to work in health promoting ways.

2.4.7 – **Embedding prevention into our ways of working** through strategies including clinical pathways; early predictive decision support technologies; monitoring and responding to clinical variation trends that identify preventive health needs, and embedding health promotion, health literacy and cultural competency training into the health workforce.

2.4.8 – **Develop a Tasmanian Promotion, Prevention and Early Intervention Framework** for mental health and alcohol and other drugs.

ACTION AREA 3. DESIGNED WITH OUR PARTNERS TO PROACTIVELY MEET DEMAND

Action 3.1 – Planning in a commissioning environment

3.1.1 – **A stronger commissioning cycle** to ensure health services purchased by the Tasmanian Government from the THS address the community's health needs in the most effective and efficient way.

Action 3.2 – Partnering with consumers and communities

3.2.1 – **Consolidating our approach to consumer participation** through the establishment of a Tasmanian Consumer Health Planning Committee, Interagency Working Group and the development of an agency-wide Consumer and Community Engagement Framework.

3.2.2 – **Embedding the voice of lived experience** in the planning and delivery of mental health and alcohol and other drug services by working closely with peak bodies for people with a lived experience of mental ill-health and/or alcohol and drug use and their families and friends.

Action 3.3 – Partnering with clinicians	<p>3.3.1 – Strengthening our clinical engagement practices through a new clinical engagement framework to ensure that the clinician voice is included in all clinical planning and reforms.</p> <p>3.3.2 – Statewide Clinical Networks strengthened through the addition of new Networks in key clinical areas not currently supported by a Network and a Tasmanian Clinical Network Steering Committee to provide the networks with oversight and direction.</p> <p>3.3.3 – Tasmanian Health Senate to provide clinical leadership and independent advice for complex, system-wide health service delivery issues and plans.</p> <p>3.3.4 – Leadership 2040 Forum to provide clinical leadership and independent advice for complex, system-wide health service delivery issues and plans.</p>
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ACTION AREA 4. INVESTING IN OUR FUTURE TO DELIVER SUSTAINABLE AND ENVIRONMENTALLY RESPONSIBLE SERVICES

Action 4.1 – Value-based healthcare	4.1.1 – Applying a value-based approach to purchasing and procurement to ensure we are investing in the health services of greatest benefit to Tasmanians.
Action 4.2 – Sustainable healthcare	<p>4.2.1 – A net zero health service by 2030 in line with the <i>Tasmanian Government’s Climate Change Act (State Action) Amendment Bill 2021</i>.</p> <p>4.2.2 – A strategic approach to cleaner health services oversighted by a DoH Environmental Sustainability Committee with responsibility for developing and implementing a comprehensive strategy.</p> <p>4.2.3 – Progressing the Global Green Healthy Hospitals (GGHH) goals of Leadership, Waste, Transportation and Buildings throughout the DoH as members of the GGHH international network.</p>

ACTION AREA 5. ENABLED BY DIGITAL TECHNOLOGY AND INFRASTRUCTURE

Action 5.1 – Digital health transformation	5.1.1 – Implementing the Digital Health Transformation Strategy 10-Year Program of work to enable the key digital advances of virtual care, eReferral and a statewide Electronic Medical Record (EMR).
Action 5.2 – 20 Year Infrastructure Strategy	<p>5.2.1 – Develop a 20 Year Infrastructure Strategy encompassing the hospital masterplans to inform asset management and investment decisions that meet future demand and consumer and community expectations.</p> <p>5.2.2 – Implement an Asset Management System and Health Facility Planning and Delivery Process to apply a lifecycle asset management approach to DoH facilities and ensure that all new and upgraded health facilities are fit for purpose, future focused and enable high quality and safe care.</p>

ACTION AREA 6: DELIVERED BY A VALUED AND SUPPORTED WORKFORCE

Action 6.1 – Increasing capacity

6.1.1 – **Growing the multidisciplinary rural workforce** by: strengthening and establishing generalist and education pathways in line with Tasmania's health workforce needs; considering a new, multidisciplinary Rural Health Workforce Centre at the MCH by building on the existing Rural Medical Workforce Centre; and working in partnership with other Agencies and our private healthcare partners to attract health professionals to Tasmania.

6.1.2 – **Demand driven recruitment** in line with the health services needs of Tasmania as outlined in the TRDF and Clinical Services Profiles.

6.1.3 – **Making the best use of our non-clinical and support staff** by trialling and implementing new ways of working that increase delegation of non-clinical tasks to non-clinical workers and partnering with TAFE Tasmania and other vocational education providers to boost this important workforce.

6.1.4 – **Health professionals working to their full scope of practice** by removing barriers, supporting staff to upskill and expand their scope of practice, and where appropriate, introducing advanced scope of practice and extended scope of practice roles.

6.1.5 – **Embedding lived experience into service provision** for the alcohol and other drugs, mental health and suicide prevention sectors through development and implementation of a Tasmanian Lived Experience Workforce Framework.

Action 6.2 – Improving distribution

6.2.1 – **Improving geographic workforce distribution in generalist service areas** through strategies including incentivising practice and professional development in rural areas, new training opportunities in rural areas, and working with educational partners to rebuild the general workforce in medicine, nursing and allied health.

6.2.2 – **Improving the distribution of specialist skills** through digital technologies such as telehealth, remote access to interstate service providers, and shared employment of specialists with the private sector.

6.2.3 – **Increasing distribution through skill-sharing and a more mobile workforce** by facilitating multidisciplinary teams across care settings and health organisations, strengthening shared-care arrangements between specialist and generalist providers, and making it easier for clinicians to move across multiple sites.

Action 6.3 – Workforce flexibility

6.3.1 – **Paramedic workforce** expansion beyond traditional roles within ambulance services and into hospital and community settings, including considering the establishment of a Chief Paramedic Officer to further diversify the paramedic role both in the public and private health sectors.

6.3.2 – **Rural Generalist Pathway** to attract, retain and support rural generalist doctors in partnership with a range of stakeholders.

6.3.3 – **Nurse Practitioner Models** to increase service access and efficiency and improve patient experiences through innovative models.

6.3.4 – **Technology assisted access to specialised health workforces in Tasmania** to expand local access to highly specialised health professionals, where it is clinically safe and appropriate.

6.3.5 – **Reviewing the scope of practice of pharmacists** to consider what other services and supports they may be able to safely provide to Tasmanians.

Action 6.4 – Valuing and supporting our workforce

6.4.1 – **One Health Culture program** to build an inclusive and supportive working environment through actions including the Aspire leadership program, a DoH Wellbeing Framework and the Human Resources Information System Transformation Project.

6.4.2 – **Ambulance Tasmania Cultural Improvement Action Plan**, an immediate and long-term commitment to build safe, supportive work environments of professionalism, dignity and respect.

6.4.3 – **Child Safe Governance Review of the Launceston General Hospital and Human Resources** – implementation of all 92 recommendations to build a strong and healthy organisation where children can feel and be safe in all healthcare settings.

