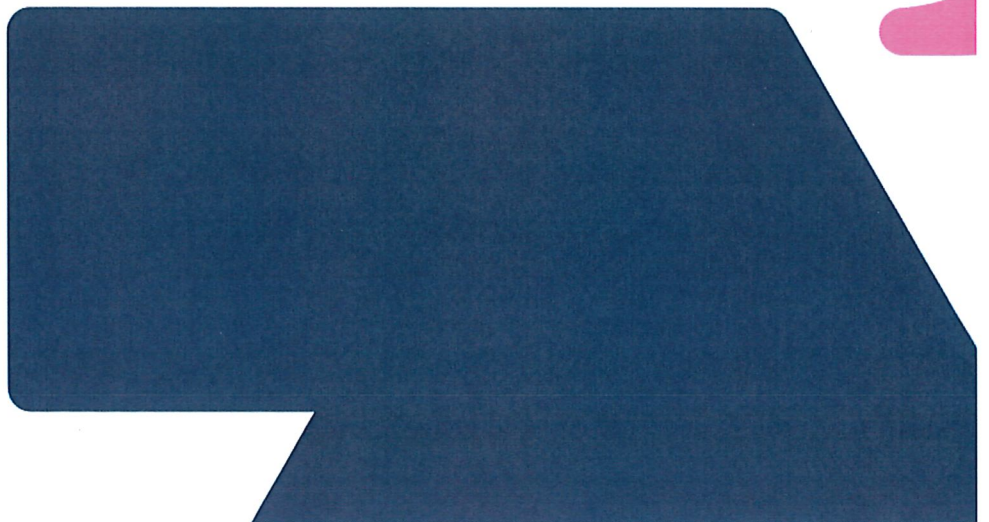
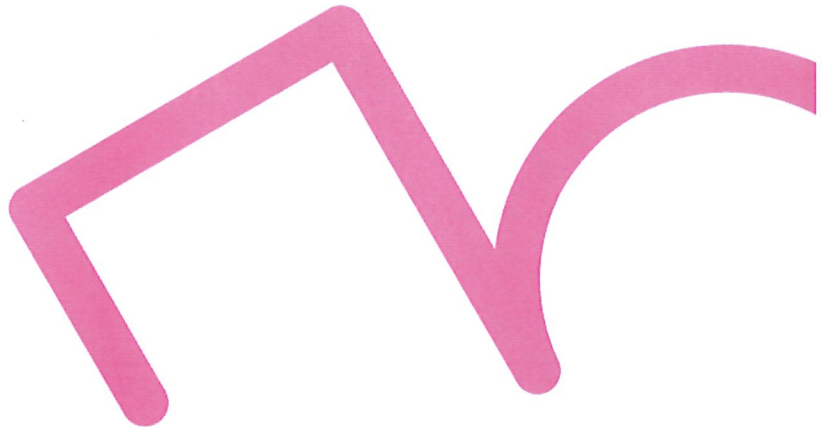




HACSU
Health & Community
Services Union

HACSU 2024-25 Budget Community Consultation Submission



Background

The Health and Community Services Union (HACSU) is the largest union in Tasmania, representing almost 11,000 members across a range of sectors.

Approximately 3500 of our members are employed in public health, primarily for the Tasmanian Health Service and Ambulance Tasmania. We have approximately another 2,000 members across Tasmania employed in community services that are focused on psychosocial accessibility and safety. Over 5000 of our members are employed in aged care and disability and community services. We have hundreds of Members who work in youth justice, community justice and child safety services.

The issues laid out in this submission are either known or have been reported to HACSU by members working in the relevant areas of health and community services or are known to us through our ongoing involvement in representing health and community services workers and liaising with health and community services administrators for over 100 years.

We are a strong and rapidly growing union that remains committed to working with stakeholders to ensure the best health outcomes for our island and that the health and other community systems are properly funded and supported to meet the needs of the Tasmanian community, now and in the future.

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1. Delivering more paramedics and better health care for Tasmania

Ambulance crewing configuration:

HACSU does not support the implementation of more branch stations, particularly the single branch station model. The volunteer coverage is 40% at best which affords personal and organisational risk to paramedics working alone with delays to back up. Consequently, HACSU submits the following:

- Fully crewed stations in all the proposed locations in the [ORH report](#)
- The upgrading of all double branch stations to fully crewed stations
- Single branch stations upgraded to at least double branch stations

126 additional staff significantly undersells the staffing increases actually required by the report. By using an insufficient relief rate (40%, which was not sufficient in 2010 let alone 2024/25) and not factoring in any required additional resources in the Communications Centre and Integrated Care to make the efficiency improvements required. The number is much closer to 160.

Efficiency targets for transfer of care:

HACSU is seeking a 30-minute maximum offload policy at the emergency departments of RHH, LGH, NWRH and MCH.

Supporting services – management, education, clinical services, administration:

The paramedic resources on the ORH report will not be able to be supported by the current support services in Ambulance Tasmania.

Currently, Clinical Services, Education, Administration and Management are severely under-resourced to support frontline staff to perform their duties safely, efficiently, and effectively utilising contemporary practice. More of these crucial positions are needed so that more paramedics can be employed safely and sustainably.

Unsustainable volunteer model:

40% volunteer coverage state-wide is a significant risk to staff working as single officers and should no longer be supported or encouraged. Over many years, Ambulance Tasmania has struggled to recruit and retain volunteers throughout the state with only some stations having adequate volunteer coverage.

HACSU submit that new single branch stations and many new double branch stations are not a sustainable model. In some areas that have been suggested for upgrade, it is more prudent to maintain CERT coverage and place additional 24/7 salaried resources in already established areas such as Kingston (covers Snug) and Huonville (covers Cygnet).

Due to its location, Port Sorell should be a 24/7 station as is more often than not pulled into Devonport for coverage and increasing cases that require transport to Launceston.

Both Wynyard and Sheffield should be elevated to 24/7 as they are already operating as outer urban resources for the major metropolitan areas of the NW coast.

In addition to the upgrading of single branches to double branches, Smithton should also be seriously considered for at least upgrade to double branch if not 24/7.

The regions need the ability of roster abstraction to cover short term vacancies. Now as regions run on predetermined FTE they are unable to cover shifts due to long term sick leave, workers compensation and the increase in workplace flexibility arrangements. As more and more women are entering the paramedic profession, they are likely to have maternity leave and therefore some extra contingency in the roster will facilitate the minimum required coverage (all shifts filled).

Upgrading of stations:

Many of the stations state-wide are inadequate for the current needs and need upgrading and future-proofing.

Fleet:

There has been an increase over the last 3 years with a limited increase of fleet vehicles ranging from type 1 ambulances and support cars. The significant increase in frontline paramedic staff will also need a significant investment in fleet and equipment.

HACSU submit that a 24/7 crew at Claremont and Sandy Bay is grossly inadequate and will require another 2 additional crews in Hobart. Furthermore, Launceston will also require another 24/7 crew in addition to Legana.

Infrastructure - stations, workspaces:

Many workplaces are cramped and do not adequately fit crews and or administrative staff.

Education:

There needs to be an evidence-informed algorithm used to determine the appropriate number of educators required to educate and support the paramedic and support services cohort.

Education is currently severely under-resourced and currently the burden is too high on their staff causing significant stress in trying to implement programs and training.

Understanding the number of education staff required to support all programs delivered by education is a priority and should be resourced accordingly. Furthermore, the change in the type of cases that ambulance attends will affect education profoundly.

The ORH report has not looked at the types of clinical presentations that AT will be attending in the future and the resources required to support that type of work. The current AT workforce have poor education and understanding of primary healthcare and subacute work. Furthermore, clinical exposure is reducing to high clinical acuity cases, which will always be a clinical requirement for Ambulance response. Without a supplementary increase in education, this will present future clinical safety risks.

Clinical Services:

Clinical Services will require increases in staff to uplift paramedics into contemporary evidence-informed practice.

Currently clinical services are under-resourced. An increase of frontline staff will increase the demands on clinical services.

Furthermore, more clinical services staff are required for quality and assurance and accreditation for all paramedics to prevent poor patient care outcomes and treatment processes, clinical pathways, and clinical quality improvement.

Clinical Governance Framework:

The report does not explore the significant work implementing the NSQHS standards to AT that needs to occur in the next 5 years. This accreditation will require significant increases in education (initial and ongoing) for paramedic staff to imbed changes. Furthermore, it will require a significant increase in clinical services staff to complete treatment, audit, and care pathway work.

Without additional increases as clinical services and education, the ambulance service is unable to improve the effectiveness of the community paramedic and extended care paramedic teams to all allow for increased treatment and safe non transport.

Administration:

Administration is requiring an extensive overhaul and increase in workforce. This increase is needed in all areas of the organisation including the regulation and corporate business units. Furthermore. Ambulance is a complex organisation industrially and requires its own dedicated Human Resource staff.

Management:

Operational management at the frontline level is currently inadequate to suit the needs of the size of the organisation.

This was evident in the Coronial inquest into the suicide of Paramedic Damian Crump. Only having funding for frontline paramedic staff is an organisational risk not only for AT but for the Tasmanian Government.

PACER state-wide and Community Paramedics:

The PACER and community paramedic program hours need to be extended and staffed adequately to support at least a 16 hour a day coverage. Additionally, funding needs to be provided to ensure 24-hour Non-Emergency Patient Transport Services.

Mandatory offload to end ambulance ramping:

Currently HACSU and the Department of Health are negotiating a mandatory offload procedure that will see ambulances at hospitals for a maximum of 60 minutes before a patient is offloaded. This will free up vital ambulance and paramedic resources to be able to respond to emergencies in the community.

However, it will require significant further investment over the budget period to ensure safe and adequate staffing in emergency departments, particularly at the Royal Hobart Hospital and the Launceston General Hospital. It will likely require additional funding for flex capacity of inpatient beds, medical, nursing and support staff commensurate to the capacity increase. More medical, nursing and support staff will be required to manage patients who are affected by transfer of care delays following the implementation of the mandatory offload procedure.

Allied Health Professionals:

A substantial body of peer-reviewed evidence attests to the clinical effectiveness and cost-efficiency of key allied health professions.

Health status is intricately linked to factors such as wealth, social standing, education, and age. Tasmania, characterized by the lowest average household income, minimal education levels, and the oldest population among states and territories, unsurprisingly exhibits the nation's poorest general health status. Consequently, there exists a greater-than-average demand for health services.

In Tasmania, workforce numbers align with the national average only in medical radiation and podiatry. However, professions like physiotherapy, occupational therapy, and psychology face significant undersupply compared to the national average. To reach the national average, Tasmania would require an additional 39.2 physiotherapists, 20.7 occupational therapists, and 19 psychologists for every 100,000 people.

The entire nation underutilizes key allied health professions, and Tasmania's lower supply exacerbates this issue, leaving its residents underserved compared to those in other jurisdictions. The state's socio-demographic profile, marked by an aging, unwell, and economically challenged population, necessitates about 20% higher-than-average resourcing, according to the Commonwealth Grants Commission.

Failure to integrate allied health more closely into healthcare results in lower quality care at a potentially higher cost. Rectifying this situation represents one of the most cost-effective and productive options for healthcare reform in Tasmania.

Urgent and substantial investment in allied health is imperative, with a specific focus on this aspect of the budget. Additionally, the budget should sustain and expand the existing allied health scholarship program, continue funding and enlarging the allied health education and support workforce, establish and evaluate a structured and sustainable allied health graduate program (akin to the transition to practice program for nurses), and allocate funds for an allied health rural generalist pathway to upskill professionals for diverse roles in rural and remote areas of Tasmania.

2. Transforming Tasmania's mental health and wellbeing

PACER (Police, Ambulance & Clinician Early Response)

PACER is a unique initiative that has been established to assist the community in dealing with mental health crises.

The collaboration between Ambulance Tasmania, Tasmania Police and Statewide Mental Health Services means the unsung heroes provide a rapid and effective response to individuals in distress, ensuring they receive the best care possible.

The PACER unit is made up of specially trained paramedics, mental health clinicians and police officers who work together to respond to emergency situations where a person's mental health is at risk, including suicide attempts, self-harm or violent behaviour.

Currently PACER only operates in the South of Tasmania and it is not a 24-hour service. Investment and funding need to be provided to make PACER a statewide 24-hour 7-day-a-week service.

PACER allows patients to be seen in their homes or at the scene instead of being admitted to hospital, alleviating the strain on an already busy Emergency Department and demand for police callouts.

Enhanced community case management and crisis teams

Funding needs to be increased for Statewide Mental Health Services to increase workforce numbers to keep people living with mental health conditions out of acute care settings. Funding and development of mental health services in the community have been vastly inadequate to meet increased needs associated with the lack of affordable and accessible mental health services.

This results in inconsistent management of patients often resulting in a greater hospitalisation rate than is necessary.

Successful community-based treatment involves immediate availability of 24-hour crisis intervention and continuous care, assertive and intensive community case management, supervised residential treatment within the community as a viable alternative to institutionalization in psychiatric units and facilities, and genuine recovery-focused vocational opportunities for individuals facing mental health challenges.

Investment in community-based case management and crisis teams would lower mental health presentations and admissions to psychiatric units and institutions.

3. Ensuring the safety and wellbeing of children and young people

AYDC closure and youth justice reform

The government must divert significant funding into the acceleration of the recommendations from the Commission of Inquiry that relate to the closure of AYDC and broader youth justice reforms.

The most effective approach to safeguarding children and young people from the potential of sexual abuse in youth detention is to proactively prevent their entry or re-entry into detention. This necessitates prioritizing strategies that divert them from the youth justice system and detention facilities.

To mitigate risks for Aboriginal children and young people in detention, urgent action is required to address their disproportionate representation in both detention and the broader youth justice system. This effort should be grounded in strategies guided by Aboriginal self-determination.

Ensuring the safety of children and young people in youth detention involves cultivating a child-safe culture that upholds and advocates for their rights. Leadership must be held accountable for fostering an environment that diminishes the risk of child sexual abuse in detention.

To guarantee the safety of children and young people in youth detention, it is imperative that staff members feel secure, and their well-being is actively supported. Staff should possess the necessary qualifications, attributes, and skills to engage positively with the youth in detention. Adequate staffing levels are essential to implement a therapeutic model of care, allowing for constructive interaction with children and young people and avoiding the need for lockdowns. Funding must be provided to support current AYDC staff who will not choose to transition to other roles upon the closure of AYDC.

Child safety service resourcing and reform

The current state of child safety services can only be described as a crisis in terms of resourcing. The recent report by the Commissioner for Children and Young People into the changes to case management in child safety services paints a stark picture of what the current

level of resource and workforce is resulting in, increased risk of harm to children and young people and a lack of consistent support for families.

Significantly increased funding is required to provide adequate and sustainable care for children and families.

Similarly, the Strong Families, Safe Kids reform has not been fully implemented and has resulted in a lack of understanding for workers and other stakeholders alike. The budget must allocate funding to the continued implementation of proper and sustainable reforms in child safety services. There must also be funding provided to completely review the appropriateness of the elements of the current services and their fitness for purpose.

4. Supporting people with disability

Allocating funds for disability support services beyond the reach of the NDIS, such as mainstream children's therapy services, advocacy services, and sustained support for individuals with disabilities who do not qualify for the NDIS.

This allocation would be facilitated through collaborative efforts between Tasmanian and Commonwealth Government departments, encompassing health, education, justice, and transport services.

Given Tasmania's ageing population investment is required to ensure Tasmanians who live with a disability and do not qualify for NDIS funding are significantly supported to ensure that they are not disadvantaged or further marginalised.

5. Building stronger communities

Increased funding for peak community organizations is required. Organizations, such as Volunteering Tasmania, the Youth Network of Tasmania, Carers Tasmania, the Tasmanian Men's Shed Association, and community advocacy organizations like Advocacy Tasmania, should receive at least annual indexation increases.

Affordable housing

There needs to be a major investment in affordable housing initiatives including increased funding and workforce at Homes Tasmania.

Enhance support for Tasmanians to transition out of homelessness or sustain their tenancies by strengthening the housing and homelessness services workforce.

Establish funding for a consumer advocate program tailored to individuals experiencing homelessness.

Reallocate resources from First Home Owner Grants and stamp duty concessions to invest in essential support services for priority populations, especially those facing homelessness or at risk.

Implement a comprehensive 'housing in all policies' approach and conduct a Housing Impact Analysis for government policies and major decisions.

Prioritize Tasmania's commitments under the National Housing Accord, expediting zoning, planning, and land release to unlock strategically located state land. Facilitate superannuation and institutional capital investment in social and affordable housing.

Temporarily limit annual rent increases to the Consumer Price Index (CPI) until rental vacancy rates reach at least 3%.

Introduce an empty homes levy to encourage property owners to make their properties available for rent.

Restrict the addition of entire homes to the short-stay accommodation market, particularly in areas with low rental vacancy rates.

Conduct a comprehensive review of the Residential Tenancy Act to ensure fairer, safer, and healthier renting conditions for tenants, providing them with longer-term security.

Electricity costs

Safeguard Tasmanians from unwarranted electricity price hikes by limiting regulated electricity price increases to no more than the national year-average Consumer Price Index (CPI).

Energy concessions

Expand eligibility for the energy concession to encompass low-income households. Conduct a thorough review of the energy concession scheme to ensure its precision and appropriateness.

Affordability of energy

Grant a \$250 electricity bill rebate to low-income households to counterbalance the impacts of price cap increases.

Allocate resources to a substantial initiative focusing on household energy efficiency.

Implement minimum energy efficiency standards for rental properties.

6. Delivering a well-equipped and contemporary state service management function

State service management, particularly in the area of change management, injury management and employee relations is significantly under-resourced and requires increased funding and workforce to deliver much-needed reforms across the Tasmanian State Service.

Reforms are delayed or take unreasonable timeframes to design and implement, employment matters often result in unnecessary and costly disputes, injured workers feel unsupported and often are away from the workplace for longer than necessary and investigations into misconduct or underperformance are often so untimely they result in unjust outcomes.

