Department of Health and Human Services strategic plan

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This publication may contain images of deceased Aboriginal and Torres Strait Islander peoples. Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

Message from the Secretary

The Department of Health and Human Services aspires for all Victorians to be healthy, safe and able to lead a life they value. We work to make Victoria the best place to be, and to help shape the type of communities we would all want to be part of.

Most people want to be connected to their communities, and experience a good life. Their health, safety and wellbeing rely on being able to participate fully in the community and economy and access services they value. Our purpose is to help them to get there.

More than any other department, we are the voice within government for those who face more barriers to a good life, at all ages and stages. We seek to break disadvantage, not by reinforcing dependency, but by working to harness all of government's resources to build capability, opportunity and inclusion.

Helping people to keep moving towards a good life is not straightforward. To do so, we need to take advantage of the opportunities that science and technology offer. We need to evolve our efforts to meet some new challenges: Victorians now live longer, with complex health and social issues, sometimes caused by the wider social context in which we live, and sometimes of our own making. The processes that people follow to change habits and behaviours are complex and changes to behaviours are hard to maintain.

The demands on our services and staff keep rising every year, while people's expectations about their own health and wellbeing, and how they can, or should, access health and social care are also shifting.

While some of these challenges are not new, the pace of change is accelerating. This means we need to both accelerate and prioritise our work to meet them.

We will know we are succeeding when: fewer people are waiting for our services; when we move closer to zero avoidable harm in our hospitals; when fewer children need to be removed from their families and when more families are thriving; fewer young people are re-committing crime; fewer people need access to social housing assistance; and more Victorians exercise greater control over their life and the services they receive.

I am proud to present this refresh of our strategic plan which sets out our vision, values, outcomes and the priorities which will guide and unite our department over the next few years.

The focus of the department in its first year was to support the government to grow participation, increase access to services and improve workforce safety and wellbeing. We agreed the values that will guide our behaviours and decisions, while continuing to deliver critical services and functions. We responded to critical issues like the cluster of avoidable infant and perinatal deaths at Djerriwarrh Health Service, while advising government about what we need to be prepared for into the future: drivers of cost and demand; national funding and service changes; and changing community expectations of our services.

We are now moving further into co-design and delivery mode.

Over the next 12 months we will begin to deliver on the recommendations of the Royal Commission into Family Violence, the Hazelwood Mine Fire Inquiry, the Kruk Prevention

Investment Review and the Duckett Review into our oversight of quality and safety in Victorian hospitals. Our work will also deliver the government's reform agenda contained in the *Roadmap for Reform: strong families, safe children*, the *10-year mental health plan*, a new Aboriginal health, wellbeing and safety strategic plan and the *Victorian state disability plan 2017–2020*. We will move through the next stage of transition to the national disability insurance scheme and national aged care system and the further development of Victoria's visitor economy through the development of a new stadia strategy.

The refreshed strategic plan:

- focuses on actions to give Victorians greater control of their own care and break down the barriers in how care is provided
- presents a greater emphasis on prevention, public health and economic participation, in recognition of the wider social context for health and wellbeing
- outlines how we will shift our role as system manager and system steward – by strengthening our assurance of the quality and safety of services, including cultural safety – and by making better use of data and evidence to support learning, improvement, innovation and service and infrastructure planning
- describes our commitment to deeper engagement with our partners and the people we serve, as well as the principles of self-determination for Aboriginal communities
- introduces our new outcomes framework and leadership charter, which describe how we want to make a difference and how we will measure the impact of our work.

The strategic plan is important for all of us in the department. It sets our direction and our priorities to ensure we are working towards a common vision. But this is not work we do alone.

We will need to work closely with other government agencies, non-government organisations, advisory and industry groups, communities and clients. Successful delivery calls for a curious mind and a generosity of spirit. Critical to our success will be a service orientation and an open, constructive and collaborative work culture that allow the department and everyone in it to participate, adapt and learn.

Kym Peake
Secretary

Contents

How to read this plan

- our **strategic context** outlines the major trends, both ongoing and new, that are shaping our work
- our **strategic directions** explain how we will design, implement and operate our services to respond to these challenges
- our **outcomes framework** and **key results** allow us to align our efforts and measure whether we have been successful
- our **priority actions** spell out what we will do over the next 12 months to allow us to achieve our results.

1. Our ministers

The Department of Health and Human Services supports the portfolios of:

Hon Jill Hennessy

Minister for Health

Minister for
Ambulance Services

Martin Foley

Minister for Housing,
Disability and Ageing

Minister for
Mental Health

Jenny Mikakos

Minister for Families
and Children

Minister for
Youth Affairs

Hon John Eren

Minister for Sport

2. About the Department of Health and Human Services

The Department of Health and Human Services was established on 1 January 2015, bringing together the functions of health, human services and sport and recreation.

The department has responsibility for developing and delivering policies, programs and services that support and enhance the health and wellbeing of all Victorians. We take a broad view of the causes of ill health, the drivers of good health, the social and economic context in which people live, and the incidence and experience of vulnerability. This allows us to place people at the heart of policy making, service design and service delivery.

The department's structure provides for integrated stewardship of the systems and outcomes in health and human services.

Central divisions lead policy development, service and funding design and system management. Four operational divisions oversee and coordinate the delivery and funding of services and initiatives across 17 areas of the state. Each division covers a mix of rural, outer-metropolitan and inner-metropolitan areas of Victoria.

The department provides many services directly to the community through its operational divisions. In addition, we fund almost 2,000 other organisations to deliver vital health and human services care. We also partner with other parts of the Victorian public service, federal and local governments and communities to build community infrastructure capacity, participation and resilience.

The combined effort of these partners working together can drive positive long-term change for individuals and families, particularly those with multiple and complex needs spanning issues such as mental health, housing, drugs and alcohol, chronic health conditions and disability.

We know that all Victorians will come into contact with health and human services and sport and recreation at some point in their lives and that there are critical links between wellbeing, economic prosperity and social inclusion.

By working together, we will strive to build stronger functional, policy and service delivery connections to support the health and wellbeing of all Victorians, no matter what their personal circumstances or stage of life.

The department's budget for 2016–17 is $21 billion. As of May 2016, the total workforce for the department was approximately 11,400 full-time equivalent employees.

Overview of the department's divisions

Portfolio Strategy and Reform

The Portfolio Strategy and Reform division generates new ideas, reviews existing directions and advises on long-term strategic policies to meet departmental objectives and government policy priorities.

Through supporting departmental strategic planning processes, the division supports better decision-making on activities to advance government priorities and make progress towards departmental outcomes.

The division also supports key enablers for long-term reform, including workforce planning and development, information development and reporting, innovative investment approaches and building the department's capabilities in action research and evaluation.

The division also leads work for our ministers on intergovernmental relations.

Community Participation, Sport and Recreation, Health and Wellbeing

The Community Participation, Sport and Recreation, Health and Wellbeing division uses primary preventative measures to reduce the rate of disease across the Victorian population and reduce inequalities in health and wellbeing between population groups. Recognising the influential role of social and economic forces, in combination with biological and environmental factors, on health and wellbeing, the division applies population and place-based approaches to all of its work.

The division supports clubs and organisations to grow participation in sport and recreation. It advances strategies that enable social and economic opportunities for women; seniors; young people; Aboriginal communities; people from culturally and linguistically diverse backgrounds; lesbian, gay, bisexual, transgender and intersex (LGBTI) people and communities; and Victorians living with mental illness or a disability. It leads work across the department to embed an understanding and respect for

Aboriginal self-determination in all of our work. The division is the Department's central point of connection with Regional and Metropolitan Partnerships, local government and Primary Health Networks, contributing to social cohesion and connectedness through community action and partnerships.

The division is also supporting Victoria's aged care sector to transition into the national aged care system.

Community Services Programs and Design

The Community Services Programs and Design division is responsible for developing operational policy and funding frameworks for housing; homelessness; family violence; family support; disability; child protection; out-of-home care; and youth justice services.

The division leads work to better understand and segment users of human services, and translate evidence of effective service interventions into funded programs. The division works with clients, service providers and other government partners to co-design more integrated end-to-end client journeys to make human services easier to navigate and achieve better sequencing of service interventions.

It is the department's primary point of connection into whole-of-government processes to implement the recommendations of the Royal Commission into Family Violence and is leading implementation of the Roadmap for Reform in the child and families portfolio.

It also designs the standards and systems to monitor and ensure the quality of services, manage critical incidents and assure child safety in a range of government and non-government services.

Health Service Performance and Programs

The Health Service Performance and Programs division oversees health service delivery in Victoria, leading an integrated approach to the management and improvement of Victoria's

health service system, including acute hospitals, emergency and non-emergency patient transport and mental health services.

The division is responsible for health service programs and policy; health system design; patient safety and engagement; clinical and board governance; and data monitoring and reporting. It exercises responsibilities for protecting patients from serious failures in local safety and quality systems by monitoring hospital outcomes for signs of unsafe or low-quality care and by ensuring that hospitals take swift and appropriate action to address deficiencies.

The division also works with Better Care Victoria to coordinate and help spread innovation and improvement efforts within public and private health services. It includes the department's Clinical Networks, Chief Medical Officer, Chief Nurse and Midwifery Officer and the Chief Adviser on Cancer.

The division is also leading work within the health system to better connect acute, community health and primary health services for people living with chronic disease. It also regulates private hospitals and day procedure centres.

Operations

The Operations division is responsible for the delivery of services and improved client outcomes across the department's divisions.

It oversees the translation of policy into operational service delivery to enable healthy, safe and strong communities by addressing the needs of Victorians across the continuum of health and human services care.

The division monitors and analyses statewide service delivery standards and performance.

The division comprises the four operational divisions that provide directly delivered services as well as four central branches: the Office of Professional Practice / Chief Practitioner Human Services; Service Implementation and Support branch; Performance and Reporting branch; and NDIS branch. The four central branches lead and

monitor service and performance improvement, practice and professional development activities, as well as co-ordinating the transition to the National Disability Insurance Scheme (NDIS).

The four operational divisions provide strategic oversight, coordination and delivery of departmental services within their areas.

The divisions oversee service implementation, quality and performance and also play a role in emergency management recovery. The key functions of each division include: area-based health and human services programs and service delivery; providing child-centred, family focused services to protect children and young people from significant harm; delivering disability services and supports; providing housing assistance, support and planning; and delivering emergency management response, recovery and relief.

Regulation, Health Protection and Emergency Management

The Regulation, Health Protection and Emergency Management division brings together regulation, surveillance, public health and emergency management responsibilities.

The division advances public health through the identification of risks, including through risk registers and notification systems. The division also supports the use of social regulation to influence behaviours, such as through regulation of solariums and incentives for vaccination to achieve 'herd' immunity.

It also develops regulatory frameworks for new services, including access to medicinal cannabis and real-time prescription monitoring. It supports continuous improvement in health and human services regulatory practice and leads the corporate relationship with our commissioners.

The division also leads the department's responsibilities in emergency management, contributing to whole-of-government actions to build community resilience and funding and supporting social and human recovery in disaster-impacted communities.

Sport and Recreation, Infrastructure, International Engagement and Director of Housing

The Sport and Recreation, Infrastructure, International Engagement and Director of Housing division is responsible for infrastructure management across health, human services, high performance and community sporting infrastructure, and events, including: asset management; planning; design; procurement; and budgeting.

The division is also responsible for leading the relationship with Department of Economic Development, Jobs, Transport and Resources to advance Victoria's position in the global health market, increase health exports and leverage our major sporting events to strengthen Victoria's visitor economy.

People, Capability and Oversight

The People, Capability and Oversight division supports portfolio ministers in their cabinet, parliamentary and other responsibilities. It provides human resource and talent management and workplace services for the department and leads our work on organisational development, values and cultural change.

It promotes integrity, manages fraud and supports internal governance frameworks, including internal audit.

The division also provides expert support and advice, including on strategic communications, freedom of information, legal advice and services and support for policy divisions to deliver legislative programs.

Corporate Services

The Corporate Services division provides strategic advice and services to drive performance and improve the financial sustainability of the department and portfolio agencies.

The division delivers finance, business technology and information management services.

It also provides expert support on industrial relations, procurement and contract management, risk identification and management, budget strategy and corporate planning.

Organisational Redesign team

The Organisational Redesign team has been established to drive the changes necessary for the department to successfully transition to and beyond the NDIS and effectively implement the recommendations of Royal Commissions and other major reviews.

The team has worked with the Department of Premier and Cabinet to develop an outcomes framework for the department.

It is now working across the department and our stakeholders to provide advice on the future role and operating model of the department to realise our four strategic directions of: person centred services and care; local solutions; earlier and more connected support; and advancing quality, safety and innovation.

3. Our vision, values and outcomes

The Department of Health and Human Services has a clear direction, expressed through our vision. Over the last year we have developed shared core values to guide how we deliver on our vision and an outcomes framework to help us measure our progress.

Our vision

To achieve the best health, wellbeing and safety of all Victorians so that they can live a life they value.

Our values

Over the past 12 months many staff have been involved in elaborating on our values to describe what we stand for at the department; how we want to make decisions; and how we expect each other to behave. Our values are:

We are respectful

- We treat people with fairness, objectivity, and courtesy.
- We listen and communicate honestly and clearly.
- We seek to understand others' perspectives, experiences and contributions.
- We recognise and value people's diversity, equality and human rights.

We have integrity

- We are trustworthy, and we do what we say we will do.
- We are professional in all our dealings with others.
- We stay true to our values when it's easy and when it's difficult.

We collaborate

- We help each other as colleagues.
- We generously share our knowledge, expertise and skills.
- We work in partnership with people and organisations to find the best approach.
- We are inclusive and seek people's input and involvement.

We care for people, families and communities

- We involve people in decisions that affect their lives.
- We value our colleagues, and we develop and support them to be resilient and effective.
- We have empathy for people and seek to understand their perspectives.
- We support and empower people through our work.

We are accountable

- We each take ownership of the quality and demonstrable impacts of our work.
- We ensure that our decisions and actions are evidence-based and outcomes-focused.
- We are careful about and transparent in how we use public resources.

We are innovative

- We are flexible, creative and responsive to changing needs.
- We have the courage to take informed risks and try something new.
- We are reflective and seek feedback to inform and shape our work.

The department's Leadership charter

The department's *Leadership charter* is an important part of shaping our culture.

It outlines the leadership behaviours our staff and stakeholders can expect of the executive leadership group and positions the department as a great place to work. It represents how the department's executive leadership group wish to be known, to relate to each other and to our stakeholders.

The charter commits the executive leadership group to lead by example and ensure that their behaviours and the way they approach their work embodies the department's values, for example by being accountable for their actions and outcomes, sharing information with staff when it should be shared, and seeking out and valuing other perspectives.

The charter is available at http://dhhs.vic.gov.au/ publications/leadership-charter/
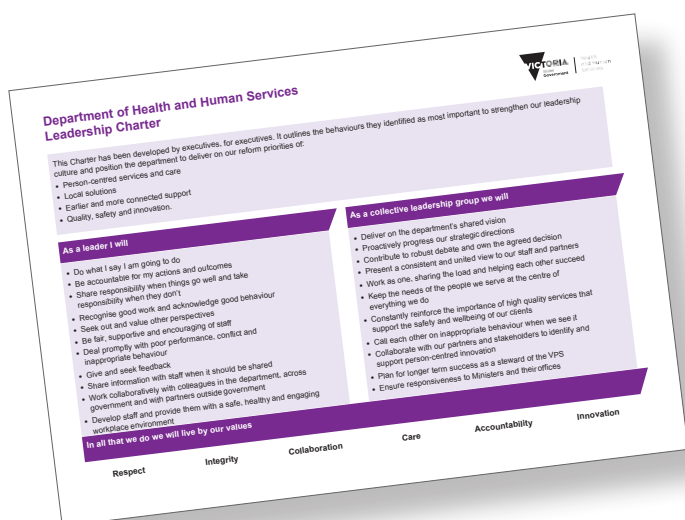
Our outcomes framework

To understand whether we are delivering on our vision, we need to understand the priorities and motivations of the people we serve, and the impact of what we do.

Over the past 12 months we have sharpened our focus on patient and client outcomes as a basis for defining our accountabilities; informing strategic and investment planning; developing services; advising government; and collaborating with our partners.

In the context of our vision, an outcomes-focused approach gives us a better understanding of what works, what doesn't, and why. It helps us to target our efforts more effectively to address disparities in access and outcomes for individuals and communities across the state. It also provides intelligence to enable more choice for people using our services.

Consistent with the approach to outcomes measurement being adopted across government, we are distinguishing between measuring population level results (or conditions of wellbeing) through our *Public health and wellbeing plan 2015–19* and measuring the impact of what we do through a departmental outcomes framework.

Our departmental outcomes framework focuses on **outcomes for people** who rely on our services and activities, and **system-level results** we are seeking from health and human services reforms. **Key results** have been identified for people-focused and system-level outcomes and are summarised in 'Our outcomes framework and key results' on pages 14–15.

Our outcome measures have been designed to answer four simple questions:

- How much did we do?
- How well did we do it?
- Is anyone better off?
- Are the results aligned with what the people accessing our services and programs want and value?

In the same way that the department's strategic plan cascades down to more detailed divisional, team and individual workplans. Our outcomes will be supported by more specific measures of whether we are making a difference.

- for particular groups – for example Victorians living with a mental illness, disability or chronic disease; Aboriginal and Torres Strait Islander people and young people living in out-of-home care
- in particular places – for example, by contributing to Regional Partnership Dashboards or in assessing the impact of efforts to improve the health and wellbeing of people in the Latrobe Valley as part of government's response to the Hazelwood Mine Fire Inquiry
- through particular strategies – for example through the *10-year mental health plan*, Roadmap for Reform, and the Health 2040 strategy

Performance against key results will be monitored by the Executive Board on a six-monthly basis, to help us to assess what we have achieved, and the difference we have made. Results will inform future decision-making.

Our outcomes framework and key results
How will we measure our success?

Our vision: To achieve the best health, wellbeing and safety of all Victorians so that they can live a life they value

Outcomes for people

Victorians are healthy and well

| Victorians have good physical health | Victorians have good mental health | Victorians act to protect and promote health |

Victorians are safe and secure

| Victorians live free from abuse and violence | Victorians have suitable and stable housing |

Key results

Result 1 Reduce the incidence of avoidable harm in Victorian hospitals

Result 2 Reduce obesity and increase physical activity across Victoria

Result 3 Increase the proportion of children with healthy birth weight – with a focus on reducing smoking during pregnancy

Result 4 Reduce infant mortality

Result 5 Reduce inequalities in premature death

Result 6 Reduce the suicide rate

Result 7 Improve rates of self-reported health and wellbeing

Result 8 Reduce deaths resulting from misuse of prescription medicine

Result 9 Increase immunisation coverage rates at two years of age and at school entry

Result 10 Reduce the abuse and neglect of children and young people

Result 11 Reduce the rate of growth in out-of-home care – especially for Aboriginal children

Result 12 Reduce the number of children in out-of-home care who live in residential care

Result 13 Reduce the level of continuing risk for victims of family violence

Result 14 Identify and respond to bullying, assault and inappropriate behaviour in departmental and public health services to reduce occurrence

Result 15 Reduce re-offending by young people and return to court ordered supervision by the department's youth justice services (community and custody).

Result 16 Reduce the proportion of the population experiencing homelessness – especially victims of family violence, and young people

Victorians have the capabilities to participate

| Victorians participate in learning and education | Victorians participate in and contribute to the economy | Victorians have financial security |

Victorians are connected to culture and community

| Victorians are socially engaged and live in inclusive communities | Victorians can safely identify and connect with their culture and identity |

Key results

Result 17 Increase educational engagement and achievement by children and young people in contact with departmental services – especially those in out-of-home care

Result 18 Increase participation in 3 and 4 year old kindergarten by children known to child protection

Result 19 Increase the satisfaction of those who care voluntarily for people with a disability; people with mental illness; and children in out-of-home care

Result 20 Increase labour market participation by people with a disability; people with a mental illness; and people living in specified locations and communities

Result 21 Increase rates of community engagement, including through participation in sport and recreation – especially for Aboriginal children and young people.

Result 22 Increase cultural connection for children in out-of-home care – especially Aboriginal children

Service system outcomes

Victorian health and human services are person centred and sustainable

Services are appropriate and available in the right place, at the right time

Services respond to choice, culture, identity, circumstances and goals

Key results

Result 1 Increase participation in universal and earlier intervention services – especially by Aboriginal Victorians

Result 2 Reduce the average wait time for people on the priority housing list

Result 3 Improve timeliness of access to elective surgery; emergency department treatment; ambulance services; and palliative care

Result 4 Reduce unexplained variation in the care people receive – especially for disadvantaged groups

Result 5 Increase client and patient choice concerning the services and treatment they receive

Result 6 Increase diversity of the department's workforce – especially Aboriginal people employed in senior roles

Result 7 Increase citizen engagement in the design and delivery of services

Result 8 Increase participation of service providers and staff in the design of services

Services are efficient and sustainable

Services are safe, high quality and provide a positive experience

Key results

Result 9 Reduce demand for acute services to manage complex and chronic conditions

Result 10 Increase the proportion of service assets that are appropriately maintained

Result 11 Increase the proportion of capital projects delivered on time and budget

Result 12 Improve alignment of our health, human services, and community recreation assets with the needs of clients, patients and Victoria's growing population

Result 13 Reduce waste arising from the use of inappropriate care

Result 14 Improve patient and client reported experiences of care and treatment

Result 15 Reduce restrictive practices in formal care settings

Result 16 Increase the transparency of service safety and quality

Result 17 Reduce assault, exploitation and neglect of clients and patients cared for in formal settings

4. Our strategic context

Governments around the world and our communities are responding to an environment that is changing rapidly.

Our population and labour market are changing – not just in location and in profiles of age, health and wellbeing – but also from people's changing preferences and expectations. Victorians rightly expect higher quality, more timely and individualised services.

Digital media and technology are changing how people expect to interact and engage with government. At the same time, data, analytics and technology are transforming our ability to predict, assess and respond to risks and needs.

Victoria is fortunate to have a strong platform of universal health, education and care services that are essential to healthy development and wellbeing. However, our great universal services are not always reaching everyone – and they aren't always available to meet the needs of everyone that needs them. There are vulnerable populations who miss out – and these include Aboriginal people, people with a disability, children in out of home care and, sometimes, whole rural communities.

When people do come into these services, treatment may not look beyond the service core business to ask: who else needs to get involved to prevent that injury happening again? Is there an underlying problem here that I can't help with but that needs to be addressed right now?

A better understanding of client pathways and trajectories and the correlation between difference health and human service needs supports greater emphasis on targeting prevention activities to individuals and places most at risk of poorer health and wellbeing.

Health and human service systems around the world are still building the evidence of what works in earlier intervention and prevention.

While the evidence is still emerging, there is an increasing recognition that creating the necessary social conditions to stimulate healthy behaviours, or tackle societal trends, cannot be achieved by a single sector acting alone.

Better ways of organising services and supports are needed to break down the artificial barriers within and between service sectors that can get in the way of care that is genuinely coordinated around what people need and want. We also need to better coordinate our services with other government services, including education and justice settings, so that the needs of parents and children are met.

Unless we reshape care delivery, harness technology and drive down variations in quality and safety of care, Victorians' changing needs will go unmet and unacceptable variations in outcomes will persist.

This is the context for our strategic plan. These changes require us to take a longer-term view of the possible futures on offer and to be deliberate in the steps we should take in the next three years to advance our vision.

Changes in Victorians' needs

Victoria is now the fastest growing state in Australia. Our population growth is a sign of relative prosperity. However it also brings challenges. These include sustaining timely access to services, ensuring that our infrastructure keeps up with the growing population, and supporting regional communities and new suburbs in growth corridors to have the same access to services as those in metropolitan Melbourne.

Regions with slower, or in some cases negative, population growth, will still experience a change in the mix of services required, especially as the population ages.

As in other parts of Australia and most of the world, Victorians are living longer. Long-term health conditions now represent a substantial proportion of our health expenditure. Rates of chronic disease including cancer, diabetes and heart disease continue to rise and drive demand for health care.

Currently in Victoria more than 60 per cent of adults are overweight or obese, as are approximately 25 per cent of Victorian children. Being overweight or obese is a key risk factor for chronic disease. Chronic diseases are responsible for 85 per cent of Australia's burden of disease and 9 in 10 deaths[1].

Risk factors for these conditions, including smoking, poor diet, and physical inactivity, are not shared evenly among the community. They are correlated with poor education, unemployment, poverty and social isolation – what eminent public health researcher Michael Marmot refers to as 'the causes of the causes'.

These social determinants of ill health concentrate in geographical areas that are associated with patterns of employment and industry restructuring, poorer transport links, low access to social, education or health services, higher rates of crime, and intergenerational transmission of disadvantage.

Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely. Social networks matter in helping people to recover from illness.

This wider social context also drives demand for our targeted social services – social housing, child protection and family services. For some in our community, including people living with disability and rural Victorians, these risk factors can accumulate and reinforce each other. For Aboriginal Victorians, these are all tied up with the intergenerational experience of dispossession, forced removal and enduring racism. In both health and human services care, there are familiar patterns in which those people most in need present for help late or not at all.

Community attitudes can also be a barrier to people seeking help. For example, a significant minority of Australians believe that family violence is excusable when perpetrators lose control in anger, or regret their actions.

There is a growing body of knowledge about the factors that prompt attitudes and behaviours. Governments around the world are starting to apply this knowledge to the design of health and human services systems, programs and community initiatives.

This includes recognising that even people experiencing longer-term conditions or needs

1 Australian Institute of Health and Welfare (AIHW) 2014, *Australia's health 2014. Cat. no. AUS 178*, viewed 18 February 2016

are likely to spend only a small proportion of their time in contact with health and human service professionals. The rest of the time they, their carers and their families manage on their own, and systems need to be designed to support them to be able to manage in these circumstances.

Once, both health and welfare systems conditioned people to be passive recipients of care. Now, many people wish to be more informed and involved with their own care. Our clients increasingly expect that they will get services and products that are tailored to their needs and that they will be offered a choice about what, where, when and how they are served.

Roadmap for Reform: strong families, safe children
The first steps
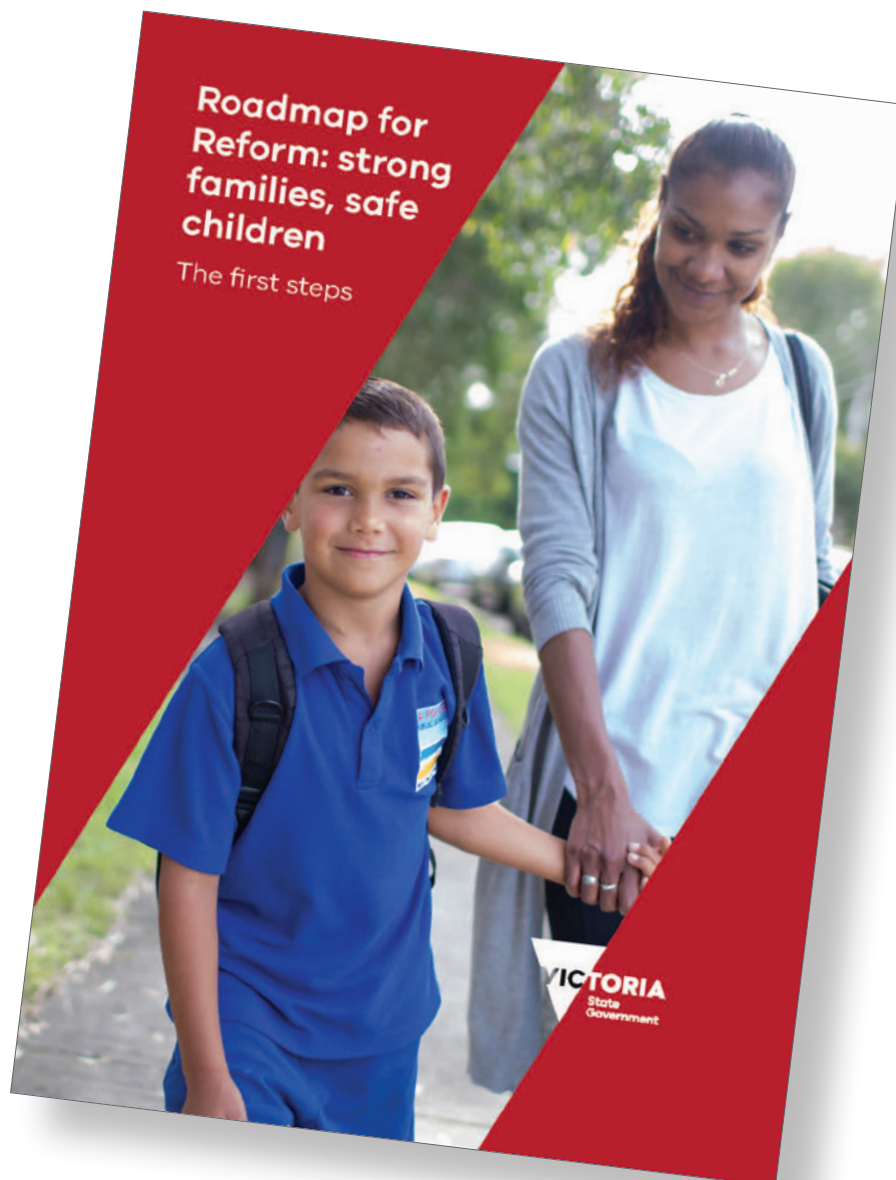
The value imperative

Shifting citizen expectations are not the only imperative for change.

Global health care spending is projected to increase by an average of 4.3 per cent during 2015–2019[2], creating an urgent need to maximise the value from health and human services expenditure and minimise waste.

Over decades, public administrations around the world have moved toward greater accountability for their performance. Increasingly, interest has turned to whether public services are not only efficient, but supporting lasting improvements in the lives of those receiving a service through better outcomes.

While Victoria has the most efficient health services in the country, we cannot be complacent. We need to match reasonable funding levels with a continued focus on both the efficiency of how we work within the department and the efficiency of the services we deliver and fund.

We need to ensure financial sustainability and viability of health services to deliver safe and appropriate care that meets the needs of the community.

We also need to focus on innovation and generating and capturing the evidence needed to transform services and improve outcomes. It is important to recognise that integral to quality and safety is ensuring understanding of and responsiveness to client diversity, including effective provision of language services, a sense of cultural safety, and freedom from real or perceived bias and discrimination.

The creation of Better Care Victoria, and work underway to strengthen our clinical networks and the department's Office of Professional Practice provide us with opportunities to scale up innovations and spread good practice across Victoria.

2 Deloitte 2016, Global health care outlook: Battling costs while improving care <http://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/articles/global-health-care-sector-outlook.html>, viewed 5 July 2016

All jurisdictions in Australia are working actively to share data with each other, to build the business case for prevention and early intervention, and to evaluate the cost and benefits of our collective services and reforms over time.

Victoria is fortunate to have strong medical, health and human services research capabilities and world-leading education providers, providing us with the opportunity to translate new knowledge and technologies into education and advances in care.

As well as supporting better care, these strengths underpin the importance of health and human services sector to the Victorian economy.

The government has identified medical technologies and pharmaceuticals, and in particular facilitating greater use of Victorian expertise and innovation across the Asian region and the globe, as one of a number of sectors with high growth potential.

Victoria's Health and Medical Research Strategy 2016–20 aims to embed health and medical research into the Victorian health system, accelerate the translation of research into clinical practice and advance Victoria's position as the foremost Australian jurisdiction for health and medical research. We will support the Victorian health and medical research sector to deliver excellence as it adapts to evolving and emerging trends such as precision medicine and big data.

Victoria's International Health Strategy sets out how we will identify and grow opportunities in health exports and investments to support revenue and jobs growth in our state. The health care and social assistance sector is already the largest employer within Victoria, and growing service demand will require ongoing workforce development.

The department is working with the Department of Education and Training and Department of Economic Development, Jobs, Transport and Resources to expand career pathways into health and human services to meet this demand, with a particular focus on creating pathways for disadvantaged and vulnerable Victorians to improve their social and economic wellbeing.

Towards new models of care

Growing demand associated with longer-term and potentially avoidable health conditions and increasingly entrenched areas of disadvantage require that we both invest to meet demand and reorient our system towards prevention, earlier intervention and more connected services.

In March 2016, the Council of Australian Governments (COAG) agreed to trial new approaches to chronic disease management by better connecting primary and acute health services supported by better sharing of clinical information and funding incentives.

While Victorian health and human services perform well against many metrics of performance and client satisfaction, there is considerable performance variation across the state.

The Royal Commission into Family Violence heard substantial evidence about the difficulties people face navigating a complex and fragmented social services system. This experience is not unique to victims and survivors of family violence.

The findings and recommendations of the Royal Commission provide a launching pad for a much broader conversation about people's experiences and the outcomes delivered across health and human services.

The Roadmap for Reform, homelessness and social housing reform, the *10-year mental health plan* and Health 2040, will all be shaped by the central themes of the Royal Commission, which are also reflected in the priorities of this strategic plan: the integration and coordination of targeted services, especially when people are most at risk; strong links to universal services for early intervention; and services that are tailored to the unique needs and circumstances of people, their families and communities.

Currently, many of our services do not connect in ways that allow them to deal with overlapping problems faced by vulnerable people. For example, chronic health issues, unemployment and homelessness are often linked. Mental health care for people without adequate housing is more likely to be ineffective. Out-of-home care that does not include treatment for previous trauma and engagement in education and training will not help young people grow into healthy and secure adults. People in trouble with the law or the court system may need to be diverted to a range of support services to address underling issues and reduce the risk of re-offending.

The Royal Commission into Family Violence highlighted that behaviour change programs need to be better linked with parenting, mental health, employment and drug and alcohol services. Helping victims to stabilise their lives and recover from the impact of controlling and violent relationships may require a mix of housing, legal support, employment support, counselling and family supports to rebuild relationships and lives.

We have experience that we can draw upon to make it easier for people to access and navigate services, deliver them the right services at the right time, and give people more say in their own care.

For example, Victoria has been a leader in client-directed services in disability. And the joint investment by all Australian governments in the NDIS reflects a commitment to increasing not only the levels of support for people living with a disability but also extending people's control over the services they use to maintain dignity, independence and achieve what they want from life. New service models are already emerging in trials of the NDIS, such as the provision of accommodation and support services.

Child and family services and homelessness services are also testing more flexible approaches to funding packages of support that are tailored to the people's individual needs.

Aboriginal community-controlled organisations have been taking whole-of-family approaches that are relevant more broadly.

Civic and sector engagement – a call to co-design

Supporting these changes will require us to act coherently together across the department, and engage differently with the Victorian community.

Advising government on how services need to change and on community initiatives to shift attitudes and behaviours requires a more engaged relationship with the people who rely on health and human services, as well as carers, citizens, service partners and other experts.

This is not a journey we can take on our own – our challenge extends to government and non-government organisations, as well as business and philanthropic partners working together to improve the health and wellbeing of Victorians.
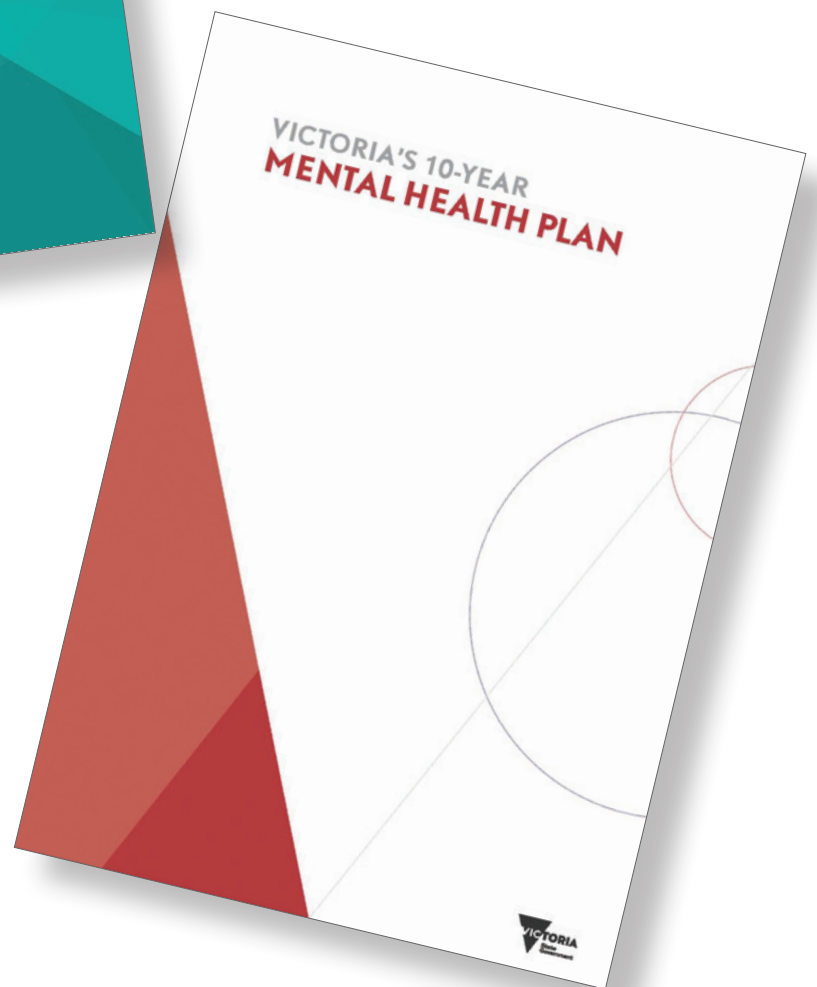
There is an emerging body of evidence about highly effective models for collaboration and participative approaches to service design and social change. Some of these have been translated from other industries that now work closely with their customers to ensure that products and services make sense for the people they are intended to benefit.

We need to learn from transitions in other industries and reform programs in other government agencies to prepare our department, and the broader health and human service systems against the challenges to come.

New technology opens up exciting possibilities for us to share data and information, and engage citizens directly in the work of government, so that communities and service providers can work together to understand and clarify complex social issues, design and test solutions.

There are also opportunities for us to rethink our relationships with local communities and to involve them in our work. This is a key part of our response to the Hazelwood Mine Fire Inquiry.

Finally, the delivery of new models of care and services depends on people, including nurses, social workers, doctors, allied health professionals, administrators, scientists and many others. New models won't become a reality unless we are able to partner with a workforce with the right numbers, skills, values and behaviours to deliver it, and organisations with the business and operating models that enable them to succeed.

Royal Commission into Family Violence

Summary and recommendations

March 2016

VICTORIA'S 10-YEAR
MENTAL HEALTH PLAN

VICTORIA
State Government

5. Our strategic directions

We have identified four strategic directions that we will pursue to focus our efforts to deliver measurable outcomes and achieve our vision for the people of Victoria.

These strategic directions are based on the best available evidence about what will generate improvement in the impact of our services and activities on the lives of Victorians.

These directions inform all of our roles of **steward** (including how we develop and oversee policy), **system manager** (including how we design funding and regulation) and **agent** (including how we deliver services, build capacity and influence).

Our four strategic directions are described below.

1. Person-centred services and care

Before birth and throughout childhood, adolescence and adulthood, all kinds of factors influence a person's ability to experience a good life. Family context, educational outcomes, housing, social support, work opportunities and workplaces, access to transport and recreational opportunities all have an impact.

Person-centred services and care is a way of considering all of the influences on a person's health and wellbeing. Starting in childhood and continuing through life, it is a way of designing services and supports in the wider context of people's lives.

It is a way of enabling people to have a voice and have their own life goals count.

Person-centred approaches tap into people's intrinsic motivations to help them effect behavioural change by:

- enabling people to look after themselves better, including through better access to information, education and resources to help them manage their condition or situation
- fostering meaningful relationships that help people to improve their health and wellbeing. This could include peer support networks and community groups
- enabling people to work collaboratively with professionals. Person-centred services see the people using health and human services as equal partners in planning, developing and monitoring care.

Research has found that person centred care can have a big impact on the quality and efficiency of care – including by helping people to learn more about their health conditions, and prompting them to be more engaged in their own care and more motivated and empowered to make changes in their own lives.

This has implications for how services are both designed and delivered.

For individual patients or clients, it means putting people and their families at the centre of decisions and seeing them as experts, working alongside professionals to give them greater control over their life and the services they receive.

Considering the whole person (or family) to understand their physical, cultural and social context helps to identify more quickly if there are additional services or supports that would make a difference to their health, safety and wellbeing.

For example a maternity service might be well placed to identify risks of family violence early and connect a woman to specialist family violence advice before risks escalate.

Person-centred care also lies at the heart of good Aboriginal health and wellbeing service delivery. When locally developed and culturally informed, it empowers Aboriginal people to make the best choices about their health and wellbeing. In turn, more inclusive service models give people access to the help they need, at the time it is required.

Person-centred services require us to pay more attention to who is accessing our services and their experiences and outcomes. We need to be better at connecting our data in order to have a greater understanding of our service users, and how we can segment them according to need,

capability and other characteristics. We need to build shared understandings of how behaviours, attitudes, preferences and needs differ across diverse populations. Particular attention will be paid to responding effectively to gender, gender identity, cultural and linguistic background, faith, refugee status, disability and sexual orientation.

Design processes should always focus on whether a service is fit for purpose and safe. Groups of people who have used (or supported other people to use) services should also be engaged in how the whole interaction with services are experienced – and what a positive connection and interaction between a person and a service would involve.

Advancing this strategic direction will also involve us improving how we measure the experience and impact of our services, programs and investments on individual clients and patients. Person-centred care still means different things to different people – developing more clarity about person centred approaches and measuring their impact will help us to learn what works and develop the funding, service and practice models that support effective care.

2. Local solutions

Where people live and spend their time affects their health and wellbeing. The conditions in which people are born, grow, live, work and age are intimately linked to place and recognised by the World Health Organisation as the major cause of avoidable and inequitable health conditions.

There is considerable evidence that accessing services closer to home, and being connected to a community, contributes to wellbeing.

Place-based and community-centred approaches to service design and delivery recognise that Victoria is too diverse for a 'one-size-fits-all' model to apply everywhere and for everyone.

Existing service configurations and infrastructure, long-term service and infrastructure planning, and cultural considerations need to be taken into account as we evolve service models.

However, finding local solutions does not mean simply letting 'a thousand flowers bloom'. Identifying the characteristics of similar communities and building evidence on the key features of effective journeys and service models will create opportunities to spread leading practice, while enabling meaningful local flexibility in the way funding rules, regulatory requirements and other mechanism are applied.

Place-based, or community-centred, approaches to advancing health and wellbeing also recognise that community cohesion, resilience and social capital can all contribute to improving health and wellbeing.

Alongside health and human services, urban planners, local governments, transport authorities, legal services, education services, employers, sport and recreation organisations and community groups all contribute to building stronger communities. The challenge for the world of formal care is to better connect with these broader actors to achieve large-scale social change.

Place-based approaches are particularly important where location itself is a clear risk factor – for example, in creating adverse environmental

health impacts, or making it hard to access jobs and services.

Some communities face seemingly intractable problems that cannot be solved by government acting alone. There may be a community need, or social challenge, that cannot be addressed by a single actor; where the services or actions required to address the problem are fragmented or disconnected; or where there is a need for innovation or new solutions and the problem is of significant enough scale to warrant joint commitment.

In these cases, we will adopt a collective impact approach based on rigorous measurement of agreed outcomes, and flexibility for local partners to experiment with models and resources.

Figure 1: The health of rural Victorians

On a range of indicators, Victorians living in rural areas are likely to be less healthy than those in the metropolitan area.
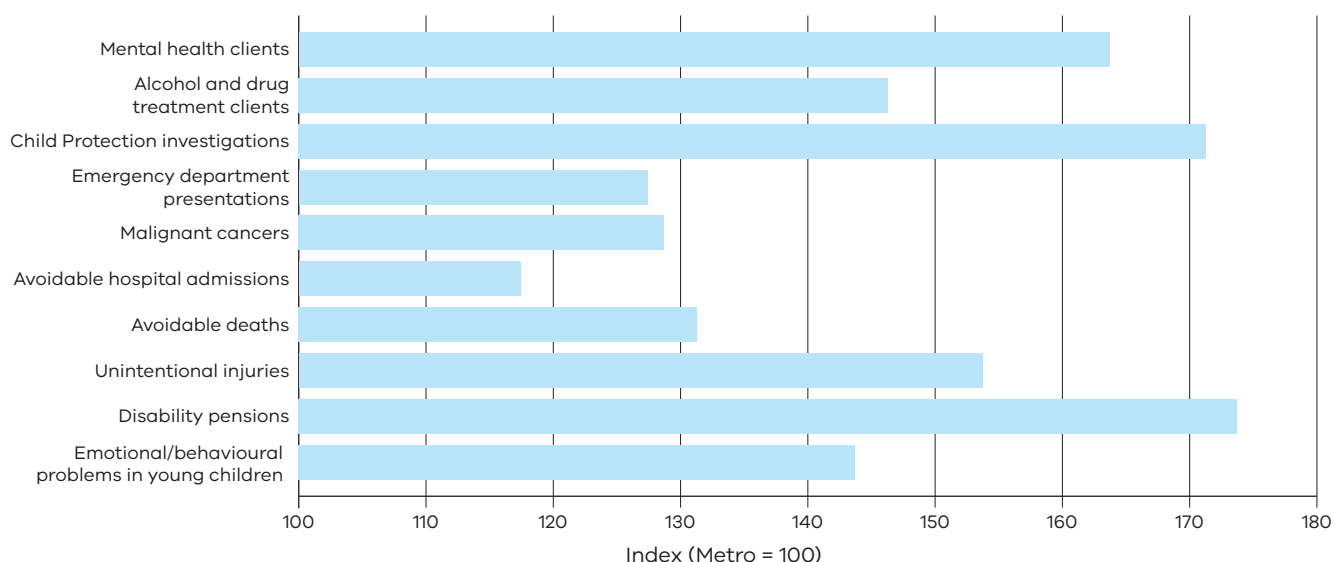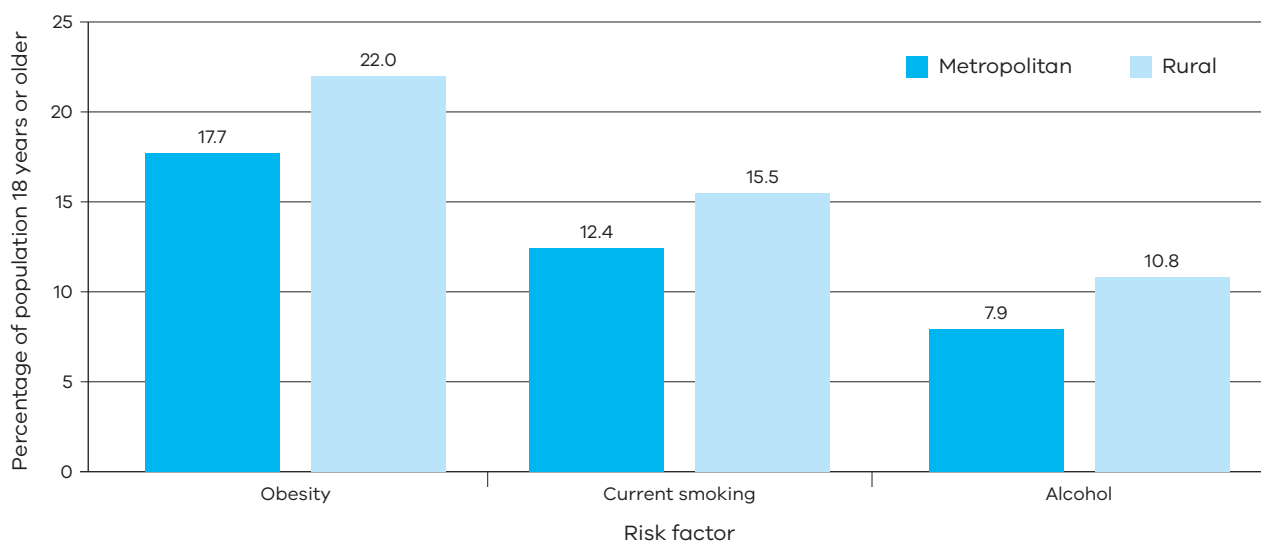

Figure 2: Poorer health and wellbeing is correlated with higher rates of lifestyle risk factors

Prevalence (%) of obesity[a], current smoking[b], and increased risk, weekly, of alcohol-related injury on a single occasion[c]

Data were age-standardised to the 2011 Victorian population.
[a] Obesity = Body Mass Index [Weight (kg) / Height (m^2)] ≥ 30 kg/m^2.
[b] Current smokers = Daily smokers + Occasional smokers.
[c] Increased risk, weekly, of alcohol-related injury on a single occasion [NHMRC (2009) guidelines].

Place-based approaches may be directed towards improving young people's pathways into sustainable employment in an area of high youth disengagement and unemployment. They might aim to develop sport and recreation infrastructure and programs to encourage physical activity and social connectedness. Or, a local collaboration may be focused on lifting population health outcomes – because there are high rates of obesity, high levels of family violence, or because large numbers of children are missing out on early childhood services.

Increasingly, state government agencies are collaborating and coordinating more effectively to respond to local needs. Agencies are using and sharing data more effectively – with each other and with other levels of government and community organisations – to discover which individuals and communities have the greatest needs and to coordinate responses.

The Victorian Government is establishing nine Regional Partnerships across regional Victoria, and six metropolitan partnerships. The objectives of this partnership approach are to reach more deeply into communities to identify common goals and priorities, and to give local partnerships a stronger voice and a direct pathway into decision-making processes.

Strengthening relationships between Regional Partnerships and other area partnerships will help to prioritise and mobilise Victorian Government resources to support local collaboration and can help prevent the need for more expensive, tertiary service interventions.

It is vital that the voices of community services, general practitioners, hospitals, carers, young people, parents, patients/clients and community leaders are captured through these partnership arrangements. The emerging primary health networks and disability local area coordinators will be important actors in future partnerships.

The department will engage collaboratively with these evolving partnership arrangements to build relationships, share knowledge and data on local need, and engage in joint local planning and activity built on an understanding of the social determinants of health and wellbeing.

3. Earlier and more connected support

Achieving health and wellbeing throughout people's lives requires health and human service systems that know and connect with people at every touch point, not just when they are sick or disadvantaged.

This means getting in early to prevent or address problems before they become too big, helping people build resilience to overcome challenges they face, and designing journeys to make our services easier to navigate for people. This strategic direction is focused on breaking down the barriers in how care is provided within and across sectors: for example between primary, secondary and acute health services, between health, education and social services, between justice and social services and between specialists and generalists.

It will involve clinicians and practitioners from different sectors working collaboratively to integrate needs and risk assessments, reduce fragmentation of services and care, and better design service pathways to connect people to all the services they need.

Our services will also recognise that people's needs change over time – they may go in and out of crisis, and our services will ease off as their clients' capabilities and control grow. A key focus of this strategic direction will be to support universal services to be more effective in identifying and responding to risk and vulnerability and more active in linking individuals and families to specialist services while maintaining their participation in education, health, physical activity and other basic supports.

More connected models of care will be backed by better digital infrastructure for information sharing among services and with our clients and innovative funding models. For example, new funding approaches will be explored to provide better continuity of chronic disease management and enable bundling of supports for vulnerable children and families, and victims, survivors and perpetrators of family violence.

4. Advancing quality, safety and innovation

This strategic direction affirms our commitment to advance patient and client safety, the effectiveness of interventions and the experience of the people relying on health and human services. Our focus will both be on narrowing the gap between the best and the worst, and raising the bar higher for everyone.

As funders, regulators and stewards of health and human services, we have legislative obligations on behalf of the community to assure that the professionals who work in our services and the organisations they work for are delivering safe and effective care.

We can provide quality and safety assurance by:

- ensuring that the people working in health and human services have the requisite qualifications and the people managing our services have the right mix of skills to ask the right questions and closely monitor the quality and appropriateness, including cultural needs, of care provided in their service
- better measurement and reporting of quality, safety and client/patient experience and outcomes data – so that we can pick up poor performance quickly and intervene. Providing clinicians, practitioners and their boards and managers with this data will inform their own improvement activities
- engaging clinicians and practitioners in the design and implementation of improvement initiatives and building a culture that puts quality and safety first.

We also have a duty of care to ensure the safety and wellbeing of the people who use our services. Implementation of child safety standards, the development of a reportable conduct scheme for employees of organisations working closely with children, an enhanced incident management and complaints mechanism, and improvements in national health regulation will be important to acquitting our duty of care.

This strategic priority will also involve us working with our partners to build a learning system by seeking improvements and innovations, evaluating what we are doing, spreading what works and reducing unacceptable variations in care and outcomes.

Better Care Victoria is an important health initiative aimed at discovering, developing and sharing effective innovations across the health system. Early learnings from Better Care Victoria will also inform approaches we will adopt to encourage, support and scale innovation across human services.

Well-organised data collected through the health and human services systems and from elsewhere can help us to target different population groups and track their progress towards better health and wellbeing outcomes. Information we collect can improve our understanding of the relationships between health, human services, and other government activities, the effectiveness of different ways of working, and the value for money offered by different interventions. Action research and evaluations also contribute to the evidence base for effective care in Victoria.

New technologies will continue to enable new ways of generating large amounts of information and supporting evidence-based decisions on treatments and interventions. Technological advances will also influence the provision of care – enabling easier information sharing necessary for earlier and more connected support and management of long-term conditions – including self-managed care and the provision of care closer to home. We need processes in place that enable our health and human services to make best use of emerging technologies.

6. Our priority actions

The following priorities will position the department to advance our strategic directions and make progress on delivering on our outcomes. They help us to capitalise on established and emerging evidence about what makes a difference in improving health and wellbeing, reducing disparities in access and outcomes, and responding to changing preferences, expectations and demand.

The nine priorities set out below will help to guide and frame the work of the department between now and 2019. These priority actions are not intended to be a comprehensive nor exhaustive picture of the department's work program. Rather these are the specific step changes required to deliver on our long-term vision.

We also regularly track our implementation of continuing election commitments and budget initiatives. And underpinning all of these, everyday our staff deliver critical services and value to Victorians through the health and human services system.

Priority 1: Support people to live healthier, more active lives and participate in their local communities

The future health and wellbeing of Victorians, Victoria's economic prosperity and the sustainability of our health and human services all depend on the improved health and wellbeing of our community.

We will work to prevent poor health and wellbeing through implementation of the *Victorian public health and wellbeing plan 2015-2019* and our participation in Regional Partnerships and Metropolitan Partnerships.

We will work with all levels of government and local communities to progress the conditions for good health and wellbeing and identify priorities for local action.

Key data and information to identify gaps and evaluate local work will be shared to empower communities and reduce health and social inequalities across the state.

Effective approaches to this must include targeted effort to address the particular barriers to participation associated with diverse gender and gender identity; cultural and linguistic background; faith; refugee status; Aboriginality; disability; and sexual orientation.

In 2016–17 we will:

- strengthen accountability for population health and wellbeing including:
  - in a first for Victoria, publishing an initial set of public health and wellbeing targets, outcomes and measures, for population health issues, such as smoking, obesity and HIV
  - developing and establishing shared accountability arrangements for population health outcomes across health services, Primary Health Networks, local government and other service providers – including a new healthy population indicator in health services' statements of priorities for 2016–17
- improve planning and governance of health improvement efforts including:
  - supporting local government to develop locally-based integrated place-based health improvement and participation plans, in partnership with key local partners
- boost preventative services and screening, including:
  - expanding smoking cessation, screening, respiratory nursing and other programs in the Latrobe Valley
  - rolling out community pharmacy vaccination for influenza and whooping cough
- develop and begin implementation of the Victorian state disability plan 2017–2020 to make it easier for all Victorians with a disability to participate as fully as possible in everyday life, including:
  - new scholarships for people with disability to participate in leadership courses
  - initiatives to support public and private sector employment for people with a disability
  - expansion of the Changing Place project, providing 15 new toilet facilities suitable for people with disability

- promote participation in community, including physical activity and organised sport, including:
  - support the development and implementation of a joint Ministerial statement on sport and education
  - invest in sports development initiatives that improve sector capability and encourage diversity, including strengthening delivery of the Premier's Active April
  - promoting the health and wellbeing of same sex attracted and sex and gender diverse people through the expansion of the Healthy Equal Youth program and other initiatives developed in partnership with the Victorian Government's Lesbian Gay Bisexual Transgender and Intersex taskforce
  - responding to the Commissioner for Senior Victorians' *Ageing is everyone's business: a report on isolation and loneliness among senior Victorians* by providing grants to seven rural local governments to develop projects focusing on age-friendly communities, and supporting the Commissioner to develop and encourage the adoption of tools to assist local community organisations to become more seniors friendly
  - with other departments, co-investing in strategically identified community sport and recreation infrastructure, to enable community connection, enhance liveability of our state and sense of place, and maintain our sporting reputation nationally and internationally
  - supporting participation of women and girls in sport and active recreation through an ambassadors program and guidelines on facilities planning and usage
  - issuing guidelines for Victoria's sport and active recreation sector to engage, recruit and retain women on boards and in senior management and volunteer positions

  - support women and girls' participation in sport through implementation of the recommendations of the 'women and girls in sport' review.

Priority 2: Empowering patients, clients and carers

The freedom to make decisions that affect our lives is a fundamental right that each of us should enjoy. Exercising control supports self-esteem and preserves dignity and human rights. Research shows that users of health and human services highly value having control over their life. Having greater confidence and self-esteem is connected with being better equipped to deal with life situations.

This will only happen when all health and human services recognise that people's own life goals are what count; that services need to support families, carers and communities; that promoting wellbeing and independence need to be key outcomes of care; and that the people who use our services, and their families and carers, are often 'experts by experience'.

Victoria is well placed to extend individual and family decision making in service delivery – having led the adoption of client-directed care for Victorians with a disability prior to the NDIS.

Our next steps will be to expand client and patient control within all of our services – by improving the information to which people have access, supporting people to manage their own health and increasing the direct control people have over the care that is provided to them.

In 2016–17 we will:

- develop and extend service funding and models of care that empower patients, clients and carers, including:
  - supporting clients to transition to the NDIS, starting with the North East Metropolitan area from 1 July 2016 and people on the Victorian Disability Support Register with an urgent need for supports
  - managing the transition of Home and Community Care (HACC) services for older people to Commonwealth management as part of the transition to the NDIS
  - empowering patients and families to make decisions on end-of-life care and access palliative care earlier by rolling out of advance care planning across health services, and legislative reform in line with the 2014–2018 *Advance care planning: have the conversation* strategy and *Victoria's end of life and palliative care framework*
  - increasing access to flexible, individual funding packages for victims and survivors of family violence, and children in out-of-home care
- support engagement and better information for shared decision making including:
  - implementing the *Assisted Reproductive Treatment Amendment Act 2016*, so all donor-conceived people have the same rights to access information about their donor
  - implementing an easy-to-use tool enabling health practitioners to understand the health literacy level of their patients and tailor their communication and information to meet their needs.

Priority 3: Build the capacity of universal services to better respond to risk and vulnerability

Our strong universal services are vital for giving all Victorians the best possible start in life, and supporting them to maintain good health and wellbeing. We will build on these foundations to ensure that our universal services reach those who fall between the cracks and respond with effective, tailored support when it's needed.

We will develop tools and workforce strategies to equip our health services to take a whole-of-person and whole-of-family approach that picks up underlying problems as soon as possible, and better meets the health and wellbeing needs of diverse population groups.

We will also work with our colleagues within the Department of Education and Training to build the capacity of universal early childhood services to better respond to vulnerable children and families. Our system will work together to maintain participation in education, early childhood and maternity services because that is key to both reducing stigma and improving long-term outcomes.

For children and young people especially, our goal is for seamless combined supports from health, education and care.
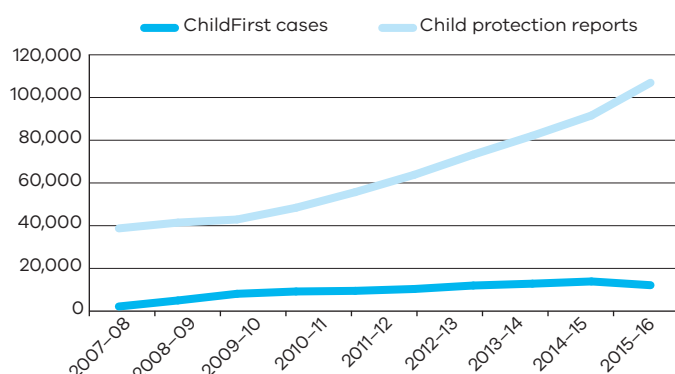
In 2016–17 we will:

- support early identification of risk and need within universal services through:
  - developing a new local operating model for the Department of Health and Human Services and the Department of Education and Training that supports shared information and effective response for vulnerable children
  - redeveloping the family violence risk assessment and risk management framework
  - rolling out a whole-of-hospital model for responding to family violence in 13 health services.
- build skills and capacity of universal services to respond to risk and vulnerability including:
  - establishing the Centre for Mental Health Workforce Development, which will improve access to learning and development opportunities to build the skills of mental health workers across the state
  - promoting participation in the new men's health online training for health professionals to address currently low levels of male engagement with health services

Priority 4: Increase earlier intervention

We will shift our orientation toward earlier intervention, working harder when early warning signs first appear. That may be early in age – bringing clinical expertise to bear when assessing early childhood development – or early in the progression of a problem such as heart disease, mental illness, disengagement from education, youth crime or family violence.

Inevitably, earlier care will not be provided only in hospitals or residential care but closer to where people live and work. This will require changes to our service model, workforce and funding models.

Figure 3: Trends in secondary and tertiary children's services

Referrals to child protection have increased significantly over the last decade. Intervening earlier to assist vulnerable families could reduce the demand for later, more intensive interventions.

In 2016–17 we will:

- work with the Children's Court and providers to design and roll out a statewide youth diversion initiative
- expand intensive early intervention services for pregnant women, children and families including:
  – working with the Department of Education and Training to develop an intensive early childhood support service to expand current supports and consolidate best practice from existing programs: Cradle to Kinder; Healthy Mothers, Healthy Babies (Department of Health and Human Services) and right@ home (Department of Education and Training) ensuring that these programs connect to universal platforms of antenatal care and maternal and child health
  – trialling the evidence-based Caring Dads program, which provides parenting support to fathers who have exposed their children to family violence or are at risk using family violence, in three areas. An evaluation of the three trial programs will determine the effectiveness and suitability of these programs in the Victorian context
- commence evidence-based suicide prevention programs funded through the 2016–17 Budget, including:
  – improved follow-up community-based support in six local areas
  – place-based suicide prevention approaches across six local government areas.
- conduct pilots in West Heidelberg and Norlane, based on the UK Doorstep Sports model, to encourage participation in sport and recreation. This will include evaluating the pilots and comparing results with voucher programs in other jurisdictions to then inform future approaches.

Priority 5: Reduce waits for health and human services

Waiting times for help or treatment are key drivers of community confidence in the health and human service system. Demands, and drivers of demand, are growing in health; child protection; housing and homelessness; and family services.

Having to wait for needed healthcare and services also increases the risk that people's health status or living circumstances will deteriorate, driving higher-cost care and compromising long-term outcomes.

First and foremost, we will invest in greater capacity where it's needed so that supply matches unmet demand. This investment will be complemented by work in other priority areas to reduce demand through early intervention and better managing waiting lists to ensure equity in service delivery.

In 2016–17 we will:

- build capacity and develop new service models to meet demand for critical services, including:
  - delivering growth funding to reduce elective surgery waiting times, timely access to services and responses to mental health demand
  - managing the delivery of a new $50 million plan to provide rapid housing assistance to victims of family violence
  - providing investment to support Ambulance Victoria to implement changes to its dispatch grid to provide a faster response to patients experiencing a life threatening emergency in line with *Victoria's ambulance action plan*
  - working with the community housing sector and other stakeholders to expand access to social housing, community housing and private rental options that meet short and longer-term need
  - providing targeted investment to reform specialist clinic services and reduce the time to first appointments

- improve sustainability of service access through policy and funding reform, including:
  - supporting the negotiation and agreement with the Commonwealth and other jurisdictions of reforms to decrease avoidable demand for public hospitals, including pricing for quality and safety and coordinated care for chronic disease
  - working with the Commonwealth and other jurisdictions to ensure sustainable funding, especially in health and homelessness
  - facilitating implementation of the recommendations of *Victoria's Ambulance Action Plan* and providing targeted investment for initiatives, such as new models of paramedicine in rural communities, so that ambulance services are better aligned with community need
  - implementing a demand management plan at Thomas Embling Hospital to reduce the number of prisoners waiting for involuntary care
  - rolling out the first year of Better Care Victoria improvement projects.

Priority 6: Make it easier to access better connected care

The traditional divide between primary and community care and between community services and hospitals is increasingly a barrier to the personalised and coordinated care many Victorians need.

Increasingly we need to manage systems, or networks of care, not just a funding or regulatory arrangement with an individual organisation. Services need to be integrated around clients and their families and carers.

We need to learn from emerging models of integrated care not just within Victoria, but across Australia and internationally. As we introduce new integrated care pathways and models we need to evaluate them carefully to determine which produce the best experience for our clients and the best value for money.

In 2016–17 we will:

- strengthen coordinated care for people with chronic disease and care for older clients with complex long-term conditions in home-based and residential aged care, including through roll out of the HealthLinks at selected national sites and support for development of Health Care Homes initiative
- support implementation of Support and Safety Hubs including a new model of navigation support for clients across services, based on designs developed across government and with sector partners
- commence redevelopment of family violence refuges to enable the provision of contemporary service responses
- implement the first five Supercare Pharmacies, providing better access to timely health and illness advice, support and treatment, closer to home
- engage with the Department of Justice, courts, perpetrators and service providers to improve men's behaviour change programs and link these to services for alcohol and drug abuse and mental illness
- work with the Department of Premier and Cabinet, Department of Education and Training and Department of Justice and Regulation to implement workforce strategies that support the family violence industry plan, NDIS, Roadmap for Reform, health reform and other key initiatives, to provide earlier, more connected and person centred services
- introduce a new statewide housing register to unify multiple waiting lists for social housing and make it easier for Victorians to access housing vacancies
- deliver elements of Stage 2 of the *Ice action plan*, including providing training to health and human service workers who may have contact with people who are affected by ice, and expanding the Aboriginal Ice Partnership Pilot to support Aboriginal people with alcohol and drug issues.

Priority 7: Improve Aboriginal health and wellbeing

The department will strengthen its focus on better health and wellbeing outcomes for Aboriginal people and communities. We will work with our partners to develop the Aboriginal health, wellbeing and safety strategic plan that will set out the policies, programs and services that the department provides and how these services will work to improve health and social care outcomes for Aboriginal people in Victoria.

These efforts will reflect a commitment to self-determination and the enhancement of Aboriginal community capacity, and will direct more targeted investment and planning

In 2016–17 we will:

- work with Aboriginal community-controlled organisations to:
  - develop an Aboriginal engagement and partnership framework in consultation with Aboriginal communities and organisations to guide how we listen to, learn from and work with Aboriginal people in all aspects of our work
  - develop a social and emotional wellbeing and mental health strategy to support strong and resilient communities
  - develop an Aboriginal health and wellbeing 'report card' that includes outcome targets/measures that align to whole-of-government indicators, and report progress to Aboriginal communities.

- establish an Aboriginal transition team to support Aboriginal organisations to assume greater responsibility for Aboriginal children involved with child protection and out-of-home care. The team will work with Aboriginal organisations to develop plans and identify the supports required to:
  - deliver cultural planning, Aboriginal child specialist advice and support and Aboriginal family led decision making services
  - receive authorisations to perform the functions, and exercise the powers of, the Secretary in respect to Aboriginal children under section 18 of the *Children, Youth and Families Act 2005*
  - receive case management targets for Aboriginal children in out-of-home care, including through additional contracted kinship care targets
  - deliver more Targeted Care Packages
  - support Aboriginal organisations to strengthen Aboriginal home-based care, including recruitment and support of Aboriginal foster carers
- work with Aboriginal and mainstream health services to:
  - improve access to culturally appropriate maternity care and support to manage the risks experienced by Aboriginal mothers and babies in Victoria
  - improve Aboriginal cardiac outcomes through implementation of the design, service and infrastructure plan for Victoria's cardiac system.

Priority 8: Support better, safer care

Victorians expect that we will use our position to ensure that our services are as effective as they can be and do not harm the people they are meant to help.

This will require different approaches across our business and different streams of care – standardising processes and pathways to reduce unwarranted variation in areas where evidence is clear; supporting rapid learning and evaluation in areas where it is not.

Safe, quality care is also about ensuring that services are responsive to the needs of clients from diverse communities and provide a culturally safe environment.

Across our business, we will improve reporting of both processes and outcomes to ensure that we know where improvement needs to occur.

We will work with boards, managers and clinicians to strengthen standards and systems, including for reporting of risks and adverse events.

We will support and strengthen governance of our services, ensuring the right people and skills are on boards and will strength connections and networks – between the department and funded services, within the sector and with frontline practitioners.

We will make best use of our data and information, with more benchmarking and information sharing, and careful use of incentives to drive better practice.

In 2016–17 we will:

- deliver safer and more effective care through spread of new models, including:
  - commencing implementation of real-time prescription monitoring to reduce avoidable deaths from misuse of prescription medicines
  - working with young people to develop new residential treatment model of care for vulnerable children
  - enabling safe access to medicinal cannabis, by implementing safeguards such as the Office of Medicinal Cannabis and Independent Medical Advisory Committee
  - engaging with community members to co-design the expansion of the Monash Health transgender service and work towards a comprehensive statewide service model for transgender health
  - reviewing arrangements for the provision of language services across the health and human services sector, in line with the whole of government review of language services procurement, to ensure that clients have access to quality interpreting and translating when required
- embed a service culture, including improving complaints handling, by:
  - implementing the *Health Complaints Act 2016*, which will establish a new Health Complaints Commissioner with stronger powers to protect the public and deal with unethical, incompetent or impaired unregistered health practitioners
  - establishing an independent complaints process, training, and performance indicator for bullying and harassment in the health sector, and work with an advisory group and the sector to develop tools to tackle these issues
  - refreshing departmental complaints handling processes to provide more timely and integrated responses, maximising feedback about opportunities for improvement in person-centred services and care and advancing quality, safety and innovation

- strengthen system governance, oversight and monitoring, including:
  – elevating the profile and stewardship of healthcare quality and safety in Victoria to lead system-wide quality and safety improvement
  – addressing the current fragmentation of system oversight responsibilities across the department by finalising a health and human services oversight framework. The framework will provide clarity about the processes and mechanisms to effectively supervise, regulate, evaluate and improve performance of health and human services so that accountabilities are clear, critical risks are effectively anticipated and responded to and a culture of continuous improvement, challenge and innovation is promoted
  – developing and implementing a suite of resources, tools and training for health service boards (including public health services, public hospitals and Ambulance Victoria) to support good governance and build board clinical and financial capability
  – supporting the Victorian Commission for Children and Young people to roll out child safety standards, introduction of new enforcement mechanisms and a new reportable conduct scheme for human services
  – designing and implementing a new incident reporting systems for health (including occupational violence and patient feedback) and human services (including for people in care and victims of family violence)
  – implementing the quality and safeguarding working arrangements for transition to the NDIS from 1 July 2016
  – developing a performance monitoring framework for sport and recreation trusts
  – updating the health service performance framework to strengthen the focus on quality of care, patient safety, and risk management in Victorian health services

- strengthen quality standards and regulation including:
  – implementing mandatory qualifications for residential care staff and rolling out appropriate training
  – implementing a risk-based approach for registration, monitoring and enforcement of supported residential services, including improvement of business processes and financial monitoring
- expand incentives for high quality health care through and pricing approaches to lower the incidence of hospital acquired conditions and avoidable re-admissions.

Priority 9: Planning together for the future

Our department is a system manager for health and human services. We must plan effectively for both how services work together as well as clearer delineation of roles and capability – which services are delivered where, based on a balance of safety and access, and to what level. In some cases, critical gaps in capacity must be filled to avoid critical delays in access to services like elective surgery or housing.

Our service system also needs to be sustained for the future, so that infrastructure does not compromise service delivery as it ages. This planning will take place together with our clients, partners and stakeholders and within the place-based planning framework being established by government. Our department will contribute critical data for new Regional Partnerships as they bring together all levels of government with community partners to plan local efforts. Planning to meet the future sport and recreation needs of the growing and diverse Victorian population will be critical, and will require working together with industry stakeholders, government and community to ensure that we can support a sustainable sector.

Our planning efforts are not only about matching supply and demand. Reforms flowing from the Royal Commission into Family Violence, the Roadmap for Reform, NDIS transition and social housing and homelessness, have the potential to radically improve outcomes for those who depend upon our services. But there are also risks, if significant change is not planned, and if our reforms are not considered together with other changes in our funding and policy environment.

At a broader level, the department and government must help shape the market that exists for health and human services care to ensure that providers (including our own department in some areas) deliver better outcomes. We will review and develop incentives and barriers for providers to deliver the range of services our clients need. We will improve transparency and information for consumers, providers and commissioners of services to support shared decision making wherever possible. We will work with other employers, education providers and other departments to confirm timing and interdependencies of reforms, and what that means for demand and supply of key roles in the workforce, as well as new skills and roles that will be required.

In 2016–17 we will:

- develop with other departments and sector partners, long-term industry plans for human services sectors, addressing organisational and workforce requirements of combined reforms including a 10-year plan for prevention of family violence, NDIS transition, Roadmap for Reform, aged care and social housing reforms. Specific actions will include:
  - working with the Victorian Skills Commissioner on training and development of disability workforces
  - supporting the Department of Premier and Cabinet to develop a family violence industry plan
  - supporting aged care providers to transition into the national aged care system, including preparing for new assessment processes for clients, establishing a sector development and change management framework and team, establishing regional development officers in each region of Victoria
- address the current mismatch of hospital capacity and infrastructure to patient demand, with the first statewide service plans for cardiac care, maternity, mental health services and surgery and local area plans in the growth corridors (west and north) and the south-west Victoria plan
- complete health service infrastructure expansions as scheduled, to boost capacity and ensure high quality care

- using co-design principles, develop a three-year sport and recreation strategic framework with a focus on the following key elements of the sport and recreation system: events, high performance, grass roots participation and infrastructure
- develop a strategy for high capacity stadiums that plans for the changing nature of participation in sport, cultural pursuits and major events.

Common purpose and values

7. Enablers of success

The department's ambitious reform agenda will not succeed without key enablers.

These include effective corporate and business systems that both ensure our continued accountability to our ministers and the Victorian community, and inform and support the reform program outlined in this strategic plan.

We need to roll out new approaches to program and system management.

We need to make best use of available data and evidence, and reflect these in plans for the services and system we help lead.

With the release of this plan, we will actively involve all staff in aligning the department's future operating and business model to our changing operating environment.

Our most important enabler is our people. We need to be united by a common purpose – the direction set out in this this strategic plan – and our agreed common set of values and behaviours. We need to be a high-performing organisation with a culture of excellence and collaboration.

Leadership

We will build a stronger leadership culture in the department by increasing accountability to meet both current and future demands. Our executive – both individually, and as a collective – has signed up to an agreed non-negotiable set of principles which guide leaders in the context of:

- a strong reform agenda for the department
- the department's priorities in delivering the best outcomes for its clients and people.

We will also work with other departments to develop our future leaders and build capability of staff at all levels to lead change.

In 2016–17 we will:

- embed the *Leadership charter* in executive performance plans to ensure accountability for leadership commitments
- continue a focus on our leadership approaches, aligned with whole of government leadership work, to ensure that our leaders at all levels are equipped to respond to upcoming strategic imperatives.

Co-design and engagement

All of our reforms must be guided by the interests of clients and patients, by their experience of our service system, and their preferences and aspirations about how it should work.

We will develop the capability of our own staff and our partner agencies to work with clients, families and communities on policy and program design.

We will also engage frontline practitioners to improve system and agency performance.

We will share performance information with the people who know best what to do about it, and build a shared understanding of system challenges among clinicians and practitioners, managers and the department.

Our new service models will be supported by a new approach to engagement. Design and testing of solutions and implementation will be conducted jointly across government wherever necessary, drawing on the experience of people whose needs traverse departmental boundaries and making best use of the advice and expertise of sector partners and service users.

Our workforce, and the sector workforce more broadly, will be supported to deliver new models.

We will tackle barriers to change within government, such as legislation and funding models.

We will learn from the Hazelwood Mine Fire Inquiry to be able to plan, adapt and learn together with local communities so that our reforms build on community strength and deliver change for those who need it most.

In 2016–17 we will:

- establish the Latrobe Valley Health Assembly, to enable the local community to drive new ways of integrating, coordinating and delivering services to the Latrobe Valley
- implement the *Youth policy; building stronger youth engagement in Victoria*, including new and innovative methods to strengthen the voice of young people in government policy development
- work with service users, other departments and service providers to co-design Support and Safety Hubs, service networks and navigation services, and, based on the agreed roll-out strategy in the statewide family violence action plan, work with local agencies to plan and support local implementations
- Develop and implement a refreshed 'Partnering in health care' policy to address equity barriers and improve consumers' participation in their own health care and in the design, delivery and governance of health services
- engage sector and service users on the design of new service models such as residential treatment for young people in out–of-home care; flexible funding packages for vulnerable children and families; victims of family violence who require housing and other supports; and other vulnerable groups with multiple needs
- commence implementation of the occupational violence strategy for Victorian health services, including core training for staff, a community awareness campaign, and mandated board-level completion of education.

An operating model that supports our mission and strategic directions

The department's structure and operating model – the things we do and how we do them – are critical enablers to achieving our mission. An Organisational Redesign team has been created to design an operating model and structure for the future department that will ensure our success beyond the transition to the NDIS and post the implementation of reforms across the health and human services system.

The design will be informed by the knowledge and expertise of departmental staff and other stakeholders, as well as by analysis of a range of relevant data about our processes, funding distribution and needs of clients.

In 2016–17 we will:

- design the future operating model and structure for the department and clarify the department's roles as funder, regulator, provider and steward of health and human services
- conduct a full-scale review of the functioning and resourcing of the Chief Health Officer under the *Public Health and Wellbeing Act 2008*.

People and capability

Our organisation's culture and our workforce capabilities are critical enablers of the department's strategic direction.

We are working to build the technical and behavioural capabilities of individuals and our organisation so that we have the sufficient skills and knowledge to meet our current and future challenges.

In preparation for organisational transformation, we have focussed initial work on 'no regrets' capabilities such as collaboration and accountability.

The *Aboriginal employment strategy 2016–2021* will equip the department to better support aboriginal communities by improving Aboriginal participation in the department's workforce and develop a culturally safe workplace for all staff. The strategy will aim to achieve better outcomes for clients and families through a workforce that is diverse and is representative of the community.

In 2016–17 we will:

- implement actions from our new Aboriginal employment strategy, including:
  - increasing attraction and retention through programs that foster development and mobility such as secondments
  - developing a talent pipeline to attract increasing numbers of Aboriginal candidates through initiatives including graduate recruitment; secondary and tertiary scholarships; targeted internships; and sector-wide cadetships
  - implementing a secondment program for VPS 5 and 6 staff to gain an experience in other organisations
  - co-designing development programs with the Aboriginal community-controlled sector to increase Aboriginal candidates into sector workforce and leadership roles
- develop and implement an occupational health, safety and wellbeing strategic plan to embed a culture of 'safety always' across the department's workforce
- implement a bullying and inappropriate behaviour action plan based on data from focus groups, 2016 People Matter survey results and input and oversight through the joint Department of Health and Human Services / Community and Public Sector Union / Health and Community Services Union working group
- develop a people strategy that has a focus on building our emerging leaders and capability development to align our workforce to the strategic priorities of the department
- promote safety and inclusion of LGBTI staff through the department's Pride Network, via a range of initiatives including training for allies, awareness and understanding
- renegotiate enterprise bargaining agreements with key workforce groups.

Information and systems

Digital technology and approaches are transforming both public administration and service delivery.

Our future workforce and clients will expect that they are able to engage with each other flexibly in new ways, with mobile access to health and care information previously tied to physical records and office locations.

Clients will access information to extend their control in service delivery.

Our staff will share information across the department to improve collaboration.

The department will invest to ensure that the department's core business systems and information and communications technology infrastructure are fit-for-purpose and sustainable. We will deploy information and communications technology investments and services to support achievement of the department's policies and programs in the health and community services sectors.

Our digital services will also be expanded, in partnership with Services Victoria, to automate functions and improve service user experience.

In 2016–17 we will:

- deliver a program of core business system modernisation, infrastructure upgrades and improvements in cyber security, including renewed intranet, document management and office computing systems
- deliver improved health information technology by supporting the roll-out of increased medical record capability, distributing the $10 million clinical technology refresh
- improve the transparency and public reporting of health service performance by expanding the core quality and performance metrics, production environments and tools for reporting and benchmarking service performance including a health service reporting portal
- deploy a range of multi-agency information sharing solutions to enable more person-centred and integrated services. For example, develop a new referral triage system for L17 notifications from Victoria Police and system to support risk assessment management panels
- develop a joint operating model with the Department of Education and Training, to include better data sharing at a state and local level, and support improved outcomes for families and children accessing services from both departments
- deploy business systems to enable better client safety and to support digital service innovation, including the creation of a new client incident management system and online housing application.

Data and evidence

Our focus on effectiveness and outcomes requires the department to improve the use of evidence and evaluation, both in policy development and in commissioning of services.

As well as improving our ability to identify and use published research, we will improve the linkage and use of data to generate new evidence.

We will form effective partnerships between academics, service providers and government to build a learning system and ensure that today's best practice does not become tomorrow's outdated model of care.

Patient and client-reported outcome measures are increasingly seen as providing a complementary perspective on outcomes, often capturing aspects that cannot be measured from administrative data.

We will commence systematic collection of this data and share it with service providers to assess the effectiveness of and outcomes from care.

Direct feedback from the patients and clients we serve – about their experience of care as well as outcomes – is a critical measure of performance of our staff and funded organisations, and can also provide vital information to guide the choices of others.

Integrating services to provide a person centred approach requires a greater understanding from existing datasets of the pathways of clients across a range of services to tailor interventions that more effectively address their needs.

We will also explore whether our data can identify clients at the earlier stages of the pathway before issues and service use escalate.

At an operational level, our department and funded organisations will develop safe ways to share data on common clients to improve services.

In 2016–17 we will:

- publish the first mental health annual report
- establish an evaluation and research knowledge bank, improve procurement processes and standards
- commence an investment approach to measure the social impact of our work, including mapping of pathways for key cohorts
- publish an initial evidence based menu for child and family services and commence implementation across the system, to strengthen the quality and more effectively target service provision
- implement selected International Consortium for Health Outcomes Measurement sets at one site each, and prepare for rollout and extension of patient reported outcomes measures to other conditions and sites
- expand surveying of patient experience to new settings and health care services
- work with Victoria Police and the Victorian Crime Statistics Agency to combine data sets and better understand, and design earlier interventions for, youth at risk of criminal offending
- roll out regular surveys of children and young people in out of home care to measure and improve outcomes of care.

Good governance, integrity, planning and risk management

The department is committed to good governance and maintaining integrity in our culture and processes, and to effectively plan for and manage risks. These include the department's Executive Board committees and oversight of reform activity and performance of core functions.

The department has an integrated planning and resourcing cycle. This work helps us to plan our strategies, policies and services, assess our effectiveness and efficiency and implement our knowledge and learning when we plan and when we design new service and programs.

In 2016–17 we will:

- consolidate and embed our quarterly risk management cycle and integrated planning and resourcing cycle
- consolidate and embed an integrity system to detect and protect the department from fraud, corruption and integrity issues supported by a culture of ethical leadership and behaviours
- implement changes to the *Freedom of Information Act 1982* that reduce processing times from 45 to 30 days
- implement the Victorian Government's diversity on boards commitment by working to ensure that appointments to all boards and committees reflects the composition of the communities they service in terms of gender, ethnicity, disability and other factors.

8. Next steps

This strategic plan describes our focus and ambition to support all Victorians to have the best health, wellbeing and safety possible at a time when demand is growing and needs are changing.

Measurable actions for 2016–17 will allow us to tackle disadvantage, build capability, promote inclusion, and realise opportunity.

Performance against key results will be monitored by the Executive Board on a six-monthly basis, to help us to assess what we have achieved, and the difference we have made. Results will inform future decision-making.

Department of Health and Human Services Strategic Plan