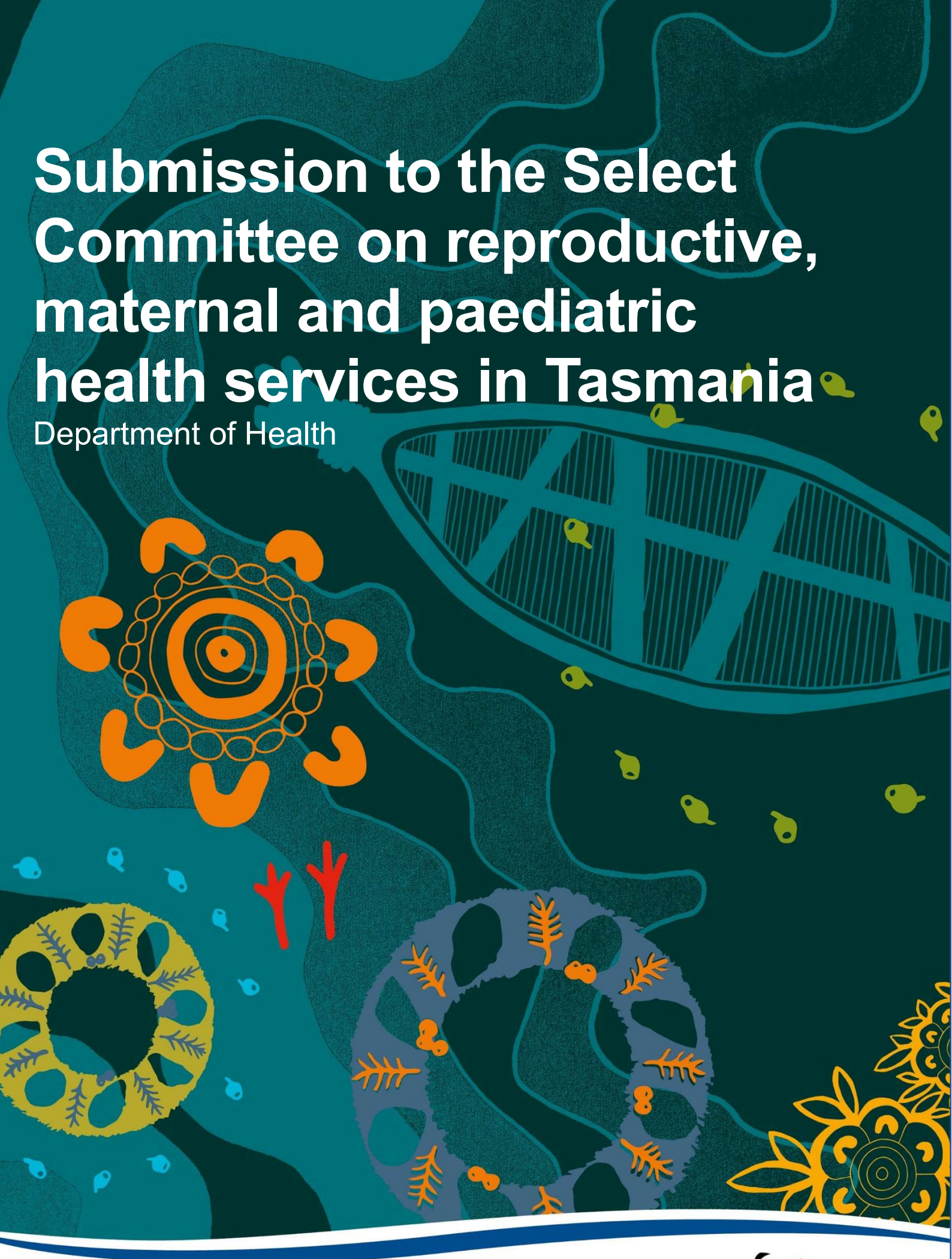
Submission to the Select Committee on reproductive, maternal and paediatric health services in Tasmania

Department of Health



Tasmanian Government

The cover artwork has been adapted from local Tasmanian Aboriginal artist Takira Simon-Brown's 2022 triptych, *Health nayri*. The items from Takira's paintings signify different cultural healing elements, including edible wreaths, healing fire, medical plants and healing circles. The underlying layer contains waterways and a bark canoe, representing mob returning to participate in communal healings. Takira is a proud descendant of Chief Mannalargenna of the Plangermaireener nation of lutruwita / Tasmania.

Contents

Acronyms

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
BFHI	Baby Friendly Hospital Initiative
CALD	Culturally and Linguistically Diverse
CAMHS	Child and Adolescent Mental Health Service
CFHN	Child and Family Health Nurse
CHA	Child Health Assessment
CHaPS	Child Health and Parenting Service
COPE	Centre of Perinatal Excellence
COPMM	Council of Obstetric & Paediatric Mortality & Morbidity Tasmania
CYWS	Child and Youth Wellbeing Strategy
DoH	Department of Health
DPAC	Department of Premier and Cabinet
ECM	Extended Care Midwifery
EMS	Extended Midwifery Services
EPDS	Edinburgh Postnatal Depression Scale
FTE	Full Time Equivalent
GP	General Practitioner
H2H	Head to Health
IMPROVE	Improving Perinatal Mortality Review and Outcomes Via Education
LGBTIQA+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/questioning, Asexual
LGH	Launceston General Hospital
KCC	Kids Care Clinic
KYM	Know Your Midwife
MBU	Mother and Baby Unit
MERTIL	My Early Relational Trauma Informed Learning
MGP	Midwifery Group Practice
MPIS	Midwife Professional Indemnity Insurance
NICU	Neonatal Intensive Care Unit
NSW	New South Wales
NWRH	North West Regional Hospital
OHST	Oral Health Services Tasmania

PICU	Paediatric Intensive Care Unit
PIMHS	Perinatal and Infant Mental Health Services
PPM	Privately Practicing Midwives
RHH	Royal Hobart Hospital
RN	Registered Nurse
RUSOM	Registered Undergraduate Student of Midwifery
SBB	Safer Baby Bundle
SMHS	Statewide Mental Health Service
TAC	Tasmanian Aboriginal Centre
THS	Tasmanian Health Service
TOM	Team of Midwives
UniSQ	University of Southern Queensland

1. Introduction

The Tasmanian Department of Health (DoH) welcomes the opportunity to provide information to the House of Assembly Select Committee on reproductive, maternal, and paediatric health services in Tasmania (the Inquiry).

Supporting the health and wellbeing of Tasmanian women, parents, children and families is a key priority of the Tasmanian Government, and a range of initiatives and reforms are underway across the health system to ensure Tasmanians have access to the services they need, and Tasmanian infants, children and their families can thrive as part of a healthy community.

It is acknowledged that many of the services relevant to the Inquiry's Terms of Reference are delivered across the private and public health systems in Tasmania, in a range of care settings that span primary and community care through to inpatient hospital services. Through the Tasmanian Health Service (THS), DoH provides a range of reproductive, maternal, perinatal mental health and paediatric health services, including the Child Health and Parenting Service (CHaPS), and is committed to ensuring all Tasmanians have access to the health services they need. This submission provides an overview of the services delivered by DoH relevant to the Inquiry's Terms of Reference and identifies key actions and initiatives underway to help ensure the adequacy, accessibility, and safety of relevant services, including responding to workforce and service access challenges.

DoH acknowledges the concerns that have been recently raised regarding maternity services at the Royal Hobart Hospital (RHH) related to midwifery staffing levels and associated impacts on patient safety, and the announcement by the Minister for Health, Mental Health and Wellbeing of an independent investigation into these concerns. The safety and wellbeing of mothers and babies is DoH's highest priority. DoH fully supports establishment of the independent investigation, and will use its findings and recommendations to identify opportunities for improvement and inform any necessary service changes at the RHH and Tasmanian public maternity services more broadly.

Through the *Long-Term Plan for Healthcare in Tasmania 2040* (the Long-Term Plan), DoH is working to achieve the goal of a sustainable, integrated and balanced health system that provides the right care, in the right place, at the right time for all Tasmanians. Prioritising children and young people, and increasing child safety and wellbeing are specific actions under the Long-Term Plan. Additionally, the Long-Term Plan includes planned work to develop a statewide paediatrics health service plan aimed at improving access to healthcare services in the community for children and young people, as well as an integrated care hub at the Launceston General Hospital (LGH) for specialist women's and children's services.

DoH's Women's and Children's Services Steering Committee brings together clinical and health leads to provide oversight to related Tasmanian Clinical Networks and provide high level advice for patient centred care across Women's and Children's Services (WACS) in Tasmania. The Steering Committee is responsible for providing high level advice on strategy and operations to the THS and DoH regarding the provision, monitoring, and management of safe, effective, appropriate and patient centred care across WACS in Tasmania.

The Tasmanian Clinical Networks have been established across various service areas to bring together clinicians, consumers and policy makers from across the broader health system to enhance the delivery and experience of quality healthcare for patients. Key networks relevant to the services identified in the Inquiry's Terms of Reference include:

- the Tasmanian Gynaecology and Reproductive Network;
- the Tasmanian Maternity Network; and
- the Tasmanian Neonatal and Paediatrics Network.

These clinical networks aim to develop, drive and implement clinical quality improvement initiatives; ensure equitable access to health services; ensure consistency of practice across the state; and promote sustainability in healthcare. DoH is currently reviewing the clinical networks in order to strengthen clinical governance and support optimal patient outcomes.

Additionally, DoH worked in partnership with consumers and stakeholders in every region of Tasmania to co-design the Tasmanian Paediatric Model of Care, which came into effect in 2023. The Model of Care provides an agreed set of principles for statewide public children's health services to support and promote equitable and quality service delivery to children, young people and their families.

DoH is working to continuously improve its services, and has progressed a number of recent key reforms and initiatives to meet the needs of women, parents, families and children accessing Tasmanian health services, including the transfer of maternity services from the North West Private Hospital to the public system in December 2023. The establishment of the integrated North West maternity service, including the consolidation of birthing services, is a key component of DoH's One Health system reforms. The new service is well positioned to provide high quality and safe care to women and babies across the North West, and will allow more opportunities for continuity of care for women in the region.

In the South, DoH has established a three-bed Mother Baby Unit (MBU) at the RHH following the sudden permanent closure of St Helen's Private Hospital in June 2023 to provide continuity of care and support for mothers experiencing mental health concerns, such as postnatal depression and anxiety. More broadly, DoH is undertaking a project to develop a long-term strategy to strengthen access to parenting and perinatal mental health services in Tasmania. This includes working with the Tasmanian community, private providers, primary care services and the Australian Government to develop a comprehensive model of care that meets the needs of Tasmanian families, which will mean offering a range of service options beyond a hospital setting. Additionally, the Tasmanian Government is investing in a new four-bed Mother Baby Centre at the Launceston Health Hub in Launceston.

Another initiative to boost the adequacy and accessibility of DoH services for children and their families was the launch of the new community-based Kids Care Clinics (KCCs) in March 2023, expanding the Southern Tasmanian Community Paediatric Service to a statewide service and enabling vulnerable Tasmanian children and their families to access targeted healthcare and support. The service aims to provide a positive healthcare experience with individualised and family-centred care and reduce barriers to care by supporting families to access appropriate early interventions closer to their home and community.

Other key reforms being progressed by DoH include the large-scale statewide service reforms for the Child and Adolescent Mental Health Services (CAMHS), recently renamed to Child and Youth Mental Health Services (CYMHS), which aim to improve models of care, address known service gaps, and strengthen collaborative care pathways and programs to strengthen mental health services for infants, children and young people, and their families and carers.

In accordance with the Inquiry's Terms of Reference, information comparing Tasmania with other states and territories has been included in this submission where available. This submission also includes specific information in relation to the availability and outcomes of services in rural and regional areas, and those that are delivered to Tasmanians experiencing socioeconomic disadvantage (noting that data on socioeconomic disadvantage is not collected by health services, which limits the ability to use this as a tool for comparison regarding access to services).

It is acknowledged there can be challenges in accessing health services in rural and regional areas, and maintaining and improving the accessibility and quality of services in these areas is a top priority for DoH, including paediatrics, perinatal, and women's and maternal health services. DoH recognises the unique health needs faced by women, families and children living in rural and regional areas and, in line with the aims of the Long-Term Plan, is working to build a sustainable health system that provides Tasmanians with

the right care, in the right place, at the right time. This submission outlines a range of initiatives DoH is progressing to improve service access in rural and regional areas, such as the Enhancing Perinatal and Infant Mental Health Services (PIMHS) in the North and North West project. The project aims to address PIMHS service gaps in these regions and ensure women at risk of, or experiencing, moderate-to-severe perinatal mental health concerns can access services regardless of where they live in Tasmania.

While this submission provides specific information on workforce challenges for midwifery, paediatrics and CHaPS, the recruitment of professionals across the health workforce remains a significant challenge both in Tasmania and across Australia. This challenge contributes to the unequal distribution of the health professional workforce throughout the State, with the North West in particular having lower numbers of allied health professionals, medical professionals, and nurses and midwives than other areas of Tasmania. As part of the Long-Term Plan, DoH's long-term workforce strategy, *Health Workforce 2040*, encompasses a range of actions to build a sustainable and affordable health workforce through developing staff, recruiting efficiently, and building a positive workplace environment.

It is noted DoH has made a number of recent submissions to national and state inquiries and other consultation processes that relate to the service areas and themes of this Inquiry's Terms of Reference, and relevant information from these submissions has been utilised to support the narrative of this submission where appropriate.

DoH recognises that our community is diverse and that people accessing maternal, sexual and reproductive health services or information referenced in this submission may identify as non-binary or transgender. DoH is committed to ensuring all Tasmanians have access to inclusive healthcare and looks forward to the findings and recommendations of the Inquiry to help inform future service planning and reform directions.

2. Statewide considerations

This section outlines a number of key statewide considerations relevant to the services, themes and issues of the Inquiry's Terms of Reference, including an overview of key principles, frameworks and structures that support and inform the broader delivery of health services in Tasmania. While many of these factors apply to the delivery of health services across Tasmania's community, they are also highly relevant to the service areas identified in the Inquiry's Terms of Reference. This includes the importance of primary care in the delivery of reproductive, maternal and paediatric health services; information on how DoH ensures the safety and quality of its services and is supporting child safeguarding; and how DoH responds to the diverse needs of Tasmanians who utilise our health services.

2.1 Access to primary care

The primary care sector plays an important part in the delivery of health services identified in the Terms of Reference to this Inquiry. This includes, for example, the role that General Practitioners (GPs) play in providing advice and services to women, children and their families.

The availability and affordability of GPs is, however, a key issue for Tasmania and many other states and territories. In the *Report on Government Services 2023,* Tasmania had the second highest rate out of any jurisdiction of people delaying or not seeing a GP due to cost at 8.7 per cent in 2022-23, compared to 7.0 per cent nationally in the same year. In addition, Tasmania had the highest proportion of people who waited longer than they felt was acceptable to get a GP appointment at 36.4 per cent in 2022-23, compared with 29.6 per cent of people nationally. This impacts the ability of patients to receive timely, quality and affordable healthcare.

While the Australian Government is predominantly responsible for funding GPs and primary care, the Tasmanian Government is investing in community-based care initiatives to ensure Tasmanians in rural and regional areas can access local GPs and the most appropriate health care for their needs, and primary care providers can deliver more care to their local communities.

This includes funding a pilot with the Australian Government to make it easier to recruit and retain GPs in training in rural and regional areas through a Single Employer Model for GP Registrars; extending the role of pharmacists to improve access to GPs; and establishing Medicare Urgent Care Clinics and the GP After Hours Initiative, which aims to strengthen community-based services and enable GPs and pharmacies to deliver urgent care to more Tasmanians during evenings and weekends. The last round of funding under the GP After Hours Initiative was targeted towards supporting vulnerable Tasmanians who may find it particularly difficult to access a GP, such as people in regional, rural and remote communities with limited health services, those experiencing homelessness, people with disability, priority population groups such as the LGBTIQA+ community, Aboriginal and Torres Strait Islander people, and those who are culturally and linguistically diverse (CALD). The Tasmanian Government has also established a GP NOW Rapid Response Team which will comprise up of 10 GPs that can be deployed to support rural and regional communities around Tasmania when and where needed.

2.2 Inclusivity

DoH recognises the diversity of the population in Tasmania who access health services and is committed to providing inclusive workplaces and supporting DoH staff to deliver culturally responsive and consumer-centred healthcare. Significant work is underway and ongoing to consider and improve the adequacy, accessibility, and safety of DoH services for priority population groups including Aboriginal and Torres Strait Islander people, people from CALD backgrounds, LGBTIQA+ people, and other people experiencing poorer health outcomes. This work includes:

- Development of a Disability Health Strategy to improve the health and wellbeing of people in Tasmania who are living with a disability.

- Implementation of the *Improving Aboriginal Cultural Respect Across Tasmania's Heath System Action Plan* and a range of Closing the Gap initiatives to help create culturally safe health services, environments, and workplaces for Aboriginal and Torres Strait Islander people.
- Employment of a Multicultural Health Liaison Officer to provide education, consultation, and guidance in relation to people from CALD backgrounds; and Aboriginal Health Liaison Officers and Social Workers to provide emotional, social and cultural support to Aboriginal and Torres Strait Islander patients and their families when they visit hospital.
- Providing education across health services on how to arrange interpreters and improving the availability of interpreters.
- Providing a suite of training and resources to support delivery of healthcare that is safe and inclusive for LGBTIQA+ people, Aboriginal and Torres Strait Islander people, and people with CALD backgrounds.

Many initiatives are underway within and across individual services, as well as THS- and DoH-wide, to ensure that that these priority populations, as well as all Tasmanians, feel safe and respected when they access health services.

2.3 Safety and quality

DoH is committed to delivering safe and compassionate care in all health services, including working with staff and the community to continuously improve services.

The Ministerial Charter[1] issued under the *Tasmanian Health Service Act 2018* sets out the broad expectations of DoH and outlines specific expectations to have robust clinical governance and quality management systems in place, to monitor and respond to the quality of care provided.

This is supported by an effective *Quality Governance Framework for Tasmania's Publicly Funded Health Services*. The Quality Governance Framework establishes requirements for health service areas to attain all mandatory regulatory standards. This includes in particular the National Safety and Quality in Health Service Standards, Clinical Care Standards, and other applicable regulatory standards to support the delivery of safe high-quality care to all Tasmanians.

Regulatory standards set minimum protections providing assurance to consumers, children and young people of the quality of a health service, and describe the key components of care that consumers should expect. This overarching national framework of safety and quality standards ensures that the Tasmanian health system is supported and organised to deliver safe and high-quality care. As part of this, three regional Consumer and Community Engagement Councils ensure the consumer and community voice is incorporated.

2.4 Child safeguarding

All children have a fundamental right to be safe in our health services and DoH is committed to improving child safeguarding across its services.

DoH accepted all recommendations made by the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (Commission of Inquiry) and is working to implement the recommendations, including strengthening systems to protect children, training staff and volunteers, and building awareness in the community to protect present and future generations. As noted above, the Long-Term Plan also includes increasing child safety and wellbeing as a specific action. This work is a critical priority for DoH.

[1] For more information, refer to https://doh.health.tas.gov.au/__data/assets/pdf_file/0010/344737/Ministerial_Charter_THS_July18.pdf

The establishment of a Children and Young People Advisory Group, delivery of a new Human Resources service delivery model, and the establishment of the Chief Risk Officer position within DoH were key elements of this work, and independent oversight of the implementation of changes in response to the Commission of Inquiry is in place.[2]

[2] For more information, refer to https://www.health.tas.gov.au/about/corporate-and-industry-information/child-safe-governance-review/commission-inquiry-tasmanian-governments-responses-child-sexual-abuse

3. Reproductive health services

DoH provides a range of sexual and reproductive health services across the State, including dedicated sexual health services; youth health services; access to public sector surgical terminations; and women's and maternity services, including antenatal and postnatal care (discussed further in Section 4 below).

DoH also works with non-government organisations to support access to information and services. This includes providing funding to support access to information on pregnancy options, services such as medical and surgical terminations, and long-acting reversible contraceptives outside of the public system. Together, these services and supports are designed to help ensure all Tasmanians are supported to access timely and high quality sexual and reproductive health services and information.

Highlighted below are a range of sexual and reproductive health services provided by DoH, as well as new and planned initiatives to improve access to services and information regarding pregnancy and reproductive health options.

3.1 Sexual health services

DoH operates a dedicated statewide Sexual Health Service, which supports people to improve their sexual health and wellbeing. Sexual Health Service clinics operate in each of Tasmania's three major regions, with fixed clinics in Hobart and Launceston, and an outreach clinic in Devonport. The service is free for all people, regardless of their Medicare status.

Services provided by the Sexual Health Service are based on best practice approaches to sexual and reproductive healthcare, with services available to Tasmanians including:

- assessment, diagnosis, treatment, and management of sexually transmissible infections;
- assessment, diagnosis, treatment, and management of sexual functioning conditions affecting sexuality;
- gender affirming care services;
- care and management of HIV;
- assessment, diagnosis, treatment and management of various genital dermatology conditions;
- treatment and cure of Hepatitis C;
- pre-exposure prophylaxis for HIV prevention; and
- purchase of safer sex supplies.

The Sexual Health Service is accredited by the Royal Australasian College of Physicians to deliver advanced training in sexual health medicine and complies with all national and state guidelines.

The recent rising notification rates for some sexually transmitted infections in Tasmania, including syphilis (in line with national and international trends), have presented resource challenges for the Sexual Health Service. Through Public Health Services, an enhanced public health response has been established to manage rising syphilis case numbers, which is prioritising surveillance, case management, contact tracing and communications, including to primary care providers.

Public Health Services, in conjunction with Sexual Health Services, has convened the Tasmanian Statewide Bloodborne Viruses (BBV) and Sexually Transmitted Infections (STI) (BBVSTI) Working Group, with the aim of utilising the national BBV and STI strategies to develop and progress a BBVSTI Action Plan for Tasmania and to promote collaboration and coordination of activities and programs in the prevention, treatment and management of BBV and STIs.

DoH is committed to ensuring that all women and young people can access the sexual health services they need, regardless of their location or income level. In 2023-24, DoH provided $377 875 (excluding GST) to Women's Health Tasmania to administer the Women's Health Fund, and $318 792 (excluding GST) to The Link Youth Health Service to administer the Youth Health Fund through recurrent funding agreements. This funding assists women and young people with accessing sexual and reproductive healthcare, including access to contraception, long-acting reversible contraceptives, and medical and surgical terminations. Both funds also provide financial support for women and young people who need to access reproductive care outside of the public system for a variety of social, economic or clinical reasons.

3.2 Youth health services

DoH provides further supports to vulnerable young people by operating free and confidential youth health services in each region of Tasmania for young people aged 12 to 24 years. Youth health services provide information, support, advocacy, and referrals for anything related to health and wellbeing, including relationships and sexual health. They can also help young people with accessing health-related items, such as by providing free condoms, free pregnancy testing and support.

Youth health service staff include youth health nurses, allied health professionals and administrative support staff who are experienced in working with young people. Appointments do not need to be made for these services and referrals are not required, though are accepted. Because of regional differences and smaller teams, youth health services in the North and North West are generally accessed by contacting the services by phone, email or at reception. In the South, young people can visit the Pulse Youth Health centre and access services with no prior contact required.

3.3 Access to information on reproductive health services

DoH recognises the importance of providing patients with timely access to information on the full range of pregnancy options, and to services that meet their needs. This is necessary to help inform women of their available choices and to enable them to make decisions best suited to their individual circumstances. To support Tasmanian women to make informed choices regarding their reproductive health, DoH has progressed a range of initiatives to improve access to information regarding pregnancy and reproductive health options.

These initiatives include funding Women's Health Tasmania to establish a dedicated website providing up-to-date and accurate information about services and personal supports (including counselling). The Pregnancy Choices Tasmania website[3] provides Tasmanian women with easily accessible information on pregnancy options. It also includes a service directory providing detailed information about available services, with filters for provider type, termination services, contraception services, travel distance and inclusiveness measures (such as LGBTIQA+ inclusive, female doctor availability or languages other than English).

Prescribed Health Services offer Tasmanians free information, advice and counselling about the full range of pregnancy options. Tasmania's Prescribed Health Services are mandated under the *Reproductive Health (Access to Terminations) Act 2013* (the Reproductive Health Act) and currently include Family Planning Tasmania, Women's Health Tasmania, the Link Youth Health Services, and Pulse Youth Health South.

3.4 Access to terminations

The Reproductive Health Act provides the framework through which pregnant Tasmanians can access terminations. The Act removed barriers that previously existed and established certain protections for people accessing these services.

[3] For more information, refer to http://www.pregnancychoicestas.org.au/.

To ensure equitable access to surgical terminations, DoH has established a referral pathway for GPs and Prescribed Health Services to refer women seeking surgical terminations to a public hospital in Tasmania's three major regions. Surgical terminations up to at least 12 weeks are accessible free of charge at all Tasmania's major public hospitals. Funding assistance can be accessed to support women to travel to access surgical termination services (including accommodation costs) through the DoH Patient Travel Assistance Scheme, including women who choose to have their procedure out of their residential region.

For women who are ineligible for Medicare, fees associated with this service are supported by the Women's Health Fund and Youth Health Fund. Either way, there are typically no out-of-pocket costs for the patient. As mentioned above, the Women's Health Fund and the Youth Health Fund also provide funding to assist women in accessing termination care outside of the public system, including access to medical and surgical terminations.

Medication terminations are available in Tasmania up to nine weeks of pregnancy. Medication terminations are provided through primary care via services such as some GPs, Aboriginal Community Controlled Health Organisations, and Family Planning Tasmania.

3.5 Access to menopause and perimenopause services

Menopause and perimenopause are not disease states, but times of endocrinological change in women's lives, the impact of which is not always negative. While many women may not experience significant changes and some women may experience an improved quality of life with menopause, there are also some women who experience significant disabling symptoms requiring clinical attention. In addition, all women require access to preventative health measures as part of healthy ageing, particularly heart health and bone maintenance.

Most menopause-related care is delivered in the community by GPs and allied health professionals, and there are some special interest primary care services providing care in women's health. Within DoH, services provided by medical specialists (obstetric, gynaecology and endocrinology) are focussed on managing severe presentations, such as heavy bleeding and possible malignancies.

3.6 Tasmanian Government funding for Family Planning Tasmania

Family Planning Tasmania is a statewide not-for-profit organisation providing sexual and reproductive health education, information, and clinical services through clinics in each of Tasmania's three major regions and outreach clinics. Family Planning Tasmania offers a wide range of sexual and reproductive health services including contraception, sexually transmitted infection testing and treatment, cervical screening tests, pregnancy options including medication terminations, women's health and gynaecological issues, menopause assessment and management, and sexual health and counselling.

DoH provides funding to Family Planning Tasmania to deliver a range of services relating to sexual and reproductive health. This is a long-standing funding relationship, with the current funding agreements including:

- Recurrent funding of approximately $1.76 million per annum from 2022 to 2025 to support improved sexual and reproductive health for Tasmanians, including a focus on health equity, promoting sexual health and wellbeing, and increasing health literacy. This funding has a focus on priority populations including people with disability, people from the LGBTIQA+ community, young people, Aboriginal and Torres Strait Islander people, people from CALD backgrounds, people from humanitarian backgrounds, people from low socio-economic areas, and people from rural and remote areas.
- Additional funding of $345 000 over four years (until 2025) to support the implementation of specialised service provision for diagnostic, clinical and supportive care (ultrasound, pessary fittings and colposcopy). This funding has allowed the purchase of one disability support bed for each region, enabling greater access to Family Planning Tasmania services for people with disability.

Family Planning Tasmania also provides tailored education on respectful relationships, sexuality, reproductive and sexual health to a range of audiences, including schools and educators, parents and carers, professionals and individuals living with disability.

3.7 Initiatives underway on gender equality and women's health

DoH is supporting the delivery of broader whole-of-government initiatives designed to improve opportunities for women's equal participation in the social, political and community life of Tasmania, and enhance their health and wellbeing.

For example, DoH supported delivery of actions under the Tasmania's *Health and Wellbeing for Women Action Plan 2020-2023,* to assist Tasmanian women to access the full range of women's health services and have readily available access to information on pregnancy options and services. The Action Plan targeted areas such as increasing sexual and reproductive health literacy, particularly amongst young women, and improving access to a full, safe and effective range of reproductive and contraceptive information and options.

In December 2022, the Tasmanian Government released *Equal means Equal: Tasmanian Women's Strategy 2022-2027* (the Women's Strategy).[4] Under the Women's Strategy, the Tasmanian Government is seeking to embed a gender responsive framework into policy making. Central to this is equipping state servants with the tools that they need to consider how they design, implement and monitor policies, programs and services that affect women, men, and gender diverse people differently. This work is led by the Department of Premier and Cabinet (DPAC). DoH is engaging in its development and will work to implement the gender responsive framework appropriately in due course.

Another key priority in the Women's Strategy is the release of Gender Budget Statements listing specific budget initiatives targeting women. The 2023-24 Gender Budget Statement[5] examined four health initiatives, including the Digital Health Transformation, the Strategic Plan for Mental Health: *Rethink 2020-2025*, the Ambulance Tasmania workforce, and sustainable access to public endoscopy services. All initiatives were identified as having strong positive impacts for women.

DoH is also supporting Tasmania's participation in a range of national work to promote better health outcomes for women and girls and improve access to reproductive healthcare. This work includes:

- the National Women's Health Advisory Council, which has been established to provide strategic advice and recommendations on how to improve the nation's health system to provide better, more targeted and effective healthcare for Australian women and girls;
- actions being progressed under the *National Women's Health Strategy 2020-2030;* and
- the findings and recommendations of the Senate Inquiry into Universal Access to Reproductive Healthcare (the Reproductive Healthcare Inquiry).

The Reproductive Healthcare Inquiry was referred to the Senate Community Affairs References Committee in September 2022, with the aim of examining the barriers to achieving priorities under the *National Women's Health Strategy 2020-2030* for 'universal access to sexual and reproductive health information, treatment and services that offer options to women to empower choice and control in decision-making about their bodies'. The Inquiry's Final Report[6] was tabled in the Australian Parliament on 25 May 2023 and made 36 recommendations, 12 of which relate to areas of state responsibility or require collaboration between the Australian and state and territory governments. These include recommendations related to

[4] The Women's Strategy can be accessed at https://www.women.tas.gov.au/__data/assets/pdf_file/0028/257185/0285-Tasmanian-Womens-Strategy-2022-2027_PAG_WCAG.pdf.
[5] Refer to https://www.women.tas.gov.au/__data/assets/pdf_file/0019/300772/Tasmanian-Gender-Budget-Statement-2023-2024_7-WCAG.pdf.
[6] The Senate Community Affairs References Committee, *Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia,* https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/RB000075/toc_pdf/EndingthepostcodelotteryAddressingbarrierstosexual,maternityandreproductivehealthcareinAustralia.pdf.

improving access to sexual and reproductive health care and access to birthing services. Through the Health Ministers' Meeting, Tasmania is working with all jurisdictions to consider and respond to the recommendations.

DoH is also participating on the National Women's Health Advisory Council and looks forward to considering the Advisory Council's first annual report, which is due to be provided in the second half of 2024. The annual report will provide clear recommendations to improve health outcomes for all Australian women and girls.

4. Maternal health services

DoH provides high quality, free and accessible public maternity health services in all three regions of Tasmania, including antenatal and postnatal care. As noted in the Introduction to this submission, the private health system also plays an important role in providing maternal health services in Tasmania, and there are a range of these services available to women through the private health system.

The THS offers women multiple options for maternity and post-partum care, including medical clinics for women with specific health needs, midwifery models of care, and a Young Mums' Clinic for mothers under 20 to support and prepare them for birth and parenting. Across all regions of Tasmania, THS Maternity Services provide care for mothers and babies along the continuum of care, during pregnancy, labour and birth, and the postnatal period.

Tasmanian women can access or be referred to the public maternity service of their choice (generally the nearest service to their place of residence and one that offers the patient's preferred model of care). There are a range of midwifery-led models of care utilised within the THS that vary across the three regions of Tasmania. These include the Midwifery Group Practice (MGP) model, where a patient is cared for by a primary and back-up midwife for their pregnancy, labour, birth and postnatal needs; and the Know Your Midwife (KYM) or Team of Midwives (TOM) model, where a patient is cared for by a team of midwives, in consultation with doctors, during their pregnancy. Across all three regions, Midwife Satellite Clinics are utilised to make these maternity services available to women within their local community.

DoH is guided by a number of national strategic policies and frameworks in relation to maternal health services, and participates on interjurisdictional committees to help inform and shape national policy directions and priorities. This work includes:

- the National Stillbirth Action and Implementation Plan (see Section 4.4);
- the Women's Centred Care Strategy;
- Midwifery Futures: The Australian Midwifery Workforce Project;
- the National Nursing Workforce Strategy;
- the Every Week Counts National Preterm Birth Prevention Collaborative;
- the Rural Maternity Services Framework; and
- the Centre of Research Excellence in Stillbirth (see Section 4.4).

This section provides information on maternity demographics in Tasmania, maternal health services delivered by DoH, the midwifery workforce, and key work being undertaken by DoH to improve access to maternity services and the health of mothers and babies, including supporting Tasmanian Aboriginal women and their babies via specific Closing the Gap targets and associated actions, and to decrease the rates of stillbirth in Tasmania.

4.1 Tasmanian maternity demographics

In 2021, there were 6 081 total births in Tasmania and 6 053 live births, including 3 221 in the South, 1 588 in the North, 1 237 in the North West, and seven interstate.[7] This represents a birth rate of 10.7 per 1 000 population, compared to a national birth rate of 12.1 per 1 000 population in 2021[8].

Live births by region 2017 to 2021	South	North	North West	Interstate	Total live births
2017	2,895	1,496	1,154	5	5,550
2018	2,878	1,495	1,101	6	5,480
2019	3,068	1,499	1,129	8	5,704
2020	3,012	1,463	1,125	4	5,604
2021	**3,221**	**1,588**	**1,237**	**7**	**6,053**

Of these births, 36.4 per cent were delivered by caesarean section, 10.7 were by instrumental delivery, and 52.7 were unassisted vaginal delivery.[9] There were no maternal deaths reported in Tasmania in 2021.[10]

The proportion of preterm births (less than 37 weeks gestation) in Tasmania decreased between 2015 and 2021 from 11.1 per cent to 8.9 per cent.[11] This decrease reflects the impact of the national Preterm Birth Prevention Initiative,[12] with more births occurring at 39 weeks and over for caesareans with no labour in the North and South. The Preterm Birth Initiative is an alliance between DoH, clinical leaders and the community, aimed at safely lowering the preterm birth rate in the State. The Preterm Birth Initiative commenced in 2018 and includes strategies such as the provision of appropriate ultrasound services for the accurate measurement and reporting of cervical length at the mid-trimester anatomy scan; identifying women with risk factors for preterm birth for referral to cervical surveillance; introducing Tasmanian guidelines on the prevention of preterm birth; encouraging smoking cessation; avoiding late preterm and early term deliveries without a clear medical or obstetric indication; supporting midwifery-led continuity of care models; and supporting research into the possible causes of preterm birth rates in Tasmania.

Tasmania has a relatively higher proportion of younger parents than other states, with 1.8 per cent of women giving birth in Tasmanian in 2021 aged under 20, behind only the Northern Territory and Queensland, and higher than the national average of 1.5 per cent.[13]

In 2021, mothers self-identifying as Aboriginal and/or Torres Strait Islander accounted for 6.3 per cent of Tasmanian women who gave birth, increasing from 5.8 per cent in 2017.[14]

4.2 Maternal health services by region

4.2.1 Southern services

Midwifery-led models of care are prioritised for women where appropriate and midwifery presence occurs in all models of care. Currently, there are midwife-led clinics in Hobart, Glenorchy, Rosny and Kingston, and the MGP model of care also supports antenatal clinics in more regional centres. As consistency in care providers improves outcomes and increases maternal satisfaction, the RHH is actively working on increasing consistency and ensuring that women have a clear understanding of the roles of the health professionals that are part of their care.

Women generally stay in their original model of care; however, if risks are identified then they may be referred for additional care to clinicians or health workers to work collaboratively with the woman around

[7] Council of Obstetric & Paediatric Mortality & Morbidity Tasmania (COPMM), Annual Report 2021, https://www.health.tas.gov.au/about/corporate-and-industry-information/council-obstetric-and-paediatric-mortality-and-morbidity-copmm.
[8] Australian Bureau of Statistics, Births, Australia, https://www.abs.gov.au/statistics/people/population/births-australia/latest-release#key-statistics
[9] COPMM Annual Report 2021.
[10] COPMM Annual Report 2021.
[11] COPMM Annual Report 2021.
[12] For more information, refer to: https://www.pretermalliance.com.au/Our-cause/State-and-Territory-Alliances/Tasmania.
[13] COPMM Annual Report 2021.
[14] COPMM Annual Report 2021.

her care. The midwifery-led models vary in regards to risk and access to collaborative approaches to care management are prioritised.

To ensure that all women and families accessing maternity and birthing services feel as comfortable and relaxed as possible, the RHH provides state-of-the-art health facilities – including pregnancy assessment, birthing and maternity, and women's surgical units. The Queen Alexandra Women's Services, which opened in 2020, includes an eighteen-bed unit with delivery rooms and birthing suites. The birthing rooms have been designed to feel as home-like as possible, with adjacent areas for assessment and observation. Seven rooms include birthing baths, allowing women to use water immersion during labour.

The Pregnancy Assessment Centre also allows women who are 13 weeks pregnant or more who have a significant pregnancy related concern to go directly to the maternity unit for assessment, ensuring accessible and timely care at the crucial early stages of women's pregnancies.

An independent investigation is currently being established following concerns raised regarding staffing levels and patient safety impacts at the RHH Maternity Services. DoH fully supports establishment of the investigation, and will use its findings and recommendations to support service improvements both at the RHH and across THS Maternity Services broadly.

4.2.2 Northern services

Through THS North, women at low risk of pregnancy complications have access to midwifery-led models of care, and women who have high risk factors are managed by obstetric and medical care supporting midwifery care (referral of some complex pregnancy care is made to the RHH). Maternal choice for preferred model of care is honoured where possible. Multidisciplinary care including physiotherapy, social work and diabetic education is also available throughout the birth continuum.

In recognition that access to care close to where women and their families live improves engagement and maternal outcomes, the THS delivers pregnancy care in the community through midwifery outreach models in Mayfield and Rocherlea in Launceston, and Deloraine, Beaconsfield, Georgetown, St Marys, St Helens and Flinders Island. A LGH Registered Midwife also attends the Tasmanian Aboriginal Health Service weekly to provide antenatal care for women who identify as Aboriginal and Torres Strait Islander and/or whose babies identify as Aboriginal and Torres Strait Islander.

Birthing services occur at the LGH, with outpatient care delivered at the state-of-the-art Womens+ outpatient clinic and in Community Health Centres (outreach and MGP). The LGH offers six birthing rooms, two equipped with baths, and care for complicated pregnancies. Strong professional relationships also exist with the Launceston Birthing Centre, which provides a private midwifery-led birthing service.

THS North offers Extended Midwifery Service (EMS), to provide a home visiting service for new parents within a set geographical area, from the time of discharge from the inpatient setting up to two weeks post-partum.

Similar to the RHH, the LGH's Pregnancy Assessment Centre allows women who are 13 weeks pregnant or more, who have a significant pregnancy related concern, to go directly to the maternity unit for assessment. For women with concerns in the first trimester of pregnancy, the LGH Womens+ clinic offers an early pregnancy assessment clinic.

4.2.3 North West services

Maternity services in North West Tasmania include antenatal, labour and birth, and postnatal care up to two weeks after birth, and are typically provided by midwives and obstetricians supported by Allied Health Services. There are also midwifery, obstetric, gynaecology and extended care midwifery services delivered to King Island, West Coast and Smithton.

Improving access to high quality maternity services for women living in regional North West Tasmania has been a particular focus for the Tasmanian Government. In September 2022, a brand new $5.8 million antenatal clinic opened at the North West Regional Hospital (NWRH) to provide support to mothers and babies. Importantly, the facility supports continuity of care by providing a home for the MGP service. It also allows increased access to a Pregnancy Assessment Centre, which ensures women only attend the inpatient area when clinically indicated, keeping well women in the community.

Case study: North West Maternity Services Transition Project – Woman at the centre

All elements of maternity services in the North West (including inpatient, birthing, clinics, and community midwifery services) transitioned to the public system from 4 December 2023. As a result of the Tasmanian Government's focus on maintaining and improving the ongoing quality and safety of maternity services in the North West, the transition of privately contracted maternity services from the North West Private Hospital to the THS was brought forward from the planned date of November 2024.

The Project Team established to support the transition worked closely with the local community and workforce to ensure the voices of women and families, midwives, doctors and other health staff informed and shaped the new service.

The transition delivered on key recommendations from the *Independent Review of Quality, Safety and Management in the North West Maternity Services*[15] (the Review), which recommended all public maternity services be transitioned to the THS to improve services for the North West. The Review was conducted by Dr Jo Burnand, a medical consultant with extensive medical management experience.

The Review's Final Report was released in October 2021, with the Tasmanian Government accepting all 15 recommendations. The Review made a number of recommendations for the improvement of maternity services in the North West, while acknowledging that many of the challenges identified in providing maternity services are not unique to the North West of Tasmania, but are shared with other regional communities across the country.

DoH has focused on the following Priority Recommendations from the Review:

- Recommendation One: Establish a one employer, single governance structure that moves towards a more integrated and networked statewide service.
- Recommendation Two: Build a workplace culture reflecting the shared values and building the capacity for all staff to work collaboratively across the maternity services to deliver high quality, safe patient care.

Many of the issues identified in the Review have been longstanding. Moving the governance of all public maternity services under the THS supports a more fully integrated public maternity service across Tasmania and strengthens the workforce, ensuring equitable and seamless access to high quality and safe patient care for all women and infants.

The effective transfer of health professionals from the North West Private Hospital to the THS has been vital to the continuity of services and has been achieved with legislation passed to ensure employees maintain their entitlements and were not disadvantaged by the move. A single governance and employer model in the North West will increase opportunities for maternity services to better connect with existing expertise in the delivery of public maternity services at a state and national level, including in the areas of policy development, clinical practice and clinical governance functions. The single employer model will also support the development of a range of strategies to address longstanding workforce issues, including strengthening quality and safety management and education, training and workforce skill maintenance.

The project developed and implemented a Culture Strategy 'Woman at the Centre' to address Recommendation 2 of the Review. This included leadership development and capability, as well as a four-day bespoke education program to address themes raised by the community. These include trauma informed care, gender based and obstetric violence and the power imbalance in maternity care.

[15] The Final Report can be accessed at: https://www.health.tas.gov.au/news/news/release-north-west-maternity-services-review-report.

4.3 Preventative health for mothers and babies

The *Healthy Tasmania Five Year Strategic Plan 2022-2026* (Healthy Tasmania) is the Tasmanian Government's plan for preventive health in Tasmania. Healthy Tasmania's vision is for all Tasmanians to have the opportunity to live healthy active lives in communities that support connections to people, place, and culture.

Healthy Tasmania recognises that investment in preventive health actions during preconception, pregnancy, post-partum, and early life reduces the risk of short and long-term health problems for the mother and child. Key actions to support the health of mothers and their babies include promoting the *Australian Alcohol Guidelines on Pregnancy and Breastfeeding* to support informed decisions about alcohol consumption and promote better public understanding of alcohol-related harms; and supporting the implementation of the Tasmanian *Foetal Alcohol Spectrum Disorder Action Plan*.

Other preventative health initiatives and services offered by DoH for women and their children include breastfeeding support, smoking cessation support, and oral health services, which are outlined in further detail below.

4.3.1 Breastfeeding

DoH acknowledges that breastfeeding has significant health benefits for both babies and mothers.[16] The Tasmanian health system plays an important role in providing leadership, education, care, and an enabling environment to empower women utilising THS services to breastfeed.

Trends reported in Tasmania indicate that the percentage of women who gave birth and were breastfeeding at maternal discharge has increased gradually. In 2021, 87.4 per cent of women who gave birth were breastfeeding at the time of discharge.[17]

DoH is committed to creating a supportive and enabling environment for breastfeeding across its services via the policy framework outlined in the *Australian National Breastfeeding Strategy: 2019 and beyond*,[18] including a priority for health services to achieve and maintain Baby Friendly Hospital Initiative (BFHI) accreditation. The BFHI is a joint UNICEF and the World Health Organisation project that aims to give every baby the best start in life, with BFHI accreditation in hospitals associated with higher rates of breastfeeding initiation.[19]

All Tasmanian major hospitals are BFHI-accredited, which means that the whole hospital is supportive of breastfeeding and provides antenatal classes and one-on-one conversations if required. BFHI also encourages babies to be skin to skin with their mother straight after birth and for as long as possible, for mothers and babies stay together while in hospital, and for mothers to have ongoing support to establish feeding and receive or know where to get help once they go home.[20] DoH also offers mothers access to specialist lactation services, staffed by International Board Certified Lactation Consultants.

For mothers who are unable to, or choose not to breastfeed, feeding support can be accessed through midwives and nurses on wards and clinics. Upon discharge from hospital, CHaPS will also provide mothers with bottle-feeding and breastfeeding support.

Tasmanian preterm babies who can't receive breastmilk from their mothers have access to the Australian Red Cross Lifeblood's 'on demand' milk service, which aims to improve the survival rates of preterm babies through reliable access to donated breastmilk. Without access to breastmilk, preterm babies can spend longer in hospital and are also at greater risk of infection and sepsis, long-term health implications, and

[16] https://www.health.gov.au/topics/pregnancy-birth-and-baby/breastfeeding-infant-nutrition.
[17] COPMM Annual Report 2021.
[18] The Strategy can be accessed at: https://www.health.gov.au/sites/default/files/documents/2022/03/australian-national-breastfeeding-strategy-2019-and-beyond.pdf.
[19] Sinha B, Chowdhury R, Sankar MJ, et al. Interventions to improve breastfeeding outcomes: a systematic review and-meta analysis, https://pubmed.ncbi.nlm.nih.gov/26183031/.
[20] More information on the BFHI can be found at https://bfhi.org.au/about/.

necrotising enterocolitis. The pasteurised donor human milk is safe to use with strict donor screening and pre and post pasteurisation testing of milk.

4.3.2 Smoking cessation

In 2021, a total of 14.6 per cent of Tasmanian women and 36.9 per cent of women under 20 smoked tobacco during their pregnancy. This is higher than the national average of 8.7 per cent of Australian women and 33 per cent of women under 20.

Supporting smoking cessation continues to be a high priority for maternity services across both Tasmania and Australia. In addition to the known harms and risks of smoking in pregnancy to both the mother and developing baby, parental smoking is a key influence on uptake of smoking by young people,[21] which means that providing smoking cessation services in the perinatal period is beneficial for the health and wellbeing of the entire family. Currently, women who utilise THS maternity services and identify as smoking and/or using e-cigarettes receive specific clinical advice and support, as well as a referral to the Smoking Cessation Service through an opt out model. Carbon Monoxide screening is also routine for every antenatal visit on an opt out basis as a tool to engage women in a conversation about the harms of smoking and the benefits of quitting.

As e-cigarettes and their associated health implications are becoming an increasing concern, THS maternity facilities have updated their maternity-specific electronic health record to capture data on use of e-cigarettes in addition to smoking. This change has improved DoH's ability to report on vaping behaviours/smoking behaviours and the Carbon Monitor Reading at each visit.

In addition to these measures at a service level, the *Tasmanian Tobacco Action Plan 2022-2026*[22] prioritises action to reduce smoking during pregnancy, as well as acknowledging intergenerational tobacco use. The *National Tobacco Strategy 2023-2030*[23] also prioritises action to reduce smoking during pregnancy.

4.3.3 Oral Health Services

Oral Health Services Tasmania (OHST) provides priority access to dental care for eligible pregnant woman through the Healthy Smiles for Two Program. This Program aims to integrate oral health into general "booking-in" visits of pregnant women by building stronger partnerships, linkages, and referral pathways with maternity services statewide, and improve women's oral health and knowledge of preventive measures during the antenatal and postnatal period.

4.3.4 Closing the Gap initiatives

DoH is committed to delivering better outcomes for Tasmanian Aboriginal people and their families through the National Agreement on Closing the Gap, which includes a target to increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent by 2031. In 2021, 90.7 per cent of Aboriginal and Torres Strait Islander babies born were of a healthy birthweight in Tasmania, compared to 89.6 per cent nationally.[24]

As part of responding to this Closing the Gap target, THS Maternity Services are authentically seeking ongoing ways to improve access and quality of care, and to ensure the lived experiences of Aboriginal and Torres Strait Islander women and their families whilst being cared for is as positive and culturally appropriate as possible. The MGP model has priority access for women that identify as Aboriginal or Torres Strait Islander, if appropriate. Referrals from the Tasmanian Aboriginal Centre (TAC) and South East Tasmanian Aboriginal Corporation are sent to the MGP clinical coordinator at the same time as the

[21] COPMM Annual Report 2021.
[22] For more information, refer to https://www.health.tas.gov.au/publications/tasmanian-tobacco-action-plan-2022-2026.
[23] For more information, refer to https://www.health.gov.au/resources/publications/national-tobacco-strategy-2023-2030?language=en.
[24] Australian Government Productivity Commission, Closing the Gap Information Repository, https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area2.

Women's Health Clinic referral pathway, to provide advanced notice to potentially earmark a spot as part of a midwife's caseload. The MGP also provides in-reach services at the TAC for low-to-medium-risk pregnancies.

4.4 Stillbirth

In 2021, the perinatal mortality rate in Tasmania was 8.2 per 1 000 (50 births, including 22 neonatal deaths and 28 stillbirths), which is lower than the national rate of 9.4 per 1 000 births.[25] Over half of stillbirths in 2021 occurred in the 20 to 24 week gestation period, with many of those associated with significant or lethal foetal malformation.[26] The rate of late gestation stillbirths (occurring after 28 weeks gestation) in Tasmania has decreased in the last decade, from 2.7 per 1 000 births in 2012, to 1.5 per 1 000 births in 2021.[27]

DoH recognises the profound grief and devastation experienced by women, parents and families whose babies have died due to stillbirth. THS maternity services offer quiet, private spaces where bereaved parents can receive physical and emotional care from health professionals. Parents are given the option of a single room for privacy, where support from midwifery and obstetrics staff can safely continue to be provided.

The *National Stillbirth Action and Implementation Plan*[28] (the National Plan) was released in December 2020. The National Plan aims to improve the rates of stillbirth in Australia, while ensuring that when stillbirth occurs, families receive respectful and supportive bereavement care. Along with other states and territories, Tasmania is working to achieve the deliverables under the National Plan, with the aim to reduce the rate of stillbirth in Australia by 20 per cent or more by December 2025.

4.4.1 Policy Partnership with the Centre of Research Excellence in Stillbirth

DoH works in partnership with the Centre of Research Excellence in Stillbirth (Stillbirth CRE). This includes adapting and implementing evidence-based advice and resources dedicated to preventing stillbirth and improving health and social outcomes for women. Additionally, the Stillbirth CRE resources support action against some of the elements outlined with the National Plan. DoH's work with the Stillbirth CRE includes:

- Implementing the Stillbirth CRE's Safer Baby Bundle (SBB)[29] to support Tasmania's efforts in reducing the rate of stillbirth. The SBB is a national initiative with five evidence-based elements to address key areas where improved practice can reduce the number of stillborn babies.
- Encouraging clinicians working in maternal health to complete the Improving Perinatal Mortality Review and Outcomes Via Education (IMPROVE) eLearning module.[30] This is an online training package designed to support healthcare professionals responding to women and families who have experienced stillbirth, conduct perinatal autopsy and mortality reviews, and communicate with bereaved women and families. Between October 2019 and January 2023, 105 healthcare professionals across Tasmania completed the SBB eLearning module.
- Holding IMPROVE workshops, which complement the eLearning module and address the educational needs of health professionals involved in maternity and newborn care in managing perinatal death. These workshops have supported the credentialling of 19 IMPROVE facilitators in Tasmania including midwives, obstetricians, paediatricians, a pathologist, a neonatologist, and a social worker.

[25] COPMM Annual Report 2021.
[26] COPMM Annual Report 2021.
[27] AIHW, 2022, *Australia's mothers and babies: Stillbirths and neonatal deaths*
[28] https://www.health.gov.au/sites/default/files/documents/2021/03/national-stillbirth-action-and-implementation-plan.pdf.
[29] More information on the SBB can be found at: https://stillbirthcre.org.au/about-us/our-work/the-safer-baby-bundle/.
[30] More information on IMPROVE can be found at: https://stillbirthcre.org.au/projects/improving-perinatal-mortality-review-and-outcomes-via-education-improve-2/.

4.4.2 Stillbirth autopsies and investigations Federation Funding Agreement (Stillbirth FFA)

In May 2023, the Australian Government and Tasmanian entered an agreement through which the Australian Government provides Tasmania with $909 000 over three years (2022-23 to 2025-26) to increase the capacity of the perinatal loss workforce in specific areas that support families experiencing stillbirth and considering stillbirth autopsy; and to assist families where financial considerations are a barrier to accessing stillbirth autopsies.

The funding addresses a current workforce shortage of Perinatal Pathology services in the North and North West of Tasmania, with babies requiring autopsy needing to be transported to Hobart. As part of this funding, DoH will undertake statewide analysis of the perinatal loss coordination and support required to guide workforce initiatives, and will leverage existing work occurring around the State.

In addition, dedicated funding will be available for families who wish to travel with their baby to Hobart for autopsy, and for timely mortuary transfer services.

4.5 The midwifery workforce in Tasmania

Midwives are an integral part of Tasmania's health care workforce, with 526 midwives employed across Tasmania in both the public and private sectors in 2022 (refer to Appendix 10.1 for further information). Regionally, 84.4 full-time equivalent (FTE) midwives are employed in the South per 100 000 population, 90.1 FTE per 100 000 are employed in the North, and 59.3 FTE per 100 000 are employed in the North West. This compares with an Australian average of 90.1 per 100 000 population.

4.5.1 Workforce challenges

In line with the experience of global health systems, Tasmania faces challenges in the recruitment of midwives. Over the past five years, Tasmania has experienced a four per cent decrease in FTE midwives, which is similar to the pattern across Australia.

DoH is working closely with Tasmanian maternity service leaders to establish strategies to address workforce challenges in Tasmania now and into the future. To address these challenges, including a growing number of vacancies, the cost of locum midwives and student attrition, some short to medium term actions being undertaken by DoH include:

- building more variety in education pathways to create broader workforce diversity, including exploring direct entry midwifery student pathways;
- exploring partnerships between maternity services to support a growth in student numbers in a competitive environment where possible; and
- creating the Registered Undergraduate Student of Midwifery (RUSOM) role to support growth in direct entry students.

The *Nurses and Midwives (Tasmanian State Service) Agreement 2023* now includes the pathway of RUSOM as an identified opportunity for undergraduate direct entry midwives to be employed whilst undertaking their program of study. This enables these undergraduates to gain additional experience through an employment model, and will support better integration to the team and understanding of the health system more broadly while they complete their studies.

The Tasmanian Government's long-term health workforce strategy, *Health Workforce 2040*, sets out a number of actions to build the midwifery workforce across Tasmania, including funding for midwifery refresher programs delivered through the Australian College of Midwives to support the midwifery workforce in the North West. Between 2021-22 and 2022-23, $55 545 was allocated to support delivery of 50 packages through this initiative.

Recognising the lower midwife workforce numbers in the North West, other actions include developing local North West career pathways in nursing and midwifery; growing specialist capability for health professionals working in rural and remote services by delivering 91 scholarships under the Nursing and Midwifery Scholarship Program in 2022; reviewing maternity Models of Care in the North West and strengthening recruitment strategies to grow midwifery continuity of care models that support improved access to midwifery outreach services; and establishing the Nursing and Midwifery Recruitment and Retention Working Group.

In addition, DoH has been participating in the national Midwifery Futures: The Australian Midwifery Workforce Project, which is considering the Australian midwifery workforce and identifying opportunities to strengthen and grow the profession into the future. The final report of the Midwifery Futures project is expected to be published later in 2024, and DoH will continue working collaboratively with other States and Territories and the Commonwealth to consider its findings and support the sustainability of the midwifery profession into the future.

Midwifery workforce challenges and staffing models and profiles are also being considered as part of the independent investigation of RHH Maternity Services, and DoH will consider these findings as part of ongoing efforts to address and respond to these challenges.

4.5.2 Education pathways

For many years, Tasmanian maternity services have preferred a dual registrant workforce (registration as both a nurse and midwife with the Nursing and Midwifery Board). Historically, the dual registrant has been the preferred workforce model as it offers a wide skill set, broader scope of practice, and the ability to redeploy staff to areas of organisational need. Given that midwifery is now considered to be a profession in its own right and the current national shortage of midwives, maternity services are strengthening opportunities for employment and career pathways for direct-entry midwives.

To manage midwifery pathways after the University of Tasmania suspended midwifery course offerings in late 2016, DoH partnered with the University of Southern Queensland (UniSQ) to deliver a Bachelor of Midwifery course for registered nurses in Tasmania. The first cohort commenced in February 2017 and, since this time, other universities have successfully secured placements for students in Tasmania.

The Registered Nurse (RN)/Bmid course offered in Tasmania by UniSQ is an accelerated pathway for the RN seeking to become a midwife, reduced from three years to two years. Students participate in clinical placement time across the two years. Charles Sturt University also offers an accelerated pathway (12 months) for RNs seeking to become a midwife. Charles Darwin University has established placement with RHH for students of its Bachelor of Midwifery undergraduate program which is a three year full time program.

Since late 2022, all three public sector maternity services in Tasmania have moved to offering part time employment to all RN Midwifery Students for the entire duration of their course. Tasmania is one of only a few jurisdictions to offer fully paid student placements.

Arrangements are in place to ensure that students in placement work to their professional scope as they progress through the course. In recognition of the skill level of RN Student Midwives in the second year, students can work additional paid shifts as an RN/Student Midwife.

4.5.3 Midwife professional indemnity insurance

Privately practising midwives (PPMs) work within continuity of care models, establishing strong relationships with women throughout their pregnancy, birth, and the postnatal period. These relationships prepare and support women to confidently labour at home. Some will choose to birth at home while others present to their birthing hospital. However, in October 2023 the Australian Government Chief Nursing and Midwifery Officer notified states and territories that a gap had been identified in the existing midwife

professional indemnity insurance (PII) product, meaning labouring at home is not covered by the current insurance policy.

PII for PPMs was established on 1 July 2010. The PII policy provides coverage to PPMs for antenatal and postnatal care, and intrapartum care in a hospital. Until recently, the policy did not provide for pre-hospital care of labouring women.

The Australian Government announced in May 2024 that it will cover 100 per cent of the cost of claims for low-risk home births and intrapartum care outside a hospital. Consultation is ongoing to determine a definition for 'low-risk'.

The immediate impact of this issue in Tasmania Is likely to be low, as there are a small number of PPMs practicing in Tasmania supporting women in homebirth, and homebirth activity represents a small proportion of birthing activity in Tasmania. In the most recent Council of Obstetric and Paediatric Mortality and Morbidity Tasmania Report (2021),[31] 52 births (or 0.9 per cent of total births) in Tasmania were reported to have occurred outside the hospital setting in 2021, including homebirths. This number is consistent with previous years.

While some women choosing homebirth may require transfer to hospital as an unplanned consequence, this is not relevant to the gap in the insurance cover. Due to the change of cover, more midwives may choose to provide homebirth services to the Tasmanian community.

[31] COPMM Annual Report 2021.

5. Perinatal mental health services

Pregnancy and the first year of a child's life are regarded as high risk times for perinatal mental health concerns. Perinatal depression and anxiety are a major public health issue, considering research from Australia and other countries showing that up to one in ten women experience depression during pregnancy and one in seven in the year following birth.[32] Anxiety disorders are also prevalent, affecting around one in five women in both the antenatal and postnatal periods.[33] These conditions have the potential to impact negatively on outcomes for the mother and infant, and for the family more broadly. Good perinatal mental health is an essential foundation for early childhood development, which supports children to thrive.[34]

A best-practice model for perinatal mental health requires a range of solutions to meet the needs of mothers and their infants, including a focus on primary care and early intervention. There are a range of services and programs in Tasmania which directly address issues of mental health and wellbeing across the continuum of care throughout the perinatal period, including universal primary care services, targeted secondary care services and specialist intensive care services.

Universal services are based on principles of primary health care to meet the needs of women, children and families at multiple contact points and can support families presenting with low-to-mild and perinatal mental health concerns. In addition to services and supports available via GPs, parents are proactively asked about their mental health as part of the services provided by CHaPS and offered strategies and parenting services to support perinatal wellbeing. CHaPS also offer parent support groups for new parents, which focus on prevention, early intervention, and some targeted support including recognising and addressing the importance of child-caregiver attachment and infant/child mental health.

For families presenting with mild-to-moderate or moderate-to-severe mental health concerns in the perinatal period, CHaPS provide secondary and targeted services through three Parenting Centres in Tasmania, which are located in the South, North, and North West of the state. These Parenting Centres may prevent the onset of more serious mental health concerns by offering supports to families for a range of parenting needs including feeding and breastfeeding, sleep and settling, child and parent attachment and positive parenting behaviour management, social and emotional development, and perinatal mental health appointments and programs. More information about the broader CHaPS services is provided in Section 8 below.

Families presenting with moderate-to-severe or severe mental health concerns during the perinatal period may benefit from specialist intensive care services. Services offered by DoH during the perinatal period include SMHS for women in the antenatal period and postnatal period up to 12 months with both pre-existing and new mental health illnesses or concerns of possible mental health illness; the Mental Health Inpatient Unit at the RHH for mothers with severe perinatal mental health concerns requiring individual acute psychiatric support; and the RHH MBU for parents and infants with moderate-to-severe mental health concerns who can be treated under joint admission (discussed further at section 5.2 below).Once established, the four-bed Mother Baby Centre to be established at Launceston Health Hub will complement these services.

DoH is also undertaking projects to strengthen the capacity for parenting and perinatal mental health services; to enhance North and North West perinatal mental health services; and to optimise perinatal mental health screening, data capture and reporting. More information on these projects is provided below.

[32] COPE 2023 Perinatal Mental Health Practice Guideline, https://www.cope.org.au/wp-content/uploads/2023/06/COPE_2023_Perinatal_Mental_Health_Practice_Guideline.pdf.
[33] COPE 2023 Perinatal Mental Health Practice Guideline.
[34] Brighter Beginnings Framework, 2020.

5.1 Enhancing Perinatal and Infant Mental Health Services (PIMHS) in the North and North West

In 2020, the Tasmanian Government received $4.5 million in Australian Government funding to expand PIMHS and support equitable access to services and resources for families living in the North and North West. This funding aims to support provision of sustainable PMH services that are responsive to the needs of communities in North and North West Tasmania; establish a SMHS multidisciplinary specialist PMH team; and work towards a streamlined approach of providing perinatal mental health support across the care continuum.

As part of this initiative, the project team is reviewing the workforce, model of service and care delivery within the PMH service. This includes investigating permanent funding sources to support service sustainability; the potential inclusion of a peer workforce to provide lived experience support; and the potential for clinical leadership support to provide the team and service with strategic direction, operational and clinical oversight, and reporting and consistency in practice.

Following successful recruitment of staff to allocated positions, the North/North West PMH Service was able to increase service delivery during the 2022-23 financial year. The clinicians continue to build solid relationships and networks, creating a positive professional and community awareness of the level of service provided.

Key data outlining client numbers and occasions of service are provided below. These figures comprise the service provided by two perinatal mental health clinicians in the North and two in the North West, noting recruitment occurred later in the North and numbers are therefore lower:

FY 2022-23	North	North West
Total occasions of service	821	1 552
Clients receiving occasion of service	94	120
Hours of occasion of service	1002.6	750.5

It is anticipated that changes to the service model (from a case management to a short-term episode of care model) and more accurate reporting will allow more clients to access the service in subsequent years.

The project has also developed processes for improved integration between SMHS and CHaPS to support more efficient and effective management of PMH issues. This collaborative approach aims to strengthen the cohesion between and across services, within the PMH care continuum, to develop an identified pathway from universal to targeted service provision that best meets the needs of patients and families. Additionally, the SMHS N/NW PMH service is working in partnership to develop a specialised in-reach service into CHaPS, supporting early interventions and responses to the universal PMH screening by CFHNs.

5.2 RHH Mother and Baby Unit

Where perinatal mental health concerns are moderate-to-severe and parents and infants can be treated under joint admission, they can be referred to the RHH MBU by their clinician or community mental health team.

Previously, St Helen's Private Hospital (St Helen's) provided Tasmania's only maternal mental health and sleep inpatient unit. Due to the sudden permanent closure of St Helen's in June 2023, the MBU was opened at the RHH prior to St Helen's closure. The three-bed unit is designed to accommodate mothers experiencing mental ill-health, such as postnatal depression and anxiety. The MBU provides spacious and

private rooms with ensuite bathrooms, shared living and dining areas, a kitchenette, and laundry facilities. The MBU is physically separate from the rest of the Women's and Children's Services ward, offering increased security and privacy and comfortable and home-like facilities for mothers and infants.

In accordance with BFHI accreditation (as discussed in Section 4.3.1 above), the RHH promotes mother-infant bonding by encouraging rooming-in as much as possible, where mothers and their infants stay together 24 hours a day. However, the MBU can also accommodate situations where clinical reasons require temporary separation between the infant and mother.

Clinicians can refer mothers to the MBU through Access Mental Health, the statewide mental health support, triage, and referral line. Admissions to the MBU are prioritised based on clinical need, regardless of financial status or location. Mothers experiencing other issues such as maternal exhaustion are accommodated in alternative settings such as the paediatric ward.

Additional specific mental health supports for women experiencing perinatal mental health concerns or challenges with their baby's feeding and sleeping continue to be provided through a range of services, including PIMHS and CHaPS.

Further to the establishment of the RHH MBU, in order to respond to the gap in the tertiary/acute perinatal mental health space following the closure of St Helen's, DoH is undertaking a project to develop a long-term strategy to strengthen access to parenting and perinatal mental health services in Tasmania. Recognising that the treatment needs and preferences of new parents may be better provided for within non-hospital environments, DoH is working closely with the Tasmanian community, private providers, primary care services, and the Australian Government to develop a comprehensive model of care for mothers and babies, which will mean offering a range of options beyond hospitals to meet the needs of Tasmanian families.

While funding for primary care and early intervention services is the responsibility of the Australian Government, DoH is actively engaged in discussions with the Australian Government to develop long-term community-based solutions that focus on primary care and early intervention. The Australian Government has provided $26.2 million over four years to establish 12 new perinatal mental health services across the country under the *National Mental Health and Suicide Prevention Agreement*. As part of this commitment, Gidget House Hobart was officially opened on 20 June 2024. The centre is located at the Peacock Centre in North Hobart and is operated by the Gidget Foundation Australia. It provides face-to-face and telehealth-based psychological support services for expectant and new parents, providing crucial support to parents experiencing perinatal depression and anxiety.

DoH is committed to providing the necessary support and care to Tasmania's regional populations. Work is underway to deliver perinatal mental health services through mental health precinct redevelopments at the LGH and NWRH, set to be delivered in 2027. Additionally, the Tasmanian Government has partnered with Tresillian Family Care Centres to launch the Tasmanian Parenting Support Line on 1 July 2024. Tresillian provides professional advice and specialist support to parents on topics ranging from settling their baby, breastfeeding and bottle-feeding, toddler behaviour, postnatal depression and anxiety, and more. Tresillian's day and residential services will be established in the Launceston Health Hub in late 2025. The centre will include a co-located Gidget House to provide psychology services to parents experiencing perinatal depression and anxiety.

In the interim, other options are being explored to provide support and services to those that need them, including the projects to enhance perinatal mental health services in the North West as outlined above.

Further information on DoH's work to address the closure of St Helen's is available at: www.health.tas.gov.au/news/articles/st-helens-private-hospital-closure.

5.3 Optimising Perinatal Mental Health Screening, Data Capture and Reporting

Consistent and accurate data on access to and utilisation of PMH services, as well as the outcomes of these services, is critical for improving the care and support provided to new mothers and their infants. The COPE *Mental Health Care in Perinatal Period: Australian Clinical Practice Guideline 2023* recommends as national best practice that universal risk screening of all clients routinely for depression, anxiety, and psychosocial risk factors is undertaken at least twice during pregnancy and the first year after birth.[35]

Currently, Tasmania is one of only three states providing consistent PMH screening data to the National Perinatal Data Collection (along with Queensland and the Australian Capital Territory [ACT]). Based on this data, the AIHW reports that three out of four women receive mental health screening during pregnancy[36] and 7.6 per cent of mothers with a recorded EPDS score were assessed as scoring 13 or above (indicating a high risk of depression and/or anxiety).

It is also recognised that fathers and secondary carers are likely to experience perinatal depression and anxiety, with up to one in ten fathers experiencing depression between the first trimester and one year postpartum.[37] As Tasmanian fathers and secondary carers are very rarely screened or directly access PMH services, this places them at risk of not receiving the specialised PMH support they require, which can place extra stress on the family unit.

Like other states and territories, Tasmania is working to standardise PMH screening and supports for the mother/primary carer and increase screening of fathers and secondary carers. To support this standardisation, DoH is working with the Australian Government on implementing a PMH pilot to support the facilitation of routine digital PMH screening and reporting in line with the COPE, which is expected to commence in late 2024. The Australian Government has provided $2.66 million, and the Tasmanian Government has provided an in-kind contribution through the *Bilateral Schedule on Mental Health and Suicide Prevention*[38] to support this work. This funding will be used to build on existing infrastructure and to digitalise PMH screening, data capture, and central extraction and reporting of this data from public antenatal and postnatal healthcare settings to the AIHW, which can then be used for research purposes.

This pilot is a national project to enhance PMH screening data collection and reporting and will result in better identification of parents in need and improve access to care during this crucial time. The PMH and psychosocial screening tools are available through a digital health platform called iCOPE, where a series of questions are completed to establish a woman's level of emotional and social wellbeing during the perinatal period. This screening also assists in identifying signs, symptoms and risk factors for having or developing a mental health condition during the perinatal period. Screening scores are automatically calculated, interpreted and delivered as reports to the clinicians and patients, enabling clinicians to explore referral and management strategies and supports. This digitalised platform also enables clinicians to support cultural diversity by being able to screen in 25 different languages.

[35] COPE 2023 Perinatal Mental Health Practice Guideline.
[36] AIHW, Data opportunities in perinatal mental health screening, https://www.aihw.gov.au/reports/mothers-babies/data-opportunities-in-perinatal-mental-health-scre/contents/about.
[37] COPE 2023 Perinatal Mental Health Practice Guideline.
[38] See https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-05/nmh_sp_bilateral_agreement_tas.PDF.

6. Birth trauma

DoH acknowledges the birth trauma experienced by some women in Tasmania, and the long-lasting impacts this can have for the individual and their families.

The specific management of physical and psychological birth trauma varies slightly across the State due to the clinical service profile in each region. However, the general approach to supporting birth trauma applies statewide, and a brief overview is provided below.

There are also a number of external not-for-profit organisations that provide support to women and their families when birth trauma is experienced. Across THS Maternity Services, a wide range of perinatal mental health and parental support organisations are promoted, where appropriate, with supporting printed information provided.

A Select Committee on Birth Trauma was established in New South Wales (NSW) in June 2023,[39] which received over 4 000 submissions from individuals residing within and beyond the borders of NSW. DoH is reviewing the Select Committee's Final Report and recommendations that were released in May 2024 to consider what learnings may be applicable in the Tasmanian context to improve conditions and outcomes for birth parents and their children.

6.1 Management of physical birth trauma

For physical birth trauma, which is clinically defined as a third- or fourth-degree perineal tear, women are reviewed by an Obstetric and Gynaecology Team after birth and prior to discharge. A further review occurs between weeks one to six post-partum and thereafter as required. A management plan is also developed for subsequent births during review.

Third- and fourth-degree perineal lacerations cause persistent and distressing physical and psychological symptoms, including perineal pain, sexual and urinary problems, faecal urgency and incontinence of both flatus and stool.[40] If these injuries are not recognised and repaired promptly, they can have serious long-term consequences for women's lives. DoH is working to reduce the impact and occurrence of these injuries, seen as Hospital Acquired Complications under national standards, to improve the adequacy and safety of patient care.[41]

In 2022-23, the rate of third- and/or fourth-degree perineal lacerations per 10 000 delivery was 449.0 at the LGH, 383.3 at the RHH, and 303.5 at the NWRH. The AIHW reports that the prevalence of third- and fourth-degree tears in vaginal births for the period 2013-2021 was approximately 2.9 per cent on average in Tasmania, similar to the Australian average during the same period (at 3 per cent).

6.2 Management of psychological birth trauma

It is important that the management of psychological birth trauma is specific to the individual needs of each woman. While one woman may find the clinically normal delivery of a healthy infant causes her trauma, another woman with a clinically difficult birth and poor outcome may not report experiencing psychological trauma.

For women accessing THS Maternity Services, maternity care plans used for women post-birth include a 'birth debrief' to ensure all women are given an opportunity to discuss their birth prior to discharge. This may be undertaken as an individual discussion with the mother, or a family consult with a support person included.

[39] For more information, refer to: https://www.parliament.nsw.gov.au/committees/listofcommittees/Pages/committee-details.aspx?pk=318.
[40] Australian Commission On Safety And Quality In Health Care, Hospital-Acquired Complications Fact Sheet, https://www.safetyandquality.gov.au/sites/default/files/migrated/Short-Hospital-Acquired-Complications-Factsheets-all-HACs.pdf.
[41] Australian Commission On Safety And Quality In Health Care, Hospital Acquired Complications Fact Sheet.

Women who indicate psychological trauma directly after birth are referred with consent to the Obstetrics and Gynaecology team and the THS Social Work team. A collaborative multidisciplinary approach is taken, and a plan is made for the individual women, including if indicated and with consent an additional referral to PIMHS. The maternity team ensures supports are in place prior to discharge, and the Extended Care Midwifery (ECM) teams provide care and assessments as required in the home.

For subsequent pregnancies, awareness of any past psychological birth trauma is discussed in a multi-disciplinary High Risk Pregnancy meeting and an individualised plan developed. Continuity of care is a priority for women in this situation.

It is common for services to be alerted to psychological trauma via a complaint after the birthing mother has been discharged from hospital. In this circumstance, issues are managed individually on a case-by-case basis, usually involving a meeting between the individual (and their family if desired) and the Clinical Director/Staff Specialist from the Obstetric and Gynaecology team, senior midwifery staff, the Director of Nursing and Midwifery and a representative of the Quality Patient Safety Service.

6.3 Clinical support

The THS offers EMS/ECM after discharge, which can be in place for up to 14 days for women with extenuating circumstances, until the commencement of CHaPS supports. EMS/ECM support involves a combination of home visits and telehealth consults. Midwives attend the visits, and a birth debrief of a family's birth experience is included as part of the support offered.

The RHH has a Collaborative Maternity Care Pathway in place. Within this live maternity pathway there are prompts to external guidelines from the Centre of Perinatal Excellence to aide in perinatal mental health screening and education, including birth trauma awareness.

If a woman meets the referral criteria to PIMHS, they will continue under the care of this service in the postnatal period to support mental and emotional health. New referrals from an inpatient stay will also be considered for assessment. PIMHS periodically provides education sessions for clinicians to support them when they are involved in a clinical situation regarding birth trauma, as well as raising awareness around external organisations that women and their families can be referred on to for additional support. PIMHS can provide psychological first aid or trauma-informed Cognitive Behavioural Therapy if required.

CHaPS clinicians are able to screen and offer support to parents through promoting secure attachment, where this may be compromised by birth trauma, or providing appropriate referrals. CHaPS clinicians received My Early Relational Trauma Informed Learning (MERTIL) training during 2021, and a small number of clinicians were offered catch up training during 2022 and 2023. MERTIL training builds the capacity of clinicians to work confidently and sensitively with both parents and children where early relational trauma is identified. This includes a focus on undertaking difficult conversations, understanding the significant impacts of trauma, and commencing therapeutic early intervention strategies.

Women from CALD backgrounds can face additional challenges, including cultural safety and language barriers impacting informed consent processes. Appropriate psychological support is a high consideration for migrant and refugee women to ensure the wrap-around of trauma-informed care.

7. Paediatric services

Tasmania's paediatric healthcare services follow a child and family-centred approach, working in partnership with children, young people, and their family or care giver. It is important that the child and young person feels valued, respected, and involved in decisions about their health.

This section outlines key data and information related to paediatric services provided within the THS, as well as key initiatives designed to support timely access to high quality services that meet the needs of Tasmanian children and their families and caregivers.

7.1 Tasmanian paediatric health data

According to the Australian Bureau of Statistics (ABS), Tasmania's population was 571 007 people as of March 2023, with 5.13 per cent (29 327) being children aged 0-4 years. There has been a slow decrease in the overall percentage of this population group from 2018 (6.26 per cent) to 2023.

In 2022-23, there were 5 651 public hospital admissions for children aged 0-5 years and 196 children were admitted for paediatric surgery, with a further 35 on the Elective Surgery Waiting List (down from 48 in 2018-19).

The number of paediatric deaths in Tasmania in 2021 was 20 (with an estimated paediatric mortality rate of 0.17 per 1 000 persons aged 0-17 years), which included two unexplained infant deaths and eleven injuries.[42] This rate was similar to the 2020 national paediatric mortality rate (estimated to be 0.20 per 1 000 persons aged 0-17 years).[43] The number of reported cases of unexplained infant deaths associated with risk factors halved between 2020 and 2021, suggesting that consistent messaging around safe sleeping practices is helping to reduce such preventable infant deaths.

The most recent report from the Council of Obstetric and Paediatric Mortality and Morbidity (2021) shows that the survival for very preterm infants admitted to the RHH Neonatal and Paediatric Intensive Care Unit between 2017 and 2021 is comparable to that of the Australian and New Zealand Neonatal Network, with an adjusted standardised mortality ratio for infants born at 23 to 28 weeks gestation of just under one.

The table below shows the median wait time (in days) for children aged 0-5 years and all ages in outpatient care. On average, children in this age group have a shorter wait time as outpatients. DoH is continuing to deliver the strategies and actions under the *Statewide Elective Surgery Four-Year Plan 2021-2025* to increase access to more publicly provided elective surgery procedures for the Tasmanian community, including children.

Elective surgery admitted median waiting time

Age group	2018-19	2019-20	2020-21	2021-22	2022-23
Paediatric surgery (0-5 years)	33	41	53	35	33
Surgery (all ages)	57	55	66	62	52

7.2 Tasmanian Paediatric Model of Care

Paediatric services in Tasmania are made up of multiple service providers and funding streams. This results in different eligibility criteria and standards across services, which can present challenges for

[42] COPMM Annual Report 2021.
[43] COPMM Annual Report 2021.

families navigating services for their children and result in unequal access to services for children and young people across Tasmania.

To address these issues, the Tasmanian Paediatric Model of Care (the Model of Care) was co-designed with consumers and stakeholders in every region in Tasmania and came into effect in May 2023. The Model of Care provides an agreed set of principles for delivering high quality health services and care to children, young people, and their families by:

- Promoting a shared vision of care for clinicians to deliver to all Tasmanian children, young people, and their families.
- Placing children, young people, and their families at the centre of services.
- Defining the values and enablers for high quality paediatric services to support consistency across the State.
- Providing a shared language to support greater collaboration and integration of paediatric services, clearer communication with children, young people and their families, and greater consistency of data collection to inform continuous improvement of services.

7.3 Paediatric services for children aged 0-5

7.3.1 Statewide paediatric services

Statewide services include:

- Paediatric Surgery;
- Paediatric Oncology;
- Paediatric Neurology;
- Newborn Services and Children's Critical Care (SCN/NICU/PICU);
- Neonatal and Paediatric Emergency Transport Service;
- Tasmanian Community Paediatric Service;
- Tasmanian Paediatric Rehabilitation Service; and
- Tasmanian Gender Service.

As noted in the Introduction, a statewide paediatrics health service plan will be developed as part of the Long-Term Plan, aimed at improving access to healthcare services in the community for children and young people.

7.3.2 Statewide oral health services

OHST provides universal dental services to children aged 0-5 years with a special focus on the first 1 000 days. OHST's *Oral Health Promotion Strategic Plan* includes a specific focus on dental health for children aged 0-5 years.

Other work and initiatives being undertaken by OHST to support positive oral heath for children aged 0-5 years includes:

- Working within the Connected Beginnings Collective Impact Program to improve health and education for Tasmanian Aboriginal children aged 0-5 years and embed oral health into health development checks. OHST also recognises Aboriginal groups as a priority population within the *Oral Health Promotion Strategic Plan*.

- Running the Fluoride Varnish Program for kinder children, which targets schools from low socioeconomic areas.
- Working in partnership with Child Safety Services to share data and improve outcomes for children in Out of Home Care.
- Working in partnership with CHaPS to embed oral health assessments into the general health assessments at six,12, 24 and 36 months and to provide a priority Lift the Lip referral pathway for identified oral disease. This collaboration has resulted in the inclusion of an oral health section in the Personal Health Record (or 'Blue Book') provided to parents on the birth of each child born in Tasmania.
- Working with CHaPS to collaborate on the inclusion of an oral health section in the Personal Health Record (or 'Blue Book') provided to parents on the birth of each child born in Tasmania.
- OHST also works in partnership with the Department for Education, Children and Young People through Child and Family Learning Centres, Launch into Learning Groups, the Working Together Program, and other early years settings in lower socioeconomic areas to ensure pathways for priority referrals and consistent oral health messages are provided.

Additionally, through CHaPS, CFHNs support parents to learn to check their children for preventable tooth decay at each Child Health Assessment (CHA) from six months until four years. CFHNs discuss the importance of dental hygiene, and assess and refer children to OHST for priority assessment as needed. As part of a partnership between the THS and Colgate, CHaPS are provided with toothbrushes to give to all children at their six-month CHA to support discussions around good oral health.

7.3.3 Additional southern services

Newborn Services and Children's Critical Care service RHH

The Neonatology Service provides services for a range of care, from well infant care to highly specialised care for sick, low birth weight and/or preterm infants and/or infants born with congenital or other conditions. The intensive care service provides care for the majority of critically ill newborns and children (up to 14 years of age) in Tasmania, with the exception of children with conditions requiring specialist level intervention at the Royal Children's Hospital, Melbourne. The service is also active in international, national, and local research and participation in clinical trials.

Children and Adolescents' Service

The Children and Adolescents' Service provides service for babies, children, and adolescents with acute and chronic care requirements from across the South. The service incorporates a range of statewide services, children and adolescent inpatient units, outpatient services, Paediatric Medicine, Paediatric Surgery and an onsite CAMHS team.

Highly specialised services are generally referred to the Royal Children's Hospital, who deliver or support the care via a combination of transfer of the patient, telehealth, and secondary consultation.

Paediatric Outpatient Clinics

Paediatric Outpatient Clinics comprise general paediatrics, Early Development (high-risk neonates), cystic fibrosis, respiratory, diabetes, behavioural medicine, developmental, continence, allergy, eating disorders, KCCs (which now incorporates an Out of Home Care Clinic), and child sexual assault. Paediatric neurology, oncology, eating disorders and child safety all provide some statewide services.

Outreach clinics are held in a variety of locations including Glenorchy, Geeveston, Sorell, and Bridgewater and are supported by KCCs (see case study below for further information). There are also clinics held on a regular basis from the Royal Children's Hospital for Cardiology, Gastroenterology and Rheumatology.

Paediatric Surgery Service

The paediatric surgery service is a specialised consultant-delivered service for neonates and children up to and including 14 years of age. The services provided at the RHH include:

- General Paediatric Surgery;
- Paediatric Urology;
- Neonatal surgery;
- Oncological surgery;
- Thoracic surgery (excluding cardiac);
- Minimally invasive surgery;
- Statewide tertiary referral centre for paediatric trauma;
- Complex level 6 paediatric surgical procedures for select conditions;
- Urodynamics and support for multidisciplinary spinal clinic; and
- Antenatal counselling of congenital surgical conditions.

The specialist service provides timely and appropriate access to services, performs up to 700 procedures per year and provides neonatal surgery to approximately 60 babies per year.

Case study: Kids Care Clinics

KCCs offer infants, children and young people comprehensive health assessments within local communities, including checks of their medical, developmental and emotional wellbeing. The multidisciplinary Tasmanian Community Paediatric Service provides clinical care and support services, with a focus on early identification of health and wellbeing concerns and timely access to paediatric services.

The establishment of KCCs is a key action in Tasmania's first comprehensive long-term Child and Youth Wellbeing Strategy, *It Takes a Tasmanian Village* (the CYWS). The CYWS is focused on establishing the environment and resources necessary for children to thrive, including equitable access to health and wellbeing services. As part of this commitment, the Tasmanian Government has allocated $6 million to delivering the network of KCCs over three years.

KCCs are located at 12 sites (nine in the South, two in the North and one in the North West) at convenient community locations, including Child and Family Learning Centres, Neighbourhood Houses, and outreach health service sites.

KCCs aim to ensure children, young people and their families can access many of their assessments and care in one location and have consistent teams of health professionals. Recognising that navigating health and community services can be confusing for families and young people, the service is designed to be as accessible as possible and to collaborate with existing community services to help families find the right path.

KCCs provide developmental assessments and recommendations for intervention, plan ongoing care requirements, monitor wellbeing, and liaise with related services. All children seen through KCCs have an initial 'Wellbeing Appointment' with a paediatrician to discuss all aspects of their health and development and to develop recommendations and goals with the child's family. If paediatric issues involving health, development or behaviour are established, then the young person will receive further multidisciplinary assessment and intervention. This may include the involvement of a paediatrician, clinical nurse consultant, or allied health professional. These appointments may be via phone, video telehealth, in-person or through program participation.

Children can be referred to the service through multiple sources where vulnerability is identified, such as the Strong Families Safe Kids Advice and Referral Line, maternity services, and from Aboriginal Community Controlled Health Organisations.

7.4 The Transforming Outpatient Services Strategy

Access to outpatient services is important for supporting the health of the Tasmanian community. In November 2022, DoH released the four year *Transforming Outpatient Services Strategy* (the Outpatient Strategy), which provides the foundations for delivering sustainable change and transformation in outpatient care to meet the future needs of the Tasmanian community.

Through the Outpatient Strategy, DoH is changing the way outpatient services are delivered in Tasmania to better meet community needs. Improvements will help strengthen the capability of the system, utilising technology and designing flexible delivery models to contribute to a sustainable, safe, integrated, and person-centred health system for Tasmanian communities.

Progress is being made in a number of areas affecting women's and children's services, including:

- Setting up a pilot program placing GPs with a specific interest in a range of outpatient clinics including paediatric, antenatal and mental health services.
- Establishing new nursing positions, including nurse practitioner training pathways, to develop and deliver nurse-led outpatient services for paediatrics, neurology and cardiology.
- Implementing the eReferrals Referral Management System in all of Tasmania's hospitals, which is a significant step forward in DoH's digital capability to enable outpatient transformation.
- Establishing the Central Administration Hub, with waitlist auditing, call confirmations, inbound appointment cancellations, referral registrations and iPM data cleansing activities all now being undertaken from the new Outpatient Central Services hub located at Cambridge Park.

The first two years of the strategy has seen a reduction of the number of patients who Did Not Attend appointments from 11 per cent to 7 per cent, an increase in attendances at outpatient clinics, and removal of all patients from the waitlist who had been waiting pre June 2017.

7.4.1 Paediatric outpatient waitlists in the North West

Concerns have been raised with DoH about waiting times for paediatric appointments and assessments, as well as specialist services, particularly in the North West of the State. This has included access to Ear, Nose and Throat specialists.

The North West Paediatric Service is aware of the significant waiting times for children and young people across the region and is working hard to address this, recognising that timely access to specialist health services is an issue being experienced by health services across Australia.

Changes currently being implemented in the North West to improve access to services and reduce waiting times include:

- The appointment of a paediatric psychiatrist (0.6 FTE), who has started outreach clinics in Smithton.
- The appointment of two GPs with a special interest in paediatrics to increase the numbers of children who can be seen through the service.
- Implementing "wave clinics" supervised by a consultant, where patients are seen by Resident Medical Officers or Registrars. This can increase the number of patients seen within the clinics. These clinics exist for both general paediatrics and behavioural clinics at the NWRH and Mersey Community Hospital.

Due to the work of the outreach team, waiting times for outreach services in King Island, Rosebery, Queenstown and Smithton have reduced. In addition to the paediatrician and nurse who attend these

clinics, the paediatric service now also sends a community registrar and rural generalist resident medical officer (when possible), to increase the number of children able to be seen per clinic.

7.5 Child and Youth Mental Health Services

Child and Youth Mental Health Services (CYMHS) provides a free statewide service for infants, children and young people with a diagnosed mental health issue. CYMHS offers assessment, education and treatment services for a range of mental health difficulties.

CYMHS is in the process of implementing large-scale statewide service reform, expansion, and improvement to strengthen mental health services for infants, children and young people, and their families and carers. This work is being funded through the CYWS, which has committed $45.2 million to implement the recommendations from the Child and Adolescent Mental Health Services Review (the CAMHS Review).[44] The objective of the CAMHS Review was to enable an integrated pathway for children and adolescents and their families and carers to navigate the mental health system.

The recommendations from the CAMHS Review have been categorised into three areas:

1. A new organisational structure to drive and maintain meaningful change.
2. Changing existing functions (models of care) – a comprehensive review of the model of care for all existing services alongside a critical review of facilities to enable CYMHS to realign services, and to build stronger partnerships and linkages with other services and government agencies.
3. Addressing known service gaps – new programs to ensure improvements in accessing specialist, age-appropriate services, including Children in Out of Home Care Intensive Support, Youth Forensic Mental Health Service, Youth Early Intervention Service, Perinatal and Early Years Mental Health Service, and eating disorders day treatment programs.

As part of this work, CYMHS is prioritising and strengthening collaborative care pathways and programs within the existing service system, including government and non-government services, to make best use of the available resourcing and clinical expertise in Tasmania. This investment also supported the establishment in 2023 of a dedicated CYMHS Patient Flow pathway, which acts as a single contact point for the service, and provides information, triage, intake, and referral.

7.6 Head to Health (H2H) Kids Tasmania

DoH is working with the Australian Government to establish H2H Kids Tasmania. H2H Kids Tasmania aims to improve early intervention outcomes for Tasmanian children through enhanced service navigation and early access to integrated, comprehensive care for children experiencing emerging mild-to-moderate mental health issues, and their families.

Through collaboration across levels of government and across sectors, three H2H Kids Tasmania services will be established the Child and Family Learning Centre catchment areas of Burnie, East Tamar and Bridgewater. The services will:

- Provide a multidisciplinary, secondary-level mental health service for infants and children aged 0-12 years experiencing developmental, emotional, rational, and behavioural challenges, and their families and carers.
- Establish integrated pathways with primary care, early childhood, education, child health, mental health services, and other relevant services.
- Complement and enhance existing services provided to children and their families and carers.

[44] Prof Brett McDermott, Child and Adolescent Services Review, https://www.health.tas.gov.au/sites/default/files/2022-02/Child%20and%20Adolescent%20Mental%20Health%20Services%20Review%20Report.pdf.

- Improve the early intervention outcomes for children's mental health and wellbeing.

7.7 The paediatric workforce

In 2022, Tasmania had a head count of 51 paediatricians (49.0 FTE) in both the public and private sectors. The FTE per 100 000 population was 11.3 in the South, 6.5 in the North, and 4.7 in the North West (see Table 2 in Appendix 10.1 for further information). This compares with an Australian FTE per 100 000 population of 10.1.

In recognition of the significant growing demand for paediatric outpatient services, DoH has increased the number of paediatricians employed in the THS by 45 per cent in the five years to 2022 to a total head count of 46 (30.2 FTE - see Appendix 10.1 for further information).

8. The Child Health and Parenting Service

CHaPS is a statewide health and wellbeing service for families across Tasmania with children aged 0-5 years old, providing around 52 000 occasions of service each year. Services are delivered from clinical settings, home visits or via virtual care, from around 70 sites statewide.

Each year across Tasmania, CHaPS sees approximately 5 500 babies, provides approximately 52 000 consultations, and conducts around 30 000 CHAs.

This section provides an overview of the service and CHaPS workforce, including work being undertaken by DoH to ensure the adequacy, accessibility and safety of CHaPS for Tasmanian parents and their children.

8.1 CHaPS service delivery

The CHaPS workforce, comprising CFHNs, Allied Health Professionals, Clinical Specialists, and management and administration roles, provides statewide cover, with an equitable spread of staff according to birth distribution. CFHNs are well placed geographically and professionally to identify and consider the health needs and wellbeing of children and families, and apply nursing knowledge and skills in the context of the families and communities they work with.

The map below highlights the locations of CHaPS sites across Tasmania.

CHaPS has a high ratio of service sites to population, with a broad reach in service delivery extending to areas including Bruny Island, Currie, Whitemark, Zeehan, Queenstown and Rosebery. Given the dispersal

of Tasmania's population across the State, CHaPS service delivery sites have been selected to enable access for families living in all areas, including rural and regional areas.

CHaPS provides nationally recommended growth and developmental surveillance and screening through regular CHAs, along with support and anticipatory guidance to parents. CHaPS promotes the healthy development and wellbeing of children, providing health-focused early intervention, referrals, and connections with other early childhood service providers. The service also provides additional support for children and their families experiencing PMH challenges, sleep and settling issues, breastfeeding concerns, family violence, and identified risk factors that may impact the development and safety of an infant, child, or their caregivers. By providing access to information and services focussed on building relationships between children and parents, CHaPS works to enhance the confidence and capacity of Tasmanian parents.

Programs provided by CHaPS include:

- New Parent Groups (NPGs) to first-time primary caregivers and their babies between the ages of six weeks and six months. NPGs guide parents in connecting to local support networks and focus on the importance of attachment and responsive relationships between the baby and their caregivers, encouraging caregivers to understand their baby's cues and developmental needs. With awareness of the regional and remote nature of Tasmania, CHaPS offers virtual telehealth groups where access is a barrier and provides interpreters to ensure those without English proficiency can still engage with the NPGs.
- A range of other groups across the State which are tailored to meet client need, including Circle of Security Groups, Mother Matters Groups, the 123 Magic program for behaviour and Sleep support groups.
- The Sustained Home Visiting program, which provides support through a sustained family partnership model, provides extended and intensive engagement with health focused interventions for families with complex needs.
- The cu@home program, which provides a structured sustained home visiting program for parents aged between 15 to 19 at the birth of their first child. CHaPS clinicians support parents in the program from 28 weeks of pregnancy until their youngest child turns two. The program is designed to provide strong therapeutic relationships to support the transition to parenthood, increase parenting capacity and strengthen social and community networks.

CHaPS receive referrals for all births in Tasmania and from families with children aged 0-5 who have moved to Tasmania. The service is available to all families in Tasmania with children aged 0-5 and is an optional service; while families are encouraged to engage with the service, they can also choose not to receive services. CHaPS works collaboratively with Women's and Children's Services in the THS and other maternity services statewide, to form robust service pathways between acute and community service delivery.

The CHaPS model of child health is unique within Australia, both in its scope of delivery of universal and targeted services, and its broad statewide cover. Family engagement with CHaPS remains high through until children are between 4.5 and 5 years of age, with services often including a combination of routine CHAs and support for a range of other parenting or developmental challenges.

The *Life Course Centre Working Paper – An Overview of Early Childhood Health and Education Service Provision in Australia*, provides an outline of child health services nationwide. Its key findings included:

- Points of care - In terms of number of service locations as a ratio to population, Tasmania is second only to the Northern Territory (NT).

- Number of offered child health and development checks - Tasmania offers seven, as do NSW and Queensland. This is less than NT, Victoria and ACT, and more than Western Australia and South Australia.
- Immunisation rates – Whilst CHaPS staff do not immunise, they provide information and advice around immunisation, and support families to access care points to receive vaccinations. In Tasmania, 94.35 per cent of one-year olds are fully immunised, 92.33 per cent of two-year olds and 93.56 per cent of five-year olds[45]. The one-year and two-year immunisation rates are the second highest in the country (the ACT has the highest immunisation rates at 96.3 per cent and 95.19 per cent for these age groups).

CHaPS service delivery is underpinned by the National Framework for Universal Child and Family Health Services (the National Framework). The National Framework outlines the core services that all Australian children (from birth to eight years) and families should receive at no financial cost to themselves, regardless of where they live, and how and where they access their health care.[46] It identifies eight objectives which include promoting the health, wellbeing and development in children and families; and providing early supports to families with identified needs, among others.

The National Framework highlights the ecological nature of universal child and family health services and is based on the principles of access; equity; promotion, prevention and early intervention; diversity; collaboration; and evidence-based.

8.2 Service delivery model

Some families may require more flexible options for service delivery or increased support over the first five years of their child's life. DoH recognises the importance of CHaPS maintaining flexibility to remain responsive and offer services based on the individual needs of the child and family. The CHaPS model has a stepped approach that enables clinicians working with families to identify and respond with a care plan, within a framework that supports clinician practice and family goals.

CHaPS has worked with external providers to undertake a contemporary review of evidence supporting the delivery of child health services, staff consultation, detailed service operational data analysis, and strategic planning to support the development of a new operating model for CHaPS. The new operating model is being progressively implemented throughout 2024.

The updated service model (refer to Appendix 10.2) will not vary greatly from the services traditionally provided by CHaPS over its 100 years of operation. It will provide a single, flexible approach for all families and children aged 0-5 in Tasmania, with a stepped model of support to offer clinical services targeted to identified goals, enabling partnership with families as they transition through their child's early years.

The updated Model of Care includes:

- The CHaPS universal service for all families with children between 0-5.
- Universal Plus, providing a little more support for families with needs identified during universal service appointments and assessments, who could benefit from additional time limited intervention. This is a focused and targeted, time-limited response.
- Sustained Family Partnership, for families with needs identified during universal service screening, assessments and appointments that have diverse/complex needs and are anticipated

[45] Australian Government Department of Health and Aged Care, https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage/current-coverage-data-tables-for-all-children.
[46] For more information, refer to: https://www.health.gov.au/resources/publications/national-framework-for-universal-child-and-family-health-services?language=en.

to require medium to long term support. These appointments can be delivered in the home, via telehealth or in clinic.

- Agency led partnership, which allows CHaPS to offer universal services to those children and families being case managed by another agency or service provider.

The service model will be delivered to allow seamless movement between the levels, providing clinicians with the flexibility to respond to families' needs.

8.2.1 Child safety

The CHaPS Suspected Child Abuse and Neglect Protocol provides clear direction to support CHaPS staff to fulfill their mandatory reporting obligations under the *Children, Young Persons and Their Families Act 1997*. This includes processes for reporting concerns to the Child Safety Service and responding to requests for information from the Child Safety Service. The CHaPS ethos is to both fulfil the obligations as mandatory reporters, whilst also placing referrals and providing supports to enable parents to parent to the best of their ability.

Information around responsibilities as a prescribed person and pathways to address safety concerns is provided throughout the onboarding process. All CHaPS staff are required to complete training on the Foundations on the Safeguarding of Children and Young People annually.

CHaPS also provides its universal service to children in Out of Home Care, working alongside Child Safety Care models and processes under the Agency Led Partnership stream of the service model.

CHaPS and the Department for Education, Children and Young People's Services for Children and Families (SCF), which comprises of services including the Advice and Referral Line and Child Safety Service, are finalising a Working Together Agreement, which outlines how CHaPS and SCF can best work together to ensure a collaborative approach in supporting the safety and wellbeing of all children in Tasmania.

8.2.2 Virtual care

CHaPS recognises the importance of virtual care as a mechanism to provide support services to families such as intensive parenting support, sleeping and settling, and adjustment to parenting and wellbeing challenges. CHaPS has strong experience with Telehealth and continues to scope high quality, effective and safe virtual care opportunities across the service, noting multiple benefits for the community. These include enhancing levels of care in the community setting to relieve pressure on an already overburdened health system and reducing emergency presentations; improving accessibility of services where barriers are present, including for families living in rural and remote areas; increasing access to sleep and settling advice and online sleep and settling content; and improving staff satisfaction, recruitment, and retention due to a greater diversity and flexibility in work functions and locations.

In 2023, CHaPS conducted a trial rollout of the SleepWellBaby app. This trial provides all Tasmanian families with children aged 0-3 with free access to the app, which empowers parents to become their child's sleep expert in a gentle, responsive, and baby-led way. This evidence-based sleep program was designed by nurses, midwives and clinicians, and offers a soft entry point for self-assessment of postnatal anxiety and depression and a crucial level of non-acute support responding to sleep and setting issues, which are closely linked to perinatal mental health issues. Funded access to the SleepWellBaby app for Tasmanian families was extended at the end of the initial trial period and is currently available until 30 September 2024 with CHaPS exploring a contract extension.

CHaPS continued to provide support to families through the Tasmanian Parent Line (TPL) pathway in 2023, including the introduction of an interactive voice recording (IVR) on the 1300 number answer point. This IVR provides the opportunity for callers to select a pathway to support their reason for call. These

options provide appropriate service delivery related to parents calling about an unwell child (advice from Health Direct) or a well child (advice from Pregnancy, Birth and Baby). Feedback received indicates this change has been well received.

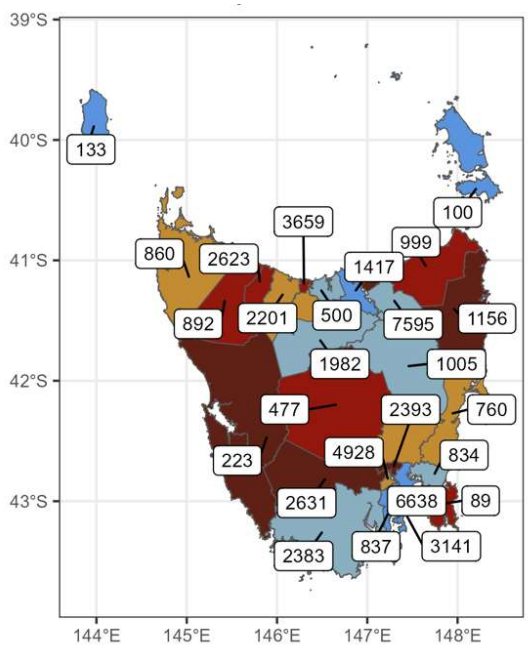
8.3 Responding to disadvantage and vulnerability

To ensure that Tasmanians experiencing socioeconomic disadvantage can effectively access child health and parenting services, CHaPS practices with an understanding of the social determinants of health and utilises the CHaPS Family Assessment and the Parents' Evaluation of Developmental Status tools to inform a holistic biopsychosocial assessment of family wellbeing, and appropriate interventions.

Socioeconomic status (SES) has been shown to have a significant effect on family and children's wellbeing. Factors such as health, education, psychological and behavioural problems, safety and stress are all related to SES. SES (calculated as the Index of Relative Socio-economic Disadvantage [IRSD]) is determined by the economic and social resources of people and households within an area.

The map below shows CHaPS service delivery by LGA and corresponding IRSD quintile (1 being most disadvantaged and 5 being least disadvantaged), which demonstrates a strong level of service coverage across the state. CHaPS considers IRSD data in order to be aware of areas of the State which fall within the higher levels of socioeconomic disadvantage, with consideration that families living in these areas may need more support on top of universal service delivery (dependent on individual family circumstances). The refreshed CHaPS service model provides opportunity to further strengthen and refine IRSD mapping in service delivery planning activities.

CHaPS service delivery by LGA and IRSD quintile (FY2022-23)



IRSD Quintile	IRSD % OOS
1	12.7%
2	17.3%
3	17.3%
4	23.9%
5	24.3%

8.4 CHaPS workforce

CHaPS has approximately 150 to 155 staff in a variety of full-time and part-time permanent and fixed-term roles. The large majority of clinical work is undertaken by specialised CFHNs (close to 90 per cent of clinical staff allocation). CFHNs provide comprehensive nursing care, including assessment of child, maternal, paternal, and family health and wellbeing across multiple domains; thinking critically in planning, providing, monitoring and evaluating responsive nursing care; and developing trusted therapeutic relationships with families and broader health networks to provide that care. They are highly skilled, often autonomous, health practitioners with broad, expert knowledge in infant, child, maternal, paternal, family and community health. This knowledge has been developed through higher education, continuing

professional development and clinical experience. CFHNs are supported by a small mix of other clinical staff, including Enrolled Nurses and Allied Health Professionals, a small administrative team to manage bookings and enquiries, and a program support team who assist with strategy, communications, policy, and project management. CHaPS Clinical Nurse Educators coordinate the provision of mandatory training, clinical supervision, and quarterly CHaPS Operational Meetings for staff, and CHaPS Quality and Safety Clinical Nurse Consultants manage work health and safety and support clinical governance and clinical risk management processes.

As noted throughout this submission, workforce shortages within a range of healthcare professions are an issue both in Tasmania and Australia-wide. Workforce planning projections for the nursing workforce show that in the medium to long-term, Australia's demand for nurses will significantly exceed supply. The combination of system-wide labour shortages, inadequate training pathways, lack of a "rural pipeline", an ageing workforce, and inter and intra-state competition for health professionals is presenting challenges for the recruitment and retention of CHaPS staff.

The profile of CHaPS staff FTE has varied over the past five years. In 2023-24 the nursing average headcount was still 5.07 less than the average headcount during the 2019-20 financial year; however, it has increased by 2.55 since the 2022-23 financial year. With dedicated programs in place as outlined below to address workforce shortages, it is anticipated that the workforce will continue to increase.

8.4.1 Work to address workforce shortages

Student Program

Staff shortages resulted in a period of service escalation during 2022, where the full scope of CHaPS services could not be provided to Tasmanian families. In response to this shortage, a range of workforce recruitment and retention strategies were developed. One component was the development of a CFHN Student Program for 2023 to support the employment of RNs by CHaPS while they complete postgraduate CFHN qualification.

The completion of a postgraduate qualification is not a mandatory requirement for employment into a beginning practitioner CFHN role within CHaPS, but is highly recommended and the majority of the RNs within CHaPS hold this qualification. Historically, there has not been a simple pathway for RNs to complete their postgraduate qualification and there have been significant course costs associated with enrolling and completing postgraduate courses. Unclear pathways, expenses related to study, and potential loss of income to complete the postgraduate course have all detrimentally affected the number of new CFHNs being trained.

To address these issues, in 2023 the CFHN Student Program supported 12 students statewide through employed course places and course fee sponsorship (supported as part of *Health Workforce 2040*), including seven in the South, two in the North and three in the North West. Students were employed 0.5 FTE in the service and undertook three rotations of 16 weeks across different CHaPS clinics, supported by experienced CHaPS preceptors and a statewide Clinical Nurse Educator. Of the 12 participants, 11 completed the program with all 11 students now employed within CHaPS.

Following the success of the 2023 program with 11 RNs with Child and Family Health Nursing qualification employed statewide into CHaPS, the program has continued into 2024. Acknowledging the ongoing CFHN shortages being faced by CHaPS (particularly in the North and North West), this program has been integral to supporting CHaPS recruitment statewide. The overall aim of this Program has been to create job ready graduates and increase the profile of CFHN as a career opportunity for Registered Nurses. Recruitment is currently underway for a 2025 program.

Traditional pathway post-graduate students (non-employed)

CHaPS also supported seven 'traditional' pathway students to complete the practical component of their postgraduate CFHN qualification through UTAS. These students completed 15 days practical time across each semester in CHaPS clinics. A total of 20 students completed their postgraduate qualification during 2023, more than double the number of students CHaPS has recently been able to support with practical placement.

CHaPS has recently advertised a practical placement of up to 16 weeks for any nurse who has completed, or is completing, their CFHN qualification and would like additional paid practical time. This initiative has been designed to attract nurses who have completed their qualification in recent years and not transitioned into CHaPS, and existing 'traditional' pathway students. Three RNs were recruited to and completed the Introduction to CHaPS Program (two in the South and one in the North). All three nurses have since been employed by CHaPS through usual recruitment processes.

Grade 4 Nursing Positions

In 2023, CHaPS sought and gained approval to create Grade 4 nursing positions, alongside the existing Grade 3/4 nursing positions. The creation of Grade 4 positions is part of the broader workforce recruitment and retention strategy for the service to reflect the post-graduate qualifications, experience in child and family health, high degree of autonomy, and complexity of work demonstrated by CFHNs. Creation of Grade 4 roles also supports comparative accountabilities with the Department for Education, Children and Young People school nurse program, and delivers appropriate remuneration for the CHaPS workforce, whilst enhancing career progression, recruitment, and retention activities.

CHaPS has developed statements of duties and work is underway to confirm the process for transition of appropriately skilled staff against the Grade 4 roles.

CHaPS continue to diversify the workforce with the introduction of additional Enrolled Nurse FTE and the introduction of Associate Nurse Unit Managers during 2024. The additional positions are building greater diversity of the CHaPS workforce, allowing for improved and increased service delivery and strengthening career progression within the service.

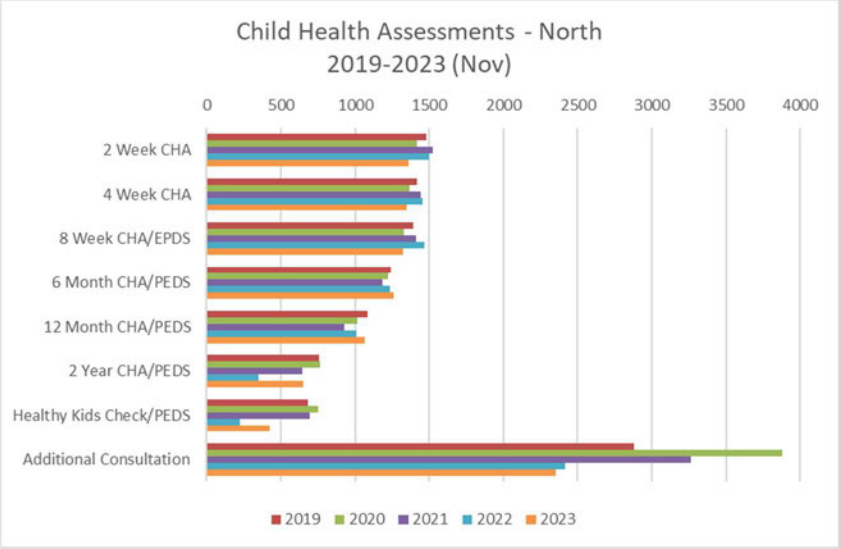
8.4.2 COVID-19 – Responding to Operational Escalation

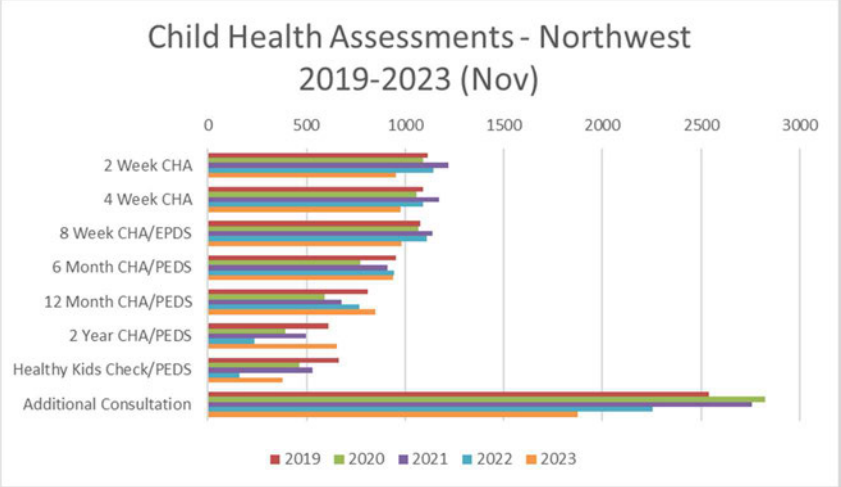
In January and February 2022, in response to the COVID-19 pandemic, CHaPS was required to divert staff to support the public health imperative to rapidly maximise COVID-19 vaccination rates, resulting in operational escalation for the service. The CHaPS escalation framework is supported by a decision-making matrix, with three defined categories of vulnerability. A staged system of 3 levels (0, 1 and 2) articulates the escalating risk related to a gap between CHaPS staffing levels and CHaPS provision demand in Tasmania. At Level 2 operational escalation, all first home visits and two, four, and eight-week CHAs were prioritised.

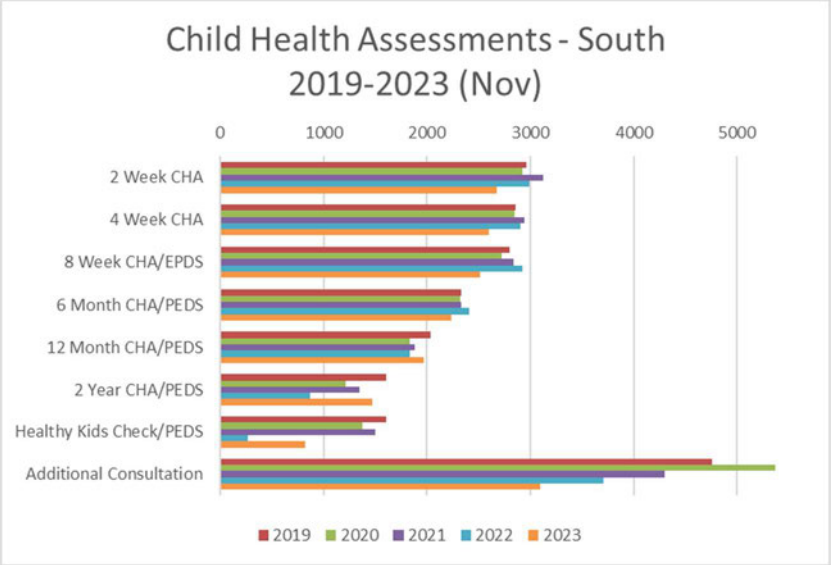
To ensure continuity of access for Tasmanian families during the peak of the COVID-19 pandemic and following public health guidelines at the time, CHaPS implemented a combined approach to completing CHAs. The approach included a telephone consultation followed by a 15-minute face-to-face appointment to complete a physical assessment (including growth and weight). Through anecdotal analysis, it has been identified that some parents chose not to attend clinics for the physical assessment at the time and therefore the consultation may have been recorded as an Additional Assessment. For some older children during this time, assessments were delayed or completed via telehealth, with face-to-face consultations prioritised only where concerns were raised by either the caregiver or clinician.

During 2022 and 2023, virtual health consultations were implemented to support the North West region as a strategy to overcome staff shortages. The CHA data for this region reflects this approach, with increased numbers of assessments delivered into the older age groups – six months, 12 months and two years – compared to the previous years.

The graphs below show the delivery of CHAs and additional consultations for the three regions. The graphs demonstrate the strong and consistent statewide engagement in CHAs within the first year of a child's life, which was maintained through the COVID-19 pandemic. CHAs beyond 12 months of age are more subject to attrition; however, at these ages there is a stronger representation of additional consultations, where parents choose to access CHaPS on an as-needs basis as well as, or instead of, scheduled CHAs.


Child Health Assessments - North
2019-2023 (Nov)
0
500
1000
1500
2000
2500
3000
3500
4000
2 Week CHA
4 Week CHA
8 Week CHA/EPDS
6 Month CHA/PEDS
12 Month CHA/PEDS
2 Year CHA/PEDS
Healthy Kids Check/PEDS
Additional Consultation
2019
2020
2021
2022
2023


Child Health Assessments - Northwest
2019-2023 (Nov)
0
500
1000
1500
2000
2500
3000
2 Week CHA
4 Week CHA
8 Week CHA/EPDS
6 Month CHA/PEDS
12 Month CHA/PEDS
2 Year CHA/PEDS
Healthy Kids Check/PEDS
Additional Consultation
2019
2020
2021
2022
2023


Child Health Assessments - South
2019-2023 (Nov)
0
1000
2000
3000
4000
5000
2 Week CHA
4 Week CHA
8 Week CHA/EPDS
6 Month CHA/PEDS
12 Month CHA/PEDS
2 Year CHA/PEDS
Healthy Kids Check/PEDS
Additional Consultation
2019
2020
2021
2022
2023

Predictive Modelling

A predictive modelling approach was developed in early 2022 to support CHaPS Executive decision-making in relation to the service's capacity to meet client demand with a reduced workforce. This models the number of CHA appointments expected for a given month, based on the number of children registered and defined age ranges where CHA appointments fall due.

Utilising its decision-making framework around vulnerability, CHaPS placed two and four-year CHAs across the State on hold in order for Southern clinicians to have capacity to support virtual care service delivery in the North and North West, to ensure that infants received CHAs in their first year of life statewide as a priority.

To respond to instances where service delivery was impacted for children aged 12 months and over, CHaPS implemented the CHaPS Clinical Triage Service. This enabled families to speak to a CHaPS nurse for triaging and assistance in accessing the most appropriate care pathway. This initiative was successful, with 968 occasions of care recorded for the 2022-23 financial year.

CHaPS also implemented virtual care options statewide under the operational escalation response, which strengthened accessibility options for families, and allowed the service to continue to respond to family need through the provision of support in areas including transition to parenting, feeding issues, parental mental health, sleep and settling, and toileting.

CHaPS worked consistently towards service recovery through the backlog of work created by this operational escalation, and has now returned to broader service delivery following the disruption caused by COVID-19. All scheduled CHAs are being delivered across the State, either face-to-face or virtually. Clinicians in the North and South provide support to deliver assessments in the North West region of the service, where staffing resourcing remains an issue.

8.5 Occasions of Service 2022-2023

The below graphs show the increase in Occasions of Service (OOS) from 2022 to 2023, as a result of the implementation of the range of strategies outlined above.

Blue – line reports actual OOS (All Clinical service types) delivered.
Purple – line reflects the target OOS.

Target is – 90% of the same months average for the preceding two years (i.e., 90% of April average over the past two years).

9. Conclusion

DoH welcomes the Inquiry as an important opportunity to gain further insights on, and provide information regarding, the adequacy, accessibility and safety of reproductive, maternal, perinatal mental health and paediatric health services in Tasmania.

DoH is committed to supporting the health and wellbeing of all Tasmanian parents, families and children. As outlined throughout this submission, DoH is progressing key projects and initiatives designed to improve and enhance reproductive, maternal, perinatal mental health and paediatric health services in Tasmania. These include actions being progressed under the Long-term Plan and *Health Workforce 2040*; projects to enhance and strengthen access to parenting and perinatal mental health services; the CYMHS statewide service reform; the implementation of the new CHaPS service delivery model and Tasmanian Paediatric Model of Care; the launch of KCCs; and the transfer of maternity services from the North West Private Hospital to the public system.

Through these and many other reforms, DoH will continue to make positive changes to support the provision of safe and quality healthcare to Tasmanian parents and their children, including those living in rural and regional areas and those experiencing socioeconomic disadvantage. DoH is committed to care for the health and wellbeing of all Tasmanians, which includes continuous improvement of the timeliness, quality and breadth of health services.

DoH thanks the Inquiry for consideration of this submission and looks forward to the Inquiry's findings and outcomes.

10. Appendix

10.1 Tasmanian health workforce data

Table 1: Public and private sectors for 2022

Profession	Tas Head count	Tas FTE	Tas 5-year FTE growth	Aus FTE per 100,000 population	Tas FTE per 100,000 population	South FTE per 100,000 population	North FTE per 100,000 population	North West FTE 100,000 population	NHWDS* data year
Occupational Therapists	361	314.5	+39%	85.7	55.1	59.0	57.0	42.8	2022
Psychologists	573	471.4	+25%	107.5	82.6	104.2	51.8	59.3	2022
All Nurses and Midwives	9537	8627.1	+27%	1307.0	1510.8	1553.6	1640.0	1230.4	2022
Enrolled Nurses †	1581	1376.1	+21%	206.5	241.0	226.6	276.6	229.2	2022
Registered nurses †	7983	7283.2	+28%	1111.7	1275.5	1335.4	1365.9	1005.0	2022
Midwives †	526	461.2	-4%	90.1	80.8	84.4	90.1	59.3	2022
Paediatricians	51	49.0	+426	10.1	8.6	11.3	6.5	4.7	2022
Paediatric surgeons	3 or less	1.9	-22%	0.4	0.3	*N/A – this is a statewide service*			2022
(Specialist) General Practitioners	787	673.8	+24%	111.3	118.0	130.9	103.0	105.5	2022
Obstetricians / Gynaecologists	44	58.5	+22%	8.4	10.2	12.5	9.2	6.1	2022

* National Health Workforce Data Set.

† Registrants (e.g. RN/Midwife) will appear in each relevant division, so the sum of divisions will be greater than the registration board total.

Table 2. Tasmanian Public Sector health workforce data 2022: Midwives, Paediatricians and Paediatric Surgeons.

Profession	Tas Head count	Tas FTE	Tas 5-year FTE growth	Aus FTE per 100,000 population	Tas FTE per 100,000 population	NHWDS* data year
Midwives †	306	186.3	-10%	Unavailable††	47.0	2022
Paediatricians	46	30.2	+45%	10.1	5.3	2022
Paediatric surgeons	3 or less	1.5	-20%	0.4	0.3	2022

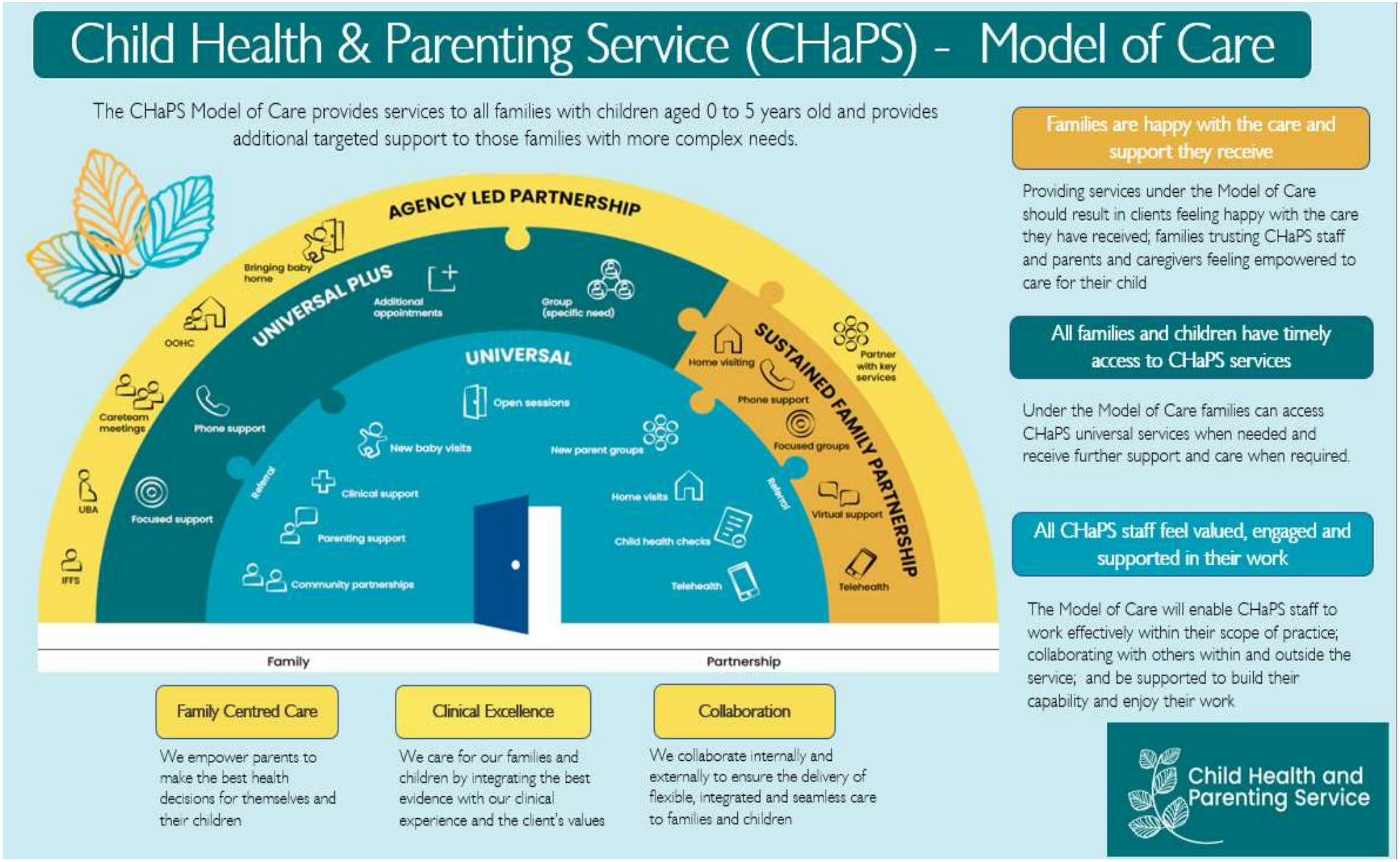
- The nature of the private contract for North West maternity services means that some public sector hours may not be captured. The interpretation of whether their hours worked are public or private may be taken differently by individuals who work for the North West service as although their employer is private, the service is public.

* National Health Workforce Data Set.

† Midwives are only counted if they recorded 1 or more clinical midwifery hour in the public sector in 2022. Only midwifery clinical hours are summed in this table. Nursing hours worked by dual registrants (Nurse-midwives) are excluded from the above analysis.

†† A comparable figure for the nation and other jurisdictions is not available, because the National Health Workforce Data Set does not include public clinical hours broken down by division of registration, making it impossible to determine the number of midwifery public clinical hours for jurisdictions other than Tasmania.

10.2 CHaPS Model of Care



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