Department of Health and Human Services strategic plan
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Except where otherwise indicated, the images in this publication show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services.

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.

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The department proudly acknowledges Victoria’s Aboriginal communities and their rich culture and pays respect to their Elders past and present.

We acknowledge Aboriginal people as Australia’s first peoples and as the Traditional Owners and custodians of the land and water on which we rely.

We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches us.

We embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice.
Message from the Secretary
Our ambition is for all Victorians to be safe, healthy, and live a life they value. Our people work to ensure Victoria’s health and human services support these objectives – from our staff and clients, to the patients we treat, to the victims we protect, and to the communities we serve, our services are designed and delivered to be safe, accessible and efficient.

I am pleased to launch our strategic plan, which provides the department’s overarching approach to how we will support our communities, make a positive difference in people’s lives and deliver on the priorities of government.

Our plan outlines the key outcomes we are seeking to accomplish, how we will get there, and the actions of highest priority to achieve the greatest progress. This plan is the culmination of work across the department to determine how and where we can have the most impact for Victorians and Victorian communities. We have put deliberate effort into this work, as well as our work to manage our costs, build capability and leadership, and put into practise our commitments to inclusivity.

Our priorities in this plan represent a holistic approach to support Victorians to live a life they value. We all have a part to play, and aligning our professional efforts to deliver on the government’s commitments, key initiatives and major reforms is crucial to realise this long-term vision. As we implement our initiatives, we must do so in the context of achieving the best health and wellbeing we can for the communities we serve.

This plan cascades into divisional plans and agency plans, with each offering more detail about our projects, commitments and day-to-day work. This suite of documents will guide our work and reaffirm the direction and purpose of roles here in the department. From corporate to operations, service delivery to policy, we all have a part to play.

Our plans are not just academic insights, but practical actions to deliver – actions we all need to own and drive, so we can set our communities up for success, break cycles of disadvantage and promote the health and wellbeing of all Victorians.

In this plan, we detail the strategy, approaches and priorities that reflect the commitments the government has made and the actions designed to progress our key results. The plan reaffirms the behaviours and values we will adhere to, and the aspirations we share with our clients and patients, our staff, and our partners in service delivery.

You will read about our commitment to using data ethically to derive insights; our partnerships and initiatives to build, share and embed evidence in how services are designed and delivered; and practical ways we are supporting local solutions and innovations, while facilitating system-wide improvements.

We know we cannot achieve the outcomes we strive for alone. Throughout our plan, you will see the myriad of partners who are critical to delivering on our priorities – inside and outside government. Our most important partners are the communities, clients and patients we serve. All our actions are underpinned by an unwavering commitment to promote self-determination and cultural safety, and to put an end to stigmatisation and discrimination. We are on a journey to discover how best to capture and empower the voices of the people who use our services – so that they are active partners in their own care, but also so their experiences and preferences shape our improvement efforts.

To deliver on this plan, we will continue to invest in growing our internal capabilities and continue to deepen our connections with service partners and within local communities.

And we will support staff to do this by emphasising employee wellbeing and giving more opportunities to work across the Victorian Public Service to share knowledge and build experience.

We are making important changes to how we work and to ensure we have the capability and capacity to deliver the supports and services Victorians deserve. In navigating this transformation our planning, actions and priorities will continue to be guided by the best interests of staff and clients.

In other words, we will keep putting people first.

Kym Peake
Secretary
Our transformation journey

Since coming back together as the Department of Health and Human Services, we have made many changes to work more effectively and better align ourselves with government priorities. We have set a whole-of-department vision and strategic directions that are the foundation for all that we do. We have also made foundational functional changes, striking a balance between alignment with ministerial portfolios with cross-cutting accountabilities.

In 2017, we reorganised to better balance our operating model and:

- strengthen our operations in key areas, including child protection services
- better aligned program and policy responsibilities, particularly for Health and Wellbeing, Housing and Infrastructure, and Children and Families divisions
- consolidated our cross-cutting functions, for example in regulation and measuring outcomes
- focused on improving quality and safety
- embedded new ways of working to support continuous improvement and targeted services.

Since then, we have continued to emphasise our:

- commitment to excellent service delivery
- leadership role in working with service partners to build and apply evidence to the design of new models of service delivery
- stewardship responsibilities for the performance of service systems.

We have been progressing new ways of working to improve how we do things. We have created an innovation program that promotes a ‘culture of possible’. We have set up a dedicated customer support function and customer promise to guide our corporate services. Dedicated, internal consultancies, including for strategic projects or change management, now allow us to do more core work ourselves.

It also means investing in people, including policies around inclusion, creating positive workplace culture and implementing our All roles flex policy.

New technology, such as Office 365 and the productivity centre, is making it easier for people to do their work and make a difference in the lives of our clients, patients and victim survivors.

This is not just change for the sake of it. There is clear purpose for this work.

It is driven by an aspiration to build a learning organisation that translates evidence and client voice into better services – services that are delivered in and connected to the local communities we serve.
A learning organisation is flexible, adaptable and agile. It can respond to changing client needs and government priorities. It innovates to find new ways to design and deliver services that improve outcomes.

The key focus of transformation towards this sort of organisation is to further develop our new ways of working and take them to scale across the organisation to set ourselves up for success.

Our fundamentals do not change. Our vision and strategic directions set out in this plan guide us. And we maintain our focus on people, including secure employment, career development and effective people and performance management.

We will only realise our aspirations for our department by putting people first – our clients, patients and victim survivors and our staff.

To make this an organisational reality, our refreshed strategic plan includes a focus on developing the behaviours, capabilities and ways of working that will create this kind of organisation.

This means:

- applying our existing focus on improving the lives of our clients to ourselves, our organisation and how we design services and systems. We must broaden evidence-based improvement and client voice across our steward, system manager and delivery functions. Just as Safer Care Victoria has improvement in its DNA as an organisation
- taking how we collaborate in emergency responses to the way we work across the department and other government departments and with our other partners in local communities – including funded providers and other levels of government – so we are better able to serve people where they live
- having a greater focus on lifting capabilities, including investment in core capabilities to enable all our people to use data/evidence to adapt programs, implement better designs and improve outcomes
- changing how we organise our continuing functions and project work to become a more responsive organisation that can respond more quickly to changing government and other priorities, evidence and community needs.

All the while continuing to be curious of mind and generous of spirit.
How to read this plan

- Our **strategic context** outlines the major trends, challenges and opportunities that shape and influence our work.
- Our **strategic directions** explain how we will design, implement and operate our services to respond to these challenges and opportunities.
- Our **outcomes framework** articulates the **outcomes** for Victorians for which we are responsible, and the **42 key results** by which we will measure our efforts.
- Our **39 priority actions** represent the most significant reforms, initiatives and programs we are committed to delivering over 12 months that collectively will result in a step change improvement to the outcomes.
- Our **nine enabling actions** are what we will deliver to enable the successful implementation of our priority actions.

The above forms our strategic planning framework.
Our ministers

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

Jenny Mikakos MP
Minister for Health
Minister for Ambulance Services

Martin Foley MP
Minister for Mental Health

The Hon. Richard Wynne MP
Minister for Housing

The Hon. Luke Donnellan MP
Minister for Child Protection
Minister for Disability, Ageing and Carers

The Hon. Gabrielle Williams MP
Minister for Prevention of Family Violence
### Our strategic planning framework

The following table outlines our high-level strategic planning framework. We aspire for all Victorians to be safe, healthy and able to live a life they value. To be successful, we need to focus on our outcomes for the Victorian community and advance our organisation to achieve our goals.

<table>
<thead>
<tr>
<th>Our vision</th>
<th>To achieve the best health, wellbeing and safety of all Victorians so that they can live a life they value</th>
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| **Our values** | Respectful  
Integrity  
Collaborate  
Care for people, families and children  
Accountable  
Innovative |
| **Departmental domain** | Victorians are healthy and well  
Victorians are safe and secure  
Victorians have the capabilities to participate  
Victorians are connected to culture and community  
Victorian health and human services are person centred and sustainable |
| **Strategic context** | Changes in the needs of Victorians  
The value imperative  
Towards new models of care  
Co-design, shared decision making and self-determination |
| **Strategic directions** | Person-centred services and care  
Local solutions  
Prevention and earlier intervention  
Advancing quality, safety and innovation |
| **Our outcomes** | Provides further detail on our progress on achieving our key results and what we are striving towards |
| **Our key results** | Provides high-level feedback on our progress on key results and measures |
| **Our actions** | Priority actions  
Enabling actions |
| **Our measures (outcomes/output)** | Provides evidence of how we are tracking as a department, including the People Matters Survey and performance measures |
About the Department of Health and Human Services

The department is responsible for developing and delivering policies, programs and services that support the health, wellbeing and safety of all Victorians. We take a broad view of the drivers of good health, the causes of ill 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 centre of policy making, service design and delivery.

The department provides stewardship of the systems and outcomes in health and human services. The department advises and leads the delivery of many of the government’s major reforms such as:

• the prevention of family violence
• the Royal Commission into Victoria’s Mental Health System
• the implementation of strategies to address the challenges in homelessness services and social housing
• building the capability of vulnerable children and families to break the cycle of intergenerational disadvantage
• strengthening the safety, quality and accessibility of our health services.

On 1 January 2019, the department was affected by several machinery-of-government changes. The department took over work from the Department of Premier and Cabinet relating to the competitive, commercial process to transfer government-delivered National Disability Insurance Scheme (NDIS) services to the non-government sector. Maternal child health and early parenting moved from the Department of Education and Training into the department’s health portfolio. Sport and Recreation Victoria moved to the newly formed Department of Jobs, Precincts and Regions, and the Office for Women and Office for Youth Affairs moved to the Department of Premier and Cabinet to be part of a new division called Fairer Victoria.

The department continues to remain focused on achieving the best health, wellbeing and safety for all Victorians. Our central divisions are structured to lead policy development, service and funding design and system management, as well as provide strengthened whole-of-department functions to support the delivery of the department’s responsibilities. Our Victorian Health and Human Services Building Authority manages a portfolio of over $23 billion in assets and additionally nearly $4 billion in the pipeline over the next five years, and our four operational divisions oversee and coordinate the delivery and funding of services and initiatives across 17 areas of the state.

Our three portfolio agencies – Safer Care Victoria, the Victorian Agency for Health Information, and Family Safety Victoria – ensure that we maintain a dedicated focus on driving quality and safety improvements across our health services, and strengthen specialist service responses to women, children and perpetrators of family violence.

We fund approximately 2,000 organisations to deliver vital health and human services care. We also directly deliver services in our own right, with many provided to the community through our operational divisions. We partner with other parts of the Victorian public service, federal and local governments, non-government organisations and communities to build community infrastructure capacity, participation and resilience.

The combined effort of our department and our partners working together drives 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, family vulnerability and disability.
We know that all Victorians will come into contact with health and human services at some point in their lives, and that there are critical links between wellbeing, economic prosperity and social inclusion. We also know that active and engaged Victorians have better long-term health and wellbeing outcomes, and that vibrant, inclusive and cohesive communities are best able to adapt to demographic, social and economic change.

By working together, we strive to build stronger functional, policy and service delivery connections to support the health, wellbeing and safety of all Victorians, no matter what their personal circumstances or stage of life. Working together also allows us to leverage our collective resources and relationships to empower patients and clients to be partners in their own care and to recognise the power of self-determining communities.

Key facts about our department

- Annual budget 2019–20: $25.6 billion
- Total number of health services: 86
- Number of funded agencies: ~1,200
- ~10,000 staff across 59 sites as at the end of June 2019:
  - 4,900 direct service delivery
  - 4,650 policy, program and corporate support
  - 450 Administrative Offices
- Capital portfolio:
  - ~$23 billion health assets
  - ~$25 billion housing assets
- Social housing:
  - ~65,000 public units
  - ~20,000 community units
  - ~2,000 Indigenous community units
- Legal matters:
  - ~24,300 Children’s Court applications
  - ~2,400 Other legal disputes a year
- 85,465 Number of communicable disease notifications in 2018
- 52,218 Total number of drug permits issued in 2018
- 63% Percentage of women in executive roles in the department at March 2019
The department’s structure

Figure 1: The department’s high-level structure

Secretary

Community Services Operations
- North Division and areas
- South Division and areas
- West Division and areas
- East Division and areas

Commissioners and other bodies
- Victorian Agency for Health Information
- Safer Care Victoria
- Family Safety Victoria

Strategy and Planning
Regulation, Health Protection and Emergency Management
Corporate Services
Organisational Transformation
Legal and Executive Services

- Portfolio focused
- Cross portfolio
- Division and areas
- Administrative Office
- Portfolio focused and whole of government remit
Children and Families
The Children and Families division focuses on improving outcomes for children, young people and families experiencing vulnerability. Established in January 2019, the division is responsible for statewide policy, program and funding frameworks that drive change across child and family services so that children and families are empowered to manage challenges and build resilience. The division designs and supports implementation of legislation, policies, programs and practice advice that support the operations of the child protection program, family services and care services system. This includes supports for foster, kinship and permanent carers to better enable them to respond to the needs of vulnerable families.

The division’s priorities include a strong focus on reform, leading delivery of the Victorian Government’s Roadmap for Reform: strong families, safe children agenda for the child and family system; and development of a new community services quality and safety infrastructure. The division seeks to enable and empower service clients to have their voices heard, including helping our most vulnerable clients and capturing the voice of the child by understanding their needs and wishes and using that information to help guide their care. It also coordinates government’s response to 36 recommendations of the Royal Commission into Family Violence and 77 recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse.

The division is responsible for monitoring and analysing service-system impact and effectiveness; developing policy options and advice for government; and driving improvement in service delivery and system performance. It collaborates with a broad range of stakeholders across complex systems and diverse communities. It also leads system, policy and program co-design initiatives and supports the department’s operational divisions and service partners with strategic planning and oversight of implementation.

The division understands that the systems it oversees can have a powerful impact on people’s lives. It strives to ensure that services are innovative, effective, person-centred and locally responsive, and that service design and delivery support the advancement of Aboriginal self-determination and self-management.

Community Services Operations
The Community Services Operations division provides a dedicated focus on children, family, housing and disability services through central policy branches and four operational divisions – North, South, East and West.

The division is responsible for implementing policy and funding frameworks in operational divisions for child and family support services, housing and disability services. The division also leads whole-of-government policy and initiatives to promote the social and economic participation and inclusion of Victorians with a disability through Absolutely everyone: state disability plan 2017–2020, and management of the Victorian disability advocacy program. It leads work to better understand and respond to the needs of our clients and services, and to translate evidence of effective service interventions into funded programs.
The division works with clients, service providers and other government partners to co-design better connected end-to-end client journeys. This work aims to make services easier to navigate, to create more effective sequences of service intervention, to build the capability of individuals and families, to focus on child development, and to preserve and reunify families wherever possible. The division also designs the standards and systems to monitor services and ensure their quality, manage critical incidents and assure child safety in a range of government and non-government services.

The North, South, East and West divisions deliver and manage funded services through our partners in community service organisations. This includes child protection, housing and client support, child and family services, disability supports, health protection and community wellbeing initiatives. In the event of emergencies, local staff on the ground are equipped to work with state partners to support a community to recover.

The 17 areas in the North, South, East and West divisions support the department’s own service delivery and funded agencies. This contributes to the role of the division to monitor and analyse service delivery standards and performance, provide agency support and practice leadership, and foster continuous improvement in service delivery.

**Health and Wellbeing**

Health and Wellbeing division leads the development of policy, strategy, workforce, funding and performance in relation to Victoria’s hospital and healthcare system. This includes maternal and child health, early parenting centres, public sector residential aged care, mental health, primary care and alcohol and drug services. The division supports innovation and better care through its lead role in digital health, health and medical research, and international engagement. Improving health outcomes for Aboriginal people is a key priority for the division.

The division also advances strategies that focus on prevention and population health, including through social and economic participation, for older Victorians, asylum seekers, people from culturally and linguistically diverse backgrounds, and lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people and communities. It works with agencies and services to promote wellness and active participation and inclusion of all Victorians in their communities, and to prevent and minimise the impact of poor health and wellbeing and disadvantage across Victoria. It also leads the department’s focus on strengthening volunteering in Victoria to increase participation and the sustainability of community organisations and infrastructure.

Working closely with Safer Care Victoria, Family Safety Victoria and the Victorian Agency for Health Information, the division advances safe, quality health care and disseminates innovation and improvement efforts across the health system. It also works alongside these organisations to maximise the value and appropriateness of care in our health system.

The co-location of these activities in the division facilitates better system integration which is key to improving health and wellbeing outcomes across the life course, from the prevention of ill health to the treatment and care of all Victorians. This enables the division to provide a more holistic approach to the health system.
Housing and Infrastructure

The Housing and Infrastructure division provides a portfolio focus on housing, as well as providing best practice leadership for infrastructure planning and project delivery.

In this role, the division is responsible for the government’s homelessness and social housing initiatives, recognising that having a home can often provide people with the foundation to stabilise their lives, and participate in education, work and the community. The division is responsible for the delivery of the Towards Home package to support rough sleepers and help them into permanent housing, and for implementing the Homes for Victorians strategy, which aims to strengthen the public and social housing system through increasing the public and social housing stock, improving the amenity and safety of housing estates, and supporting people to maintain their tenancies.

The division provides department-wide expertise and management of infrastructure across health and human services. It also leads the department’s infrastructure agenda, including critical relationships with agencies such as the Department of Jobs, Precincts and Regions to attract investment and leverage jobs growth due to capital investment.

The division also includes the Victorian Health and Human Services Building Authority, which drives the delivery of a multibillion-dollar platform of investment in infrastructure. The Authority focuses on delivery, reporting and community engagement in relation to the government’s significant infrastructure agenda and development of a strategic pipeline of infrastructure projects to meet growing demand.

Regulation, Health Protection and Emergency Management

The Regulation, Health Protection and Emergency Management division brings together regulatory, medical and epidemiological expertise to protect the Victorian public from avoidable harm. The daily work of the division addresses harms from medicines and poisons, infections and contagions, environmental health hazards and emergency incidents.

Staff across the division work at the frontline and behind the scenes, responding to known and emerging threats to health in a way that is dynamic and adaptive. The division responds to health and public health emergencies and incidents of state significance in order to protect the Victorian community.

The division works to mitigate and eradicate disease, and it analyses data and trends to predict, mitigate and respond to outbreaks and pandemics. It is committed to the ongoing modernisation and strengthening of health protection and emergency management policies, systems and processes to prepare and respond to incidents and emergencies.

The division regulates a range of health and human services providers, with work underway to reform social services regulation into a risk-based and intelligence-led contemporary scheme that responds to risk of harm to social services clients. It is also at the forefront of new regulatory technologies, such as SafeScript, Victoria’s real-time prescription monitoring system, and the regulation of new treatments, such as the use of medicinal cannabis.
Strategy and Planning

The Strategy and Planning division generates new ideas, reviews existing strategies and advises on long-term strategic policies to meet government policy and reform priorities and the department’s objectives.

The division leads planning, corporate and budget strategy, and drives the use of outcomes to define our priorities and measure our success. It provides key enablers to improve service delivery and achieve long-term reform, including workforce planning and development, information development and reporting, innovative investment approaches, and building the department’s capabilities in analytics and research and evaluation.

The division’s work feeds into strategies and reforms that connect approaches to health, wellbeing and safety, support better decision making, and progress departmental outcomes. This includes leading strategic reform across a range of NDIS and disability areas, including the transition to and implementation of the NDIS, legislative reform, the government’s long-term disability agenda, and NDIS inter-governmental relations, including national reform on pricing and scheme insurance. The division also works across the department and in partnership with Aboriginal organisations and universal services to promote and improve Aboriginal health, wellbeing and safety outcomes for Victorian Aboriginal communities.

The division provides internal consultancy on policy design and leads thinking on long-term reforms within and across ministerial portfolios to progress our key results. The division leads the department’s approach to organisational performance and risk, and manages the internal and external (Victorian Auditor-General’s Office) audit program to ensure rigour in corporate governance.

The division also provides communication and digital services to the department and ministers, and leads work for our ministers on intergovernmental relations.

Corporate Services

The Corporate Services division provides a range of strategic, advisory and operational services to the department, and supports ministers in their cabinet, parliamentary and other responsibilities.

This is an enabling division, delivering finance and human resources services and management of industrial relations, the delivery of information and communications technology services (to the department and the Victorian public health sector), along with procurement, contracting and business service functions to support the department and its ministers. The division is also responsible for leading continuous service improvement and monitoring and reporting on the overall performance of the department’s corporate functions.

The division delivers a number of critical core business functions, such as hospital payments and modelling, payroll services, cyber security and compliance with legislative requirements in industrial relations, finance, procurement and people management.

In order to enable the delivery of these functions, the division focuses on four key areas: our people; our customers; modernising; and partnering and influencing.
Legal and Executive Services

Legal and Executive Services is a specialised division that provides support services to enable ministers, the Secretary and other divisions to meet their obligations to the Victorian community, the government and parliament.

The division has overall responsibility for delivering support to portfolio ministers and providing the interface with cabinet and parliamentary processes. It discharges certain critical statutory and internal integrity regulatory functions of the Secretary, ministers and the department, including freedom of information obligations, and notifications to the Office of the Victorian Information Commissioner for privacy breaches, Independent Broad-based Anti-corruption Commission for corrupt conduct and the Commission for Children and Young People for reportable conduct.

The division provides stewardship of the legal, privacy and integrity functions of the department, which includes responsibility for developing the policy and controls of the department to manage these risks, and oversight of the delivery against these requirements. It also delivers specialist legal, privacy, conduct, complaints and integrity advisory services.

Organisational Transformation

The department is undertaking a broad program of organisational reform that will enable it to continue to improve the health and wellbeing of all Victorians. The Organisational Transformation division was established in January 2019 to support this important program of work.

The division is leading a transformation program that will plan, develop and oversee implementation of new ways of managing departmental functions over the next two years. It is also driving work to embed ongoing innovation, business process management, and change practices and culture to enable staff to work more effectively and efficiently.

The division brings together the department’s transformation-focused teams to help design and deliver its transformation objectives and aspiration to be a learning organisation. It builds on the department’s collective skills, experience and creativity by giving staff the skills and opportunities to innovate and improve ways of working so that we deliver the best services to clients, patients and the community.
Family Safety Victoria

Family Safety Victoria is delivering key changes as outlined in the Victorian Government’s family violence reform agenda to keep women and children safer and better support families. It ensures people with lived experience of family violence inform, guide and influence the reforms.

Family Safety Victoria is leading the delivery of coordinated and accessible services, through the establishment of 17 Support and Safety Hubs, known as The Orange Door; building a service system that engages with people who use violence to help change their behaviour and hold them to account; improving the way risk is identified and managed across the system; and growing and building the capacity of the family violence and prevention workforce through the Centre for Workforce Excellence, making services for family violence, sexual assault and families more accessible and culturally safe by implementing initiatives under the new 10-year family violence agreement *Dhelk Dja: safe our way – strong culture, strong peoples, strong families* and *Everybody matters: inclusion and equity statement.*

Safer Care Victoria

Safer Care Victoria is the lead agency for quality and safety improvement in health care. Safer Care Victoria oversees and supports health services to provide safe, high-quality care to patients: every time, everywhere.

Safer Care Victoria partners with consumers and their families, clinicians and health services to support the continuous improvement of health care.

The agency works with health services and the department to support statewide and regional partnerships that deliver sustained, measurable improvements.

Victorian Agency for Health Information

The Victorian Agency for Health Information is responsible for providing data and information products that stimulate and inform improvements in clinical care across public and private hospitals, strengthen local oversight of health and community services and inform Victorians about safety and quality of care in their local area. The agency also has primary responsibility for population health surveillance of non-communicable diseases and their determinants in Victoria through the Health Intelligence Unit.

Working in partnership with Safer Care Victoria, the agency develops priority measures for safety and quality that will inform sustained efforts to improve Victoria’s health system and patient outcomes.
Our vision and values

The department has a clear direction, expressed through our vision. Shared core values guide how we deliver on our vision, and an outcomes framework helps 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
Our values describe what we stand for at the department, how we want to make decisions and how we expect each other to behave.

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 is easy and when it is 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 and to relate to each other and to our stakeholders.

The charter commits the executive leadership group to lead by example and ensure 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 <http://dhhs.vic.gov.au/leadership-charter> is available on our website.

Measurable, accountable actions will ensure we remain focused on our ambition to support all Victorians to have the best health, wellbeing and safety possible.
Our strategic context

High-performing organisations understand the environment they are operating in and plan effectively for future changes and challenges. Looking towards a four-year horizon in Victoria, there are a number of significant changes in our environment that shape our priorities.

Our strategic context has not shifted dramatically since our last plan. Building on the foundations set in previous years, our response to community need continues to evolve as we seek to deliver the right services in the right place at the right time.

Victoria’s population and labour market continue to grow, resulting in increased demand for the services we fund and provide. Moreover, there are significant changes in where people are living, with new growth areas emerging in the west, north, south-east and in inner Melbourne. The population’s demographics are also changing, including age, ethnicity, health and wellbeing. This is causing the department to rethink the optimal distribution and configuration of our services.

Victoria also has a growing preference for more personalised services, more choice and greater co-design and shared decision making. Digital media and technology are changing how people expect to interact and engage with government. 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. These are essential to healthy development and wellbeing. However, we can do more with our universal services to meet the needs of vulnerable populations. This includes Aboriginal people; people with a disability; people seeking protection on temporary or uncertain visa pathways; lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) community members; older Victorians; children in out-of-home care; and, sometimes, whole rural communities.

We have a duty of care to our clients, patients and victim survivors of family violence. When Victorians do come into contact with our services, we and our service delivery partners contribute to their safety, wellbeing, health and recovery, and in doing so, ask:

- What sources of support and strengths could be harnessed in this person’s life?
- What experience and outcomes are they looking for from our service?
- Is there an underlying problem here that I cannot help with, but which needs to be addressed right now?
- Could I connect the person with other services or informal supports that can help?
A better understanding of client pathways and trajectories, and the correlation between different health and human service needs, helps us target prevention and earlier intervention activities to individuals and places most at risk of poorer health and wellbeing. Engaging individuals and communities in co-design and evidence-based, shared decision making leads to them becoming partners in their own care, which ultimately translates to better outcomes and more effective services.

Health and human service systems around the world are still building the evidence base to determine what works in prevention and earlier intervention. However, there is an increasing recognition that creating the necessary social conditions to stimulate healthy behaviours, break down stigmas, and tackle societal trends cannot be achieved by a single sector acting alone.

We need to organise services and break down artificial barriers within and between service sectors to improve care. This includes coordinating our services across government, including education and justice settings, so the needs of parents and children are met.

The independent review of hospital and quality assurance in Victoria led by Dr Stephen Duckett, *Targeting zero: report of the review of hospital safety and quality assurance in Victoria,* taught us that to address avoidable harm, we must strengthen devolved governance, better share information, enhance clinical engagement and improve our departmental oversight.

Importantly, our services continually need to be delivered with kindness and empathy. Doctors and nurses consistently enjoy the highest public trust of any professions in Australia. Gearing our health system to build, measure and value partnerships with patients can help safeguard the precious and unique level of trust we have in health professionals.

We have an opportunity to reshape care delivery, harness technology and drive down variations in the safety and quality of care to meet the changing needs of Victorians, and thus reduce variations and inequality in outcomes.

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 take to advance our vision.

**Changes in the needs of Victorians**

Victoria remains the fastest growing state in Australia, growing by approximately 2.2 per cent in the last year. Our continued population growth is a sign of comparative prosperity. However, this growth 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 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. Victorians are living longer, as with other parts of Australia and most of the world. The number of Australians aged 85 years and over is projected to double by 2042, increasing to more than one million people.

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Consequently, long-term health conditions now represent a substantial proportion of our health expenditure. Rates of chronic disease including cancer, diabetes and cardiovascular conditions continue to rise and drive demand for health care. Risk factors for chronic disease conditions including smoking, poor diet, alcohol and recreational drug misuse, 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:

- poorer transport links
- patterns of employment and industry restructuring
- low access to social, education or health services
- higher rates of crime
- intergenerational transmission of disadvantage.

In Victoria, the most recent Victorian Population Health Survey identifies that around one in five Victorian adults has unmet social needs, such as social isolation and lack of social support. Importantly, compared with all other Victorians, a significantly higher proportion of adults with an unmet social need reported:

- fair or poor health (over two times higher)
- high or very high levels of psychological distress (around three times higher)
- having two or more chronic diseases (around 1.5 times higher).

Social isolation is an important risk factor for mental health, physical health, safety and wellbeing, with social networks and community connection helping people to recover from illness. We know that Victorian adults who have an extremely high level of social isolation are 23 times more likely than those who are not socially isolated to have poor mental health.

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, risk factors are tied to the intergenerational experience of dispossession, forced removal and enduring racism. In both health and human services care, there are familiar patterns in which the 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 believes 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. We know that social and environmental factors have a much bigger impact on outcomes than health care does – as much as double or triple the impact – and governments around the world are starting to apply this knowledge in investment decisions.

This includes recognising that even people experiencing longer-term conditions or needs 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 link them to natural supports. Cultural and community connections and resources are critical to reducing levels of vulnerability and risk factors for individuals and families.

Once, health and welfare systems conditioned people to be passive recipients of care. Now, many people want to be more informed and involved with their own care – which they should be – and we need to help them achieve this. Our patients, clients and community members increasingly expect to get services and products that are tailored to their needs. They also expect that they will be offered a choice about what, where, when and how they are served. That means listening to our clients’ voices and understanding their current and future needs to locally tailor services.

Major advances in technology, along with increasing community expectations, are also bringing about a rapid increase in the pace at which information about our genes is being discovered, gathered, analysed and applied. This brings both challenges and opportunities for healthcare delivery, disease diagnosis, public health infectious disease surveillance and biomedical research in Victoria.

The value imperative

Shifting citizen expectations are not the only imperative for change. The concept of ‘value’ is increasingly understood to reflect the health, social and wellbeing outcomes that matter to individuals, families and communities, alongside fiscal efficiency.

Global healthcare expenditures are projected to increase at an annual rate of 5.4 per cent between 2017 to 2022. The Australian government, state and territory expenditures in healthcare alone, grew 9.8 per cent in real terms in 2016–17 compared with 2015–16. Further, federal, state and territory expenditures in child protection and out-of-home care grew 8 per cent in real terms in 2016–17, and expenditures in social housing grew 3 per cent in real terms over the same period. On average, welfare expenditure by federal, state and territory governments, grew 3.4 per cent in real terms between 2006–07 and 2015–16. The recurrent and projected increases in health and human services expenditure is creating an urgent need to maximise the value of our expenditure and minimise systemic waste to enable us to equitably deliver positive, long-term health and wellbeing outcomes, for all Victorians.

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Many of our most vulnerable clients, particularly in areas of entrenched social disadvantage, have complex care needs. This includes increased likelihood of substance abuse, mental health issues, homelessness, and rates of unemployment. They face significant challenges accessing the right services and supports to meet their needs. By accessing multiple government services and service providers, they place demand pressures and higher costs on a fragmented system, which could be avoided with better integration.

We need to focus and invest our efforts on what works for every person, every time, to make advancements in how we deliver our services and reduce demand. Opportunities exist to better connect and integrate systems, improve efficiencies and provide consistency for those using our services – to understand what works, where, for whom and why. Through improving how our resources are delivered, we can incentivise high-value, integrated, quality care.

We also need to focus on innovation and generating and capturing the evidence needed to transform services and improve outcomes. Better Care Victoria, Safer Care Victoria and the department’s Office of Professional Practice provide us with opportunities to scale up innovations and spread good practice across Victoria.

All levels of government in Australia are working actively to share data with each other, to build the business case for prevention and earlier intervention, and to evaluate the cost and benefits of our collective services and reforms over time. The Victorian Agency for Health Information has enabled better use of data and information across the health system to improve quality and identify and act on risk. Adult experiences of care in public hospitals – 2016 was the inaugural patient experience report by the agency. Over 30,000 Victorians contributed following their stay in a public hospital, providing valuable insights into patient experiences at health services across the state to better inform future service delivery.

Public administrations around the world have moved towards greater accountability for their performance. Interest has increasingly turned to whether public services are not only efficient but support lasting improvements in the lives of those receiving them.

A sustainable and efficient use of funds therefore means that investments must deliver the best possible outcomes for people in order to demonstrate value for money and return. By leveraging evaluations, outcomes measurement, client and practitioner expertise and other data, we will be able to better understand the benefits gained in relation to the costs being used.

Towards new models of care

Jurisdictions around the world have recognised that high quality earlier intervention and wrap-around supports grounded in evidence are critical to advancing safety, wellbeing, health and recovery. New models of care and more connected pathways of care are needed, particularly to improve outcomes for people living with chronic diseases, vulnerable children and people with multiple and complex needs.

There are opportunities to redesign service models and pathways, especially for people with recurring or complex needs, to make it easier for people to connect with services, supports and networks at a time and in a way that makes sense to them. This is especially important for clients and patients making changes in their own lives.

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Reorienting health and human services towards earlier intervention and more connected services requires a systematic approach to building new evidence and translating that evidence into practice. As stewards of health and human services, we continue to work with consumers, service providers and researchers to develop, test and adopt new treatments and models of care.

Home-based care and placement stability are associated with a range of better health, education, economic and wellbeing outcomes. With the establishment of the new kinship care model, we will seek to better support children who cannot live with their parents with kinship placements, strengthen reunification where appropriate, and promote placement stability. The new model of kinship care is part of the Roadmap for Reform: strong families, safe children commitment to reform the child and family services system to achieve the best outcomes for children, young people and their families.

Additionally, a new approach is being developed to improve the way we respond to the diverse needs of people living in public housing. The Social Landlord model is being trialled as a response to the changes that have occurred in the typical public housing resident over the past few decades. The Social Landlord model will connect with other areas within our department who are building new evidence-based approaches to improve outcomes for people who may have long-term – and possibly intergenerational – experiences of poverty and disadvantage.

The development and roll out of new treatments and new models of care is being supported by:

- state investments in clinical trials
- drawing insights from administrative data and well-designed evaluations
- investments in research partnerships – including GenV, the Centre for Excellence in Child and Family Welfare, and collaborations with RMIT
- facilitating system-wide feedback loops on consumer experience and outcomes
- the creation of a ‘what works’ centre within the department.

In addition to building evidence of specific interventions, a well-rounded approach to earlier intervention involves better connections between services for people with more complex needs. Bringing together the expertise of clinical and social work professionals enables a more holistic response to the combination of social, economic, behavioural and clinical factors that often lead to preventable emergency and crisis interventions.

For example, the Risk Assessment and Management Panel (RAMP) consists of nine key agencies and organisations that contribute to the safety of women and children experiencing serious and imminent threat from family violence. Across Victoria there are 18 RAMPs that each meet once a month to share information and take action to keep women and children at the highest risk from family violence safe.
The department is also facilitating more connected models of care and service pathways across health and human services, complemented by stronger informal networks, to better support people with multiple, complex or chronic needs. This includes:

- supporting organisations and practitioners to share information (with appropriate safeguards) through the implementation of children and family violence information sharing reforms
- better linking of state health and social services data to help target earlier intervention efforts and documenting of optimal service pathways
- joining up commonwealth and state data sets and working with Primary Health Networks on how best to improve continuity of primary and acute care
- aligning funding, performance and accountability frameworks for department and funded services.

Co-design, shared decision making and self-determination

Advising government on how services need to change and evidence-based initiatives to fundamentally shift attitudes and behaviours requires us to have a more engaged relationship with the people who rely on our services, as well as carers, service partners and other experts.

Developing capacity for human-centred design in our services provides opportunities for people to play an active role in the decisions that shape their lives, dramatically increasing the chances of solutions having deeper resonance and impact.\(^\text{11}\)

As well as truly partnering with patients, we have to show empathy by understanding people’s whole journey through the health system, not just where they are at one point in time. Barwon Health has worked with patients with life-limiting illness to assist with goal setting and values-based discussions about their care. By partnering with Deakin University, clinicians were provided with additional training to support more effective conversations with patients with life-limiting conditions and co-create care plans that reflect their needs, desires and values.

We need to learn from the transitions other industries have made, as well as reform programs in other government agencies and overseas, to prepare our department, and the broader health and human service systems, for the challenges to come. We must work towards a future health system based on an understanding of what our consumers need, as well as their broader social context, and where we provide care in a way that clinicians agree is most appropriate and is responsive to what matters most to patients. Our patients and clients must be part of this, with co-design being a core component of service design and delivery.

Individuals are the drivers of their own health and care, and doctors, nurses and allied health professionals must listen to their concerns and develop management plans in coordination with their patients. Shared decision making about the best care options for patients must be driven by innovation and continuous improvement around what matters to individuals and their needs. Recognising the complexity of needs for many of our consumers and patients also means we recognise that a wide array of medical, psychological, physical, cultural and social supports may be appropriate, depending on circumstance.

To advance this in our health system, Safer Care Victoria’s council of patients, families and carers meets regularly to advise on and inform the agenda for improvement and support authentic co-design of person-centred solutions to healthcare issues. This council supports the work of Better Care Victoria to drive innovation throughout the health sector. The Victorian Agency for Health Information is leading the way in providing greater access to health performance information to patients and carers, as well as clinicians and health service administrators.

Family Safety Victoria continues to accelerate co-design and shared decision making, leveraging the successes and lessons learnt through the work of the Dhelk Dja Partnership Forum and the Victim Survivors’ Advisory Council:

- **Dhelk Dja: safe our way – strong culture, strong peoples, strong families**, the new Aboriginal 10-year family violence agreement, was co-designed by the Partnership Forum through co-design forums, community conversations across Victoria, and meetings with Dhelk Dja Regional Action Groups, and brings shared decision making and self-determination to life by articulating a long-term partnership and directions for reform at a statewide, regional and local level.
- In partnership with the Victim Survivors’ Advisory Council and other people with lived experience, a range of collaborative design work is also underway aimed at bringing the voices of victim survivors and people with a lived experience of family violence into the heart of system reform.

Within the human services portfolio, co-design and shared decision making will continue to be a feature of system design and reform. The department has been utilising co-design and human-centred design methods to develop resources with the aim of equipping policy makers with the tools and skills they require to incorporate children and young people’s voices to be at the centre of policy development and shared decision making.

The perspective of young people has been captured as part of our Social Landlord model by using a range of innovative and engaging child-centred activities, with a view to longer-term engagement beyond consultation. Additionally, the Voice of the Child initiative seeks advice from young people on the high-risk register about the types of support they require which will be used to inform the case management approach as part of Child Protection Futures.

The department is also playing our part in increasing Aboriginal self-determination for Aboriginal people and ensuring that all Aboriginal children and young people are safe, resilient and can thrive in culturally rich and strong Aboriginal families and communities. The nature of our work and the frequency with which we deliver services to Aboriginal Victorians provides more opportunities to advance self-determination across our portfolio.

*We want to improve the impact of our services and activities on the lives of Victorians.*
Our strategic directions

Our four strategic directions ensure our efforts deliver measurable outcomes and achieve our vision for the people of Victoria over a four-year horizon.

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

These directions inform our three 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).

Respect for culture, religion and Aboriginal self-determination underpin each of our four strategic directions which are described as follows.

1. Person-centred services and care

Person-centred services and care take into consideration all the influences on a person’s health and wellbeing. These services and supports start in childhood and continue through life, and are designed in the wider context of people’s lives. They enable 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 them to manage themselves, including through better access to information, education and resources. These approaches also foster meaningful relationships that help people improve their health and wellbeing (for example, peer support networks and community groups), and enable them to work collaboratively with professionals.

Person-centred services see 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 quality and efficiency – including by helping people to learn more about their health conditions and prompting them to better understand their own needs, be more engaged in their own care and be more motivated and empowered to make changes in their own lives.
This has implications for how services are both designed and delivered.

Person-centred services require us to pay more attention to who is accessing our services and their experiences and outcomes. For individual patients or clients, it means putting people and their families at the centre of decisions and seeing them as experts who work alongside professionals to give themselves greater control over their life and the services they receive.

All parts of the department are elevating clients, patients, carers and families to be at the centre of our service and policy development processes. We are engaging with patients and clients more than ever before – while supporting them to take up opportunities to be active partners in their own care.

There are game-changing opportunities through new digital technologies and better data analytic capabilities to improve the way health and human services are delivered. Work is being progressed and coordinated by the department to:

- link administrative data with other sources of data to generate new insights about client and patient service use, choices and behaviours, predict future demand for services and better target services that prevent or reduce future demand
- make better use of digital technology and behavioural insights to support self-care
- provide better information to clients and patients to enable them to make more informed choices about their care
- create more opportunities for consumers and communities to have a say in the outcomes and types of care that they value most.

The department and its agencies have created new mechanisms to enable consumer input into the design of models of care and care pathways, while also supporting consumers to take up opportunities to inform decisions about their own care.

- Safer Care Victoria has established new mechanisms for engagement with patients and clinicians, including the Victorian Clinical Council and the Patient and Family Council, and for recruitment of consumer representatives onto key governance and project bodies.
- Family Safety Victoria and other parts of the department have worked closely with the Victim Survivor Advisory Council, which has had extensive input into key family violence initiatives, including the design of The Orange Door.
- The department has worked in partnership with VicHealth and health promotion agencies, and with local government and health practitioner organisations, to reduce individual risk factors that contribute to disease and injury – notably obesity, immunisation, skin cancer, asthma management and abuse of prescription medicines.
Design processes should always focus on whether a service is fit for purpose and safe, and be cognisant of the diversity in the community. Groups of people who have used (or supported other people to use) services should also be engaged in how the whole interaction with services is experienced – and what a positive connection and interaction between a person and a service would involve.

Advancing this strategic direction will involve improving how we measure the experience and impact of our services, programs and investments on individual patients and clients. 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

Person-centred solutions will work best when they are part of services that respond to the needs of local communities as a whole, not just individual clients.

Building evidence about effective service models will create opportunities to spread leading practice while still increasing local flexibility in funding rules, regulatory requirements and other mechanisms.

The department is advancing work to better support local service delivery solutions, including:

- better connecting service and infrastructure planning across portfolios at a local level
- empowering local service networks and community groups to take ideas for service improvements through to testing, implementation and scaling
- joining up local services to support people who need a diverse range of services, while doing more to address their underlying needs
- strengthening self-determination of Aboriginal communities.

We recognise that co-design and delivery should be taken into account at every level. By working with individuals and providers to guide policy, program and service design and delivery, we can better understand local communities and promote equitable access for people with diverse needs and identities.

A second type of local solution extends well beyond how services are provided. The conditions in which people are born, grow, live, work and age are intimately linked to place and recognised by the World Health Organization as the major causes of avoidable and inequitable health issues. Changing these conditions requires a new kind of partnership between government and local communities.

Some communities face seemingly intractable problems that cannot be solved by government acting alone. This can occur where there is 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. This is particularly noticeable when considering the health indicators of individuals living in rural areas as opposed to metropolitan areas.
Figure 2: The health of rural Victorians, 2016

Figure 2 shows the prevalence of obesity, increased risk of alcohol consumption, and morbidity status on a single occasion.

- **Obesity** (Body Mass Index ≥ 30.0)
  - Metropolitan regions: 18.7%
  - Rural regions: 20.1%

- **Alcohol consumption** (increased risk: either yearly, monthly or weekly)
  - Metropolitan regions: 57.2%
  - Rural regions: 59.6%

- **Morbidity status**
  - Metropolitan regions: 21.9%
  - Rural regions: 23.6%


Figure 3: Proportion of adults with a doctor-diagnosed chronic disease, 2016

Figure 3 shows the proportion of Victorian adults with a doctor-diagnosed chronic disease are more likely to be living in rural regions than those in metropolitan regions.

- **Anxiety or depression**
  - Metropolitan regions: 24.1%
  - Rural regions: 25.1%

- **Arthritis**
  - Metropolitan regions: 20.0%
  - Rural regions: 21.5%

- **Osteoporosis**
  - Metropolitan regions: 5.6%
  - Rural regions: 6.3%

- **Cancer**
  - Metropolitan regions: 7.8%
  - Rural regions: 8.0%

- **Stroke**
  - Metropolitan regions: 2.5%
  - Rural regions: 3.4%

- **Heart disease**
  - Metropolitan regions: 7.2%
  - Rural regions: 7.5%

- **Asthma** (has, or being treated for in last year)*
  - Metropolitan regions: 11.2%
  - Rural regions: 12.3%

*At time of report’s publishing

Place-based approaches may be directed towards outcomes like improving young people’s pathways into sustainable employment in an area of high youth disengagement and unemployment. They might aim to increase physical activity and social connectedness. Alternatively, a local collaboration may focus on reducing high rates of obesity or family violence, or on increasing the number of children who are reaching developmental milestones.

The scale and complexity of these challenges demands collective action right across all levels of government and by communities and individuals. Achieving population-level change requires interventions at multiple levels (environmental, sociocultural and individual) that are sustained over time. Most importantly, it requires community ownership and leadership to build sustainable long-term change.

3. Prevention and earlier intervention

Effective prevention and early intervention are critical to reducing inequalities in health and social outcomes, intergenerational transfer of disadvantage, and reducing the need for crisis and emergency services. In health, for example, for every 20 premature deaths, six could have been avoided through primary prevention and three through earlier appropriate treatment.

Successful early intervention requires new models of care that focus on the whole person or family and are grounded in evidence. For people with complex or chronic needs, early intervention models need to take account of the range of social, economic, behavioural and clinical factors that impact on their lives. A focus on building capacities – to recover from trauma or an acute mental health episode, manage a chronic disease, or support sustainable personal or family routines – can reduce the need for crisis responses.

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

This strategic direction links to our emphasis on local solutions and joining up local services. This includes breaking down the barriers in how care is provided within and across sectors – for example between primary, secondary and acute health services, between physical and mental health services, between health, education and social services, between justice and social services, between paid staff and volunteers and between specialists and generalists.

A focus of this strategic direction will be to support universal services to be more effective in identifying and responding to risk and vulnerability while maintaining their participation in education, health, physical activity and other basic supports.

Our universal and more specialist service platforms all have a role to play in building people’s confidence in seeking help and in connecting people to the range of natural and professional supports that can contribute to their health, safety, wellbeing and recovery.

The department works closely with VicHealth, Respect Victoria and other state and local government agencies to advance the most effective approaches to primary prevention and build a skilled prevention workforce. We contribute to whole-of-government work to reduce stigma discrimination and advance gender equality.
Primary prevention priorities led by the department include:

- increasing healthy eating
- active living
- tobacco-free living
- tackling climate change and its impact on health
- improving mental wellbeing
- preventing all forms of violence
- reducing injury in the community
- improving sexual and reproductive health
- decreasing the risk of drug resistant infections in the community
- reducing harmful alcohol and drug use.

Table 1: An example of prevention and earlier intervention for mental health

<table>
<thead>
<tr>
<th>Primary prevention</th>
<th>Secondary prevention/earlier intervention</th>
<th>Tertiary prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target</strong></td>
<td>Higher-risk individuals and cohorts, and individuals with the early stage of a mental health problem</td>
<td>Individuals with an established mental health problem</td>
</tr>
<tr>
<td><strong>Focus</strong></td>
<td>Identifying people at risk and providing appropriate response</td>
<td>Relapse prevention, treatment and services to manage mental illness and improve wellbeing</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Building the skills of GPs and others who have contact with at-risk individuals to detect risk and provide assistance – strengthening collaboration between specialist services for children and young people and paediatricians, schools and community services – Doctors in Secondary Schools initiative – online support services and low-intensity care</td>
<td>Integrated professional care – improving response to mental illness co-occurring with homelessness, drug and alcohol use and poor physical health – post-discharge support – Mental Health Community Support Services – coordinated and assertive care after a suicide attempt</td>
</tr>
</tbody>
</table>
4. Advancing quality, safety and innovation

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

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 is on ensuring our services are safe, high quality and provide a foundation to reducing inequalities in care so that all individuals are able to pursue and live their best life.

We 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 are all important to acquiting our duty of care.

This strategic direction also involves 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. We will achieve this by using the model for improvement – with its rigorous approach to small-scale testing of evidence-based change ideas, backed by robust measures – within health and human services. This approach ensures the programs we implement to improve care and outcomes are adapted to meet local need and are relevant to the unique conditions of each context.

We know that what works in one place does not necessarily translate to another. Hence the need to test small, measure impact and make adjustments where necessary. This helps us ensure that the work we do is focused on measurable results.

Well-organised data collected through our systems and from elsewhere can help us to target different population groups and track their progress towards better health and wellbeing outcomes. We are supporting greater and wider access to data using approaches designed to promote accessibility and improve timeliness of response, in ways that drive improvements in health and care.

The 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. By maximising the use of data, we are able to further improve health services and quality of care.

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 care closer to home. We need processes in place that enable our health and human services to make the best use of emerging technologies.
We can provide quality, safety assurance and improvement by:

- improving reporting and measurements on quality, safety and client/patient experience and outcomes data so we can pick up poor performance quickly and intervene (providing clinicians, practitioners and their boards and managers with this data informs their own improvement activities)
- ensuring our staff have appropriate 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 safety and language needs – of care provided
- monitoring the quality of care and identifying variations between health services within specific clinical domains
- continuing to focus on the delivery of improved regulatory practice, including through promoting risk-based and accountable regulation, and enabling performance monitoring that is consistent across all regulatory areas
- engaging clinicians and practitioners in the design and implementation of improvement initiatives and building a culture that puts quality and safety first
- using outcomes to support healthcare professionals to work together to innovate and refine models and pathways of care.
This strategic plan focuses on:

- ensuring that client, patient and system outcomes drive all that we do
- empowering individuals to make choices that promote good physical and mental health and help them stay connected to their culture and community
- delivering the government’s commitments, priorities and policy objectives as we begin a new term
- strengthening the safety, quality, performance and design of our systems
- contributing to a strong Victorian economy in our role as an employer by building the capabilities of the workforces that deliver our services, creating jobs through our service delivery and capital works, and through our economic output and support for research
- deepening our engagement with patients, clients, victim-survivors, staff, funded agencies and community members to design and improve our services
- embracing our patients, clients and victim-survivors as partners in their own care
- strengthening our internal systems and equipping our staff to deliver better outcomes.
We focus on improving outcomes for people who rely on our services and activities.
Our outcomes approach

Jurisdictions around the world are using outcomes to improve the lives of their citizens and drive tangible improvements in some of their most complex and enduring issues. The Outcomes reform in Victoria statement identifies that establishing the outcomes we are trying to achieve and measuring our progress is the best way to deliver public value to the people of Victoria.

Outcomes are clear and concrete statements that describe the difference we want to make for Victorians. Outcomes set direction, focus our efforts where we can have the greatest impact, and enable us to measure our progress. In Victoria, transitioning to outcomes means an increased focus on measuring and reporting the outcomes of our services and interventions to generate a better understanding of what works, what does not work, and why. An outcomes-focused approach provides us with the evidence to understand the impact our work has on the lives of Victorians, and helps us to target our efforts more effectively to address disparities in access and outcomes for individuals and communities. An outcomes approach also provides information to enable more choice for people using our services.

Over the previous year, the department has sharpened its focus on patient and client outcomes as a basis for improving safety, quality, health and wellbeing; understanding the impact of services and programs; informing decisions about strategy, planning and investment; designing services; and collaborating with our partners. The department’s outcomes framework identifies the outcomes for people and our service system that will achieve the best health, wellbeing and safety of Victorians so that they can live a life they value. Key results are summarised in the ‘Our outcomes framework and key results’ section. This includes an additional four key results to reflect machinery-of-government changes and government priorities for the next four years.

Our outcomes framework also helps to measure the impact of all our services and functions for patients and clients, as well as track our global measures of population health, wellbeing and safety. Results will help target efforts to improve access and outcomes for individuals and communities across Victoria and will inform work with our partners on improvement initiatives and advice to government. Key result measures are monitored by our Executive Board to help us to assess what we have achieved and the difference we have made.

Our outcomes framework and the key results and measures that support it have been designed to answer four simple questions:

• What does success look like for our patients, clients and service system?
• Is what we’re doing making progress towards success?
• Is anyone better off?
• Are the results aligned with what the people accessing our services and programs want and value?
Our vision:
To achieve the best health, wellbeing and safety of all Victorians so that they can live a life they value
Our outcomes framework and key results

Victorians are healthy and well

Outcomes for people who rely on our services

1.1 Victorians have good physical health

Victorians have the best possible physical health and wellbeing, including nutritional health and active living, as well as effective and early management of health conditions through the delivery of responsive primary health services and public health initiatives.

- **Key result 1**: Reduce the incidence of avoidable harm in Victorian hospitals
- **Key result 2**: Reduce obesity and increase physical activity across Victoria
- **Key result 3**: Increase the proportion of children with healthy birthweight – with a focus on reducing smoking during pregnancy
- **Key result 4**: Reduce infant mortality
- **Key result 5**: Reduce premature death
- **Key result 6 (new)**: Improve early childhood development milestones for vulnerable children
- **Key result 7 (new)**: Improve the oral health of school-aged children

1.2 Victorians have good mental health

Victorians are mentally healthy and well throughout all stages of life, and there is an absence of avoidable or preventable illness or distress. This outcome also includes reducing self-harm and suicide, improving social and emotional wellbeing, and improving resilience and coping mechanisms.

- **Key result 8**: Reduce the suicide rate
- **Key result 9**: Improve rates of self-reported health and wellbeing
- **Key result 10 (new)**: Reduce the rate of people with mental illness in contact with the justice system

1.3 Victorians act to protect and promote health

Victorians are supported to protect and promote health, including reducing avoidable harm to health, preventing chronic illness and injury, and addressing health inequalities.

- **Key result 11**: Reduce deaths resulting from misuse of prescription medicine
- **Key result 12**: Increase immunisation coverage rates at two years of age and at school entry
Victorians are safe and secure

Outcomes for people who rely on our services

2.1 Victorians live free from abuse and violence

Victorians are safe from harm, fear and neglect in their homes and communities. This includes addressing the compounding effects of abuse and violence, and improving support and recovery for both victims and perpetrators.

**Key result 13:** Reduce the abuse and neglect of children and young people

**Key result 14:** Reduce the rate of growth in out-of-home care – especially for Aboriginal children

**Key result 15:** Reduce the number of children in out-of-home care who live in residential care

**Key result 16:** Prevent family violence and reduce the continuing risk of harm associated with family violence

**Key result 17:** Reduce the occurrence of occupational violence, bullying, assault and inappropriate behaviour in departmental and public health services

2.2 Victorians have suitable and stable housing

Victorians experience safe homes that provide emotional and physical sanctuary. Victorians have security of tenure in houses that are appropriate and affordable. This outcome includes supports to address and reduce housing insecurity and homelessness, enable suitable housing for all, and achieve stability and permanency for children in care.

**Key result 18:** Reduce the proportion of the population experiencing homelessness – especially victims of family violence and young people
Victorians have the capabilities to participate

Outcomes for people who rely on our services

3.1 Victorians participate in learning, education and employment

Victorians have equal opportunities and resources to learn, grow and develop through access to appropriate and relevant levels of education, and to participate in and contribute to meaningful employment.

**Key result 19:** Increase educational engagement and achievement by children and young people in contact with departmental services – especially those in out-of-home care

**Key result 20:** Increase participation in three- and four-year-old kindergarten by children known to child protection

3.2 Victorians benefit economically from strong health and human services sectors

Victorians have increased social and economic participation, especially those experiencing obstacles to participation, such as people with mental illness, disability, or experiencing family violence.

**Key result 21:** Increase the satisfaction of those who care voluntarily for people with a disability, people with mental illness, and children in out-of-home care

3.3 Victorians participate in the economy and have financial security

Victorians experience a state of economic wellbeing characterised by predictable and adequate income, ability to access a comfortable standard of living, and capabilities to access and manage finances effectively. There are equitable opportunities for economic participation and wellbeing for all and barriers to participation are actively addressed.

**Key result 22:** Increase labour market participation by women, people with disability, people with mental illness and people living in specified locations and communities
Victorians are connected to culture and community

Outcomes for people who rely on our services

4.1 Victorians are socially engaged and live in inclusive communities

Victorians are socially involved in their community and participation contributes positively to their wellbeing. Communities foster social inclusion and participation, and diversity is celebrated and enabled.

Key result 23: Increase rates of community engagement – especially for Aboriginal children and young people

4.2 Victorians can safely identify and connect with their culture and identity, with their health and wellbeing advanced through self-determination

Victorians can safely identify with their culture, express their identity and build support networks with people they trust. Cultural connection is valued and is a protective factor that enables them to thrive. The health and wellbeing of Aboriginal Victorians is enabled by self-determination across all aspects of their lives.

Key result 24: Increase cultural connection for children in out-of-home care – especially Aboriginal children

Key result 25 (new): Increase the cultural safety of our department’s direct-delivered and funded services
Victorian health and human services are person centred and sustainable

Outcomes at the system level

5.1 Services are appropriate and accessible in the right place, at the right time

Services can be accessed by Victorians where and when they are needed. Access is enabled by a health and human services system that is easy to navigate and socially inclusive, with timely services that are located within physical reach of service users.

Key result 26: Increase participation in universal and earlier intervention services – especially by Aboriginal Victorians

Key result 27: Reduce the average wait time for people on the priority housing list

Key result 28: Improve the timeliness of access to elective surgery, emergency department treatment, outpatient services, ambulance services and palliative care

Key result 29: Reduce unexplained variation in the care people receive – especially for disadvantaged groups

5.2 Services are inclusive and respond to choice, culture, identity, circumstances and goals

Services are person centred and respond to service users’ needs and preferences, whether they are geographical, physical, social or cultural. Services are culturally safe and focus on prioritising user choice, self-determination, ownership and empowerment.

Key result 30: Increase client and patient choice concerning the services and treatment they receive

Key result 31: Increase diversity of the department’s workforce – especially Aboriginal people employed in senior roles

Key result 32: Increase citizen engagement in the design and delivery of services

Key result 33: Increase participation of service providers and staff in the design of services
5.3 Services are efficient and sustainable

Services are designed and delivered for maximum impact, enabling efficiencies in resource allocation and management of complex and/or chronic conditions and needs. Efficiency is enabled by integrated and coordinated service delivery modalities and the sustainability of the system is enhanced by a well-trained and well-supported workforce.

**Key result 34:** Reduce demand for acute services to manage complex and chronic conditions  
**Key result 35:** Increase the proportion of service assets that are appropriately maintained  
**Key result 36:** Increase the proportion of capital projects delivered on time and on budget  
**Key result 37:** Improve alignment of our health, human services and community recreation assets with the needs of clients, patients and Victoria’s growing population  
**Key result 38:** Reduce waste arising from the use of inappropriate care

5.4 Services are safe, high quality and provide a positive experience

Services provide positive experiences for Victorians and support service users’ empowered and engaged participation in the system. This is characterised by the safe delivery of care, strong leadership and workplace cultures, a skilled workforce, broad-based risk management, and a culture of continuous improvement and evidence-informed practice.

**Key result 39:** Improve patient- and client-reported experiences of care and treatment  
**Key result 40:** Reduce restrictive practices in formal care settings  
**Key result 41:** Increase the transparency of service safety and quality  
**Key result 42:** Reduce assault, exploitation and neglect of clients and patients cared for in formal settings
Our priority actions

Over the 12-month period from 1 July 2019 to 30 June 2020, we will implement 39 priority actions. These priority actions represent our responsibility to deliver on the government’s commitments, initiatives and key reforms, and the specific step changes to the health and human services systems that we believe are required to deliver on our long-term vision. They are not intended to be a comprehensive nor exhaustive picture of the department’s work program; rather, they represent where we must focus our efforts the most if we are to significantly improve the lives of our patients and clients.

Nine enabling actions support the 39 priority actions. These enabling actions are important in their own right, with many of them transforming the way we work with each other, with our clients, patients and service providers, and with the systems that support us to do so. The nine enabling actions will modernise the department as a workplace, strengthen our accountability frameworks and enhance the way we engage with and provide information to our patients, clients, service providers and Victorians more generally.

Our priority actions and enabling actions are mapped against our outcomes framework and are set out in more detail in the following pages.
Victorians are healthy and well

The main focus of these actions is to improve health and wellbeing and tackle health inequality.

Helping Victorians live longer, healthier lives is a priority for government and individuals alike.

An effective healthcare system, and innovative specialist services that link up to meet the needs of patients, are crucial. This includes a continued focus on safe, effective and high-quality health care, providing a positive experience for patients and their families.

But our health and wellbeing is not determined by health care alone. Social and environmental conditions, and the behaviours that affect our health, combine to have a much bigger impact. That means Victorians, government, employers, organisations and communities need to work together to improve lifestyles and life circumstances.

Achieving improvements in this area requires new approaches to detecting ill health and promoting wellbeing, encouraging economic participation, and deepening people’s cultural connections and informal networks, to better support them to realise their full range of capabilities.

It will take new approaches to changing behaviours and addressing the full range of risk factors for ill health earlier, including genetic, clinical, behavioural and social risks.

For young people, this approach is essential to ensure the best start in life for improving long-term health and wellbeing.

For older Victorians, it is about supporting them to age well, increasing social participation, addressing disadvantage and, at the same time, making sure complex health conditions are managed well.

For some vulnerable Victorians, it means a greater emphasis on linking social services, health care and other supports.
### Outcome 1.1: Victorians have good physical health

<table>
<thead>
<tr>
<th>We commit to delivering the following priority actions over the next 12 months</th>
<th>Accountability for delivery</th>
</tr>
</thead>
</table>
| **1.1** Deliver better access to ante-natal, maternal and child health, and parenting support services by increasing assistance for new Victorian parents, including:  
  - expanding early parenting centres  
  - promoting and improving access to a range of tele-health and ambulance services for rural and regional communities  
  - creating partnerships between maternity and neonatal services to provide a continuum of support for mothers, infants and families  
  - improving paediatric services at identified emergency departments and expanding joined up care from pre-natal through to early years family support  
  - strengthening smoking cessation in routine ante-natal, maternal and child health services, including high risk cohorts  
  | Deputy Secretary, Health and Wellbeing |
| **1.2** Work with Dental Health Services Victoria and the Department of Education and Training to implement free dental assessment and treatment for government school students  
  | Deputy Secretary, Health and Wellbeing |
| **1.3** Create more opportunities for Victorians to be active in their neighbourhood to foster healthy, well-connected communities. This includes working with partners across the Victorian government and the community to develop a childhood obesity plan for Victoria  
  | Deputy Secretary, Health and Wellbeing |
| **1.4** Improve the integration, inclusivity and responsiveness of services provided to people seeking asylum in Victoria to support better outcomes and reduce the destitution and vulnerability they currently experience  
  | Deputy Secretary, Health and Wellbeing |
| **1.5** Support people to manage their own health and health care through:  
  - working in partnership with the Commonwealth Scientific and Industrial Research Organisation and other partners to develop digital models of care for chronic disease conditions to enable people to be treated at home  
  - connecting Victorian health services, laboratories and diagnostic imaging services to My Health Record so that a patient’s view of their health care is as complete as possible  
  - developing tools to screen patients for low self-management capability at discharge and stratify them to support programs as appropriate, with approaches to be first piloted in stroke  
  | Deputy Secretary, Health and Wellbeing |
### Outcome 1.2: Victorians have good mental health

<table>
<thead>
<tr>
<th>We commit to delivering the following priority actions over the next 12 months</th>
<th>Accountability for delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.2.1 Address Victoria’s mental health system by:</strong></td>
<td>Deputy Secretary, Health and Wellbeing</td>
</tr>
<tr>
<td>• supporting and responding to the Royal Commission into Victoria’s Mental Health System</td>
<td></td>
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<tr>
<td>• improving forensic mental health, alcohol and other drug treatment, and care for young people and adults through partnering with the Department of Justice and Community Safety</td>
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<tr>
<td>• improving mental health outcomes for older Victorians by responding to the Commonwealth Royal Commission into Aged Care Quality and Safety</td>
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<tr>
<td>• improving dual diagnosis treatment and support for people living with mental illness and problematic alcohol and drug use</td>
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<tr>
<td>• continuing to implement initiatives to de-stigmatise mental illness</td>
<td></td>
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<tr>
<td>• continuing to implement actions outlined in the <em>Victorian suicide prevention framework 2016–2025</em></td>
<td></td>
</tr>
<tr>
<td><strong>1.2.2 Close the gap in physical health and life expectancy between people with and without serious mental disorder by:</strong></td>
<td>Deputy Secretary, Health and Wellbeing</td>
</tr>
<tr>
<td>• strengthening action on key modifiable risk factors for chronic disease in mental health services, prioritising smoking cessation</td>
<td></td>
</tr>
<tr>
<td>• increasing access to regional and rural health services for earlier intervention and treatment of physical co-morbidities in those with serious mental disorder</td>
<td></td>
</tr>
<tr>
<td>**1.2.3 Implement actions outlined in the <em>Victorian carer strategy 2018–2022</em> to support carer health and wellbeing and access to services and supports including respite and grassroots support programs</td>
<td>Deputy Secretary, Health and Wellbeing</td>
</tr>
</tbody>
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Spotlight on Outcome 1.2: Victorians have good mental health

Suicide prevention

What is the issue and what does it mean for Victorians?

- Every year in Victoria, suicide takes more than twice as many lives as the road toll.
- 621 Victorian lives were lost through suicide in 2017.

Figure 4: Suicide rates by sex, age and geographic region in Victoria, 2008–17

Figure 4 shows that suicide rates are greater for men than women. The largest number of suicide deaths involves people aged 25–54 years, and the suicide rate is higher in areas outside Greater Melbourne.

Suicide rates by sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Rate per 100,000, 2008–17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>17.1</td>
</tr>
<tr>
<td>Female</td>
<td>5.5</td>
</tr>
<tr>
<td>Total</td>
<td>11.2</td>
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</table>

Average annual age-standardised rate per 100,000, 2008–17

Suicide and age

The largest number of suicide deaths (59%) involve people aged 25–54 years.

Suicide in rural areas

The suicide rate is higher in areas outside Greater Melbourne.
What change are we trying to achieve?
- Halve Victoria’s suicide rate by 2025.

What progress did we make in 2018–19?
- The Victorian suicide prevention framework 2016–25, released in July 2016, outlines a whole-of-government strategy to save lives. It is supported by $27 million over four years to implement two flagship trials that are well underway:
  - **Place-based suicide prevention trials** being delivered in partnership with, and with co-investment from, Primary Health Networks at 12 sites across Victoria (Mornington Peninsula/Frankston; Brimbank/Melton; Whittlesea; Mildura; Latrobe Valley; Ballarat; Great South Coast; Macedon Ranges; Bass Coast; Benalla; Dandenong; Maroondah) are supporting local communities to develop proactive evidence-based suicide prevention strategies tailored to the needs of each community.
  - **Hospital Outreach Post-suicidal Engagement (HOPE) initiative** operating at six hospitals (Peninsula Health; Alfred Health; St Vincent’s Hospital; Barwon Health, Geelong; Maroondah Hospital; Albury Wodonga Health, Wangaratta) provides intensive, tailored support for people leaving hospital following treatment for an attempted suicide.
- A range of programs are being delivered to cohorts at greater risk of suicide, including LGBTIQ people, Aboriginal and Torres Strait Islander peoples, and drought-affected communities in Victoria.

What actions will we undertake in 2019–20?
- An Interdepartmental Committee on Suicide Prevention was established to drive cross-government collaboration to achieve the objectives of the suicide prevention framework. Significant work has been undertaken on synthesis and analysis of Victorian suicide data to inform future statewide preventive strategies.
- The 2018–19 budget allocated an additional $18.7 million to expand the HOPE initiative to a further six sites across Victoria (Casey Hospital; Latrobe Regional Hospital; Sunshine Hospital; Ballarat Health Service (including Horsham); Bendigo Health Service (including Mildura); Werribee Mercy Hospital, which will begin progressive operation from May 2019.
- We will also continue to implement and evaluate two new workforce initiatives, which aim to boost the number of Aboriginal health workers in the system and increase the workforce available to provide culturally appropriate mental health services for Aboriginal people.
### Outcome 1.3: Victorians act to protect and promote health

<table>
<thead>
<tr>
<th>We commit to delivering the following priority actions over the next 12 months</th>
<th>Accountability for delivery</th>
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| **1.3.1** Improve standards of health and wellbeing for Victorians and reduce the avoidable burden of disease and injury by:  
  • strengthening primary prevention activity, including action on the priority modifiable lifestyle risk factors of smoking and diet  
  • applying behavioural insights enabled by digital platforms to achieve better dietary choices and increases in physical activity | Deputy Secretary, Health and Wellbeing  
Deputy Secretary, Strategy and Planning |
| **1.3.2** Publish the *Victorian cancer plan 2020–24* by mid-2020, which will identify priorities to prevent cancer, increase survival, and improve the experience of the cancer treatment and care system and achieve equitable outcomes for all Victorians | Deputy Secretary, Health and Wellbeing |
| **1.3.3** Develop a strategic blueprint to improve the capacity of the department’s health protection functions to identify and stay ahead of emerging public health risks such as antimicrobial resistance and climate change | Deputy Secretary, Regulation, Health Protection and Emergency Management |
| **1.3.4** Improve health outcomes for older Victorians, including through a greater focus on quality and safety, to support the department’s response to the Commonwealth Royal Commission into Aged Care Quality and Safety | Deputy Secretary, Health and Wellbeing |
Key results under our outcomes framework that these priority actions will contribute to:

| Key result 1:                             | Reduce the incidence of avoidable harm in Victorian hospitals |
| Key result 2:                             | Reduce obesity and increase physical activity across Victoria |
| Key result 3:                             | Increase the proportion of children with healthy birthweight – with a focus on reducing smoking during pregnancy |
| Key result 4:                             | Reduce infant mortality |
| Key result 5:                             | Reduce premature death |
| Key result 6 (new):                      | Improve early childhood development milestones for vulnerable children |
| Key result 7 (new):                      | Improve the oral health of school aged children |
| Key result 9:                             | Improve rates of self-reported health and wellbeing |
| Key result 10 (new):                     | Reduce the rate of people with mental illness in contact with the justice system |
| Key result 11:                            | Reduce deaths resulting from misuse of prescription medicine |
| Key result 12:                            | Increase immunisation coverage rates at two years of age and at school entry |
| Key result 21:                            | Increase the satisfaction of those who care voluntarily for people with a disability, people with mental illness, and children in out-of-home care |
| Key result 26:                            | Increase participation in universal and earlier intervention services – especially Aboriginal Victorians |
| Key result 37:                            | Improve alignment of our health, human services and community recreation assets with the needs of clients, patients, and Victoria’s growing population |
| Key result 39:                            | Improve patient- and client-reported experiences of care and treatment |
Victorians are safe and secure

The main focus of these actions is to improve the safety and security of Victorians and to tackle the causes of abuse and violence, including gender inequality.

A safe society is a basic requirement for all. The department, its agencies and its administrative offices act to change attitudes and behaviours that perpetuate abuse and violence. We want to stop cycles of family violence, child abuse and neglect and help children and adult victim-survivors recover.

Alongside freedom from abuse, access to suitable and stable housing is an essential determinant of good health and wellbeing. It is a foundation upon which to attend to other risk factors, such as unemployment, household chaos, budgeting problems or substance use issues.

Improving levels of safety and security means we need to overcome the legacies of intergenerational trauma, dispossession, disadvantage and exclusion.

For children, consistent relationships with a trusted adult are critical to healthy development. Overreliance on child protection as the gateway of last resort to services and supports for children and families misses earlier opportunities to effect change and prevent harm. A broad range of health, education and social services help families to effect change and build their capabilities. Earlier support by these services is key to vulnerable children having the same health, early development and educational opportunities and status as the broader child population. On behalf of government, the department is leading work to embed this sharing of responsibility and to break intergenerational cycles of disadvantage.

As we have begun implementation of the recommendations of the Royal Commission into Family Violence, victim-survivors and specialist family violence services have provided deep insights into the dynamics of family violence – and how to strengthen prevention and service responses. A much stronger emphasis is now placed on making it easier to access help. This means holding perpetrators in view and changing their behaviour, minimising disruption in the lives of victim-survivors (adult and children) and supporting the restoration of mother–child bonds.

Our approaches to family violence, child protection, homelessness and social housing recognise that cultural identity and community networks offer protection, connection and healing.
### Outcome 2.1: Victorians live free from abuse and violence

<table>
<thead>
<tr>
<th>We commit to delivering the following priority actions over the next 12 months</th>
<th>Accountability for delivery</th>
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| 2.1.1 Implement the next phase of the *Roadmap for Reform* to focus the child and family system on earlier intervention and prevention and person-centred, evidence-informed service pathways, by:  
• progressing trials to support strengthening families to reduce the rate of growth of children entering out-of-home care  
• providing a continuum of therapeutic and integrated responses in care services including models targeting complex needs  
• developing a carers strategy to support carers in providing consistent and quality care to children  
• implementing *Wungurwilwil Gapgadpuir: Aboriginal children and families agreement*  
• providing tailored support programs and promoting positive mental health and wellbeing initiatives for child protection practitioners  
• embedding minimum qualification requirements for the residential care workforce  
• concluding the Child Protection Futures Project and determining the future design of the child protection program  
• systematically implementing the *Community services quality governance framework* across the sector | Deputy Secretary, Children and Families |
| 2.1.2 Strengthen perpetrator responses and prevention efforts, in coordination with all relevant departments and Victoria Police by:  
• responding to recommendations of the Expert Advisory Committee on Perpetrator Interventions report and relevant Royal Commission recommendations  
• further developing evidence of effective interventions for perpetrators, including multi-agency service responses, perpetrator dangerousness tools and practice guidance | CEO, Family Safety Victoria |
| 2.1.3 Support Victorian carers by increasing client funding and wider supports to provide consistent and quality care for the children they care for | Deputy Secretary, Children and Families |
| 2.1.4 Continue The Orange Door rollout and establish the first Aboriginal Access Point(s), providing support and connection to a range of services and identifying and responding to women, children and families at risk of, or experiencing, family violence, supported by the Central Information Point and new information sharing schemes and Multi-agency Risk and Assessment Management framework (MARAM) | CEO, Family Safety Victoria |
Spotlight on Outcome 2.1: Victorians live free from abuse and violence

The Orange Door

What is the issue and what does it mean for Victorians?

- The Royal Commission into Family Violence proposed the implementation of Support and Safety Hubs (known as The Orange Door) in the 17 Department of Health and Human Services areas across Victoria.
- Family violence remains Victoria’s number one law and order issue, with family violence present in 46 per cent of families referred to child protection, and 47 per cent of requests for homelessness services support.
- The Orange Door provides a first point of access to services for adults, children and young people who are experiencing or have experienced family violence, and families who need extra support with the care of children. People can walk-in or phone The Orange Door, or could also be introduced by relevant people or professionals in their lives.
- The Orange Door brings together staff from specialist family violence services, child and family services and perpetrator services, including Aboriginal services and child protection. It works with people to help them access relevant support through The Orange Door and into the broader system.
- Outcomes and user experience will continue to influence the design, development and operation of The Orange Door.

What change are we trying to achieve?

- The Orange Door aims to improve the safety and wellbeing of individuals, children and families, and hold perpetrators of family violence to account. Practitioners work with people to assess the risks and needs of all members of a family and plan appropriate responses through:
  - a multidisciplinary workforce co-located at The Orange Door, sharing information and expertise, aligning with the MARAM and Best Interests Case Practice frameworks, and using shared client records
  - practice leaders driving cultural change and supporting integrated practice, including Aboriginal practice leaders who support The Orange Door to offer culturally safe services and choice for Aboriginal people about the services they access and use
  - applying person-centred approaches to ensure choices and needs of clients, including children, guide service delivery
  - application of information-sharing legislation that enables workers to work more collaboratively and share information about risk and wellbeing
  - strong links to broader local services
  - use of the Central Information Point, which provides practitioners with a single consolidated report from information in databases held by Victoria Police, Corrections Victoria, the department and the courts about alleged perpetrators of family violence.

What progress did we make in 2018–19?

- As at 30 April 2019, The Orange Door:
  - operated in five departmental areas
  - received almost 45,000 referrals relating to family violence and/or child wellbeing concerns, including referrals for over 17,000 children
  - received over 2,400 Central Information Point reports to inform family violence risk assessment.
- The Orange Door has been established as an iterative model.
- Evidence is being gathered through:
  - review of initial operations
  - the first of three evaluations
  - a new system to receive clients’ feedback on their service experience
  - quarterly reporting data.

What actions will we undertake in 2019–20?

- The Orange Door will open in further areas, building on the current Child FIRST and Family Services Alliances.
- The service model will continue to evolve so that people can seamlessly and quickly receive the help they need, for example working towards increased hours of operation. This work will be informed by the Roadmap for Reform: strong families, safe children – a strategy for reform of the children, youth and families system.
- Further refinement will occur on integrated practice approaches to support delivery of coordinated, seamless services that make use of specialist expertise.
- The Orange Door will strengthen networks with other services, supported by the implementation of MARAM.

Outcome 2.2: Victorians have suitable and stable housing

<table>
<thead>
<tr>
<th>We commit to delivering the following priority actions over the next 12 months</th>
<th>Accountability for delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2.1 Grow public, community and affordable housing stock and contribute to precinct renewal to better meet the needs of the community with our partners across the housing sector</td>
<td>Deputy Secretary, Housing and Infrastructure</td>
</tr>
</tbody>
</table>
| 2.2.2 Facilitate early intervention and pathways for those who are homeless or at risk of homelessness by:  
  • building better connections between services to support diverse and changing needs  
  • strengthening referral/support pathways and responses for priority groups | Deputy Secretary, Housing and Infrastructure |
Key results under our outcomes framework that these priority actions will contribute to:

<table>
<thead>
<tr>
<th>Key result</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key result 13</td>
<td>Reduce the abuse and neglect of children and young people</td>
</tr>
<tr>
<td>Key result 14</td>
<td>Reduce the rate of growth in out-of-home care – especially for Aboriginal children</td>
</tr>
<tr>
<td>Key result 15</td>
<td>Reduce the number of children in out-of-home care who live in residential care</td>
</tr>
<tr>
<td>Key result 16</td>
<td>Prevent family violence and reduce the continuing risk of harm associated with family violence</td>
</tr>
<tr>
<td>Key result 17</td>
<td>Reduce the occurrence of occupational violence, bullying, assault and inappropriate behaviour in departmental and public health services</td>
</tr>
<tr>
<td>Key result 18</td>
<td>Reduce the proportion of the population experiencing homelessness – especially victims of family violence and young people</td>
</tr>
<tr>
<td>Key result 19</td>
<td>Increase educational engagement and achievement by children and young people in contact with departmental services – especially those in out-of-home care</td>
</tr>
<tr>
<td>Key result 24</td>
<td>Increase cultural connection for children in out-of-home care – especially Aboriginal children</td>
</tr>
<tr>
<td>Key result 26</td>
<td>Increase participation in universal and earlier intervention services – especially Aboriginal Victorians</td>
</tr>
<tr>
<td>Key result 27</td>
<td>Reduce the average wait time for people on the priority housing list</td>
</tr>
<tr>
<td>Key result 29</td>
<td>Reduce unexplained variation in the care people receive – especially for disadvantaged groups</td>
</tr>
<tr>
<td>Key result 35</td>
<td>Increase the proportion of service assets that are appropriately maintained</td>
</tr>
<tr>
<td>Key result 36</td>
<td>Increase the proportion of capital projects delivered on time and on budget</td>
</tr>
<tr>
<td>Key result 37</td>
<td>Improve alignment of our health, human services and community recreation assets with the needs of clients, patients and Victoria’s growing population</td>
</tr>
<tr>
<td>Key result 39</td>
<td>Improve patient- and client-reported experiences of care and treatment</td>
</tr>
</tbody>
</table>
Victorians have the capabilities to participate

These actions focus on building people’s capabilities to realise their full education and economic potential.

Every individual, regardless of their circumstances, has abilities, skills and unique qualities. They can become better custodians of their future if encouraged, supported and adequately resourced. These priority actions recognise the relationship between education and progress in economic participation. The reciprocal relationship between the two is crucial; success in education increases employment prospects in later life and the ability to participate in the labour market.

People not participating in the labour market often suffer varying degrees of poverty. These priority actions seek to bring about improved quality of life through increased participation in learning, education, volunteering and employment and the achievement of financial stability. Success will require supporting people along all or parts of the life continuum from cradle to career, and ensuring the right foundations are established in early childhood. It also requires giving children opportunities to achieve in education, and preparing and supporting people to access meaningful employment opportunities.

These priority actions are particularly important for the future success of the state, so that future generations can enjoy a better quality of life. The department can play a key role in this by helping to unlock the social, educational and economic potential of all Victorians, including those facing barriers to participation.

These priority actions also recognise the important role the department has in contributing to Victoria’s economic growth through the jobs our services and capital investments create, especially in the construction sector, and the industries and workforces that we support.
Outcome 3.1: Victorians participate in learning, education and employment

<table>
<thead>
<tr>
<th>We commit to delivering the following priority actions over the next 12 months</th>
<th>Accountability for delivery</th>
</tr>
</thead>
</table>
| 3.1.1 Improve participation in education and employment for vulnerable children and young people through:  
  • partnering with the Department of Education and Training and LOOKOUT schools to provide support through early childhood, school and post-compulsory education  
  • providing supported and integrated pathways into housing, education and employment for Victorian children leaving out-of-home care | Deputy Secretary, Community Services Operations  
Deputy Secretary, Children and Families |

Outcome 3.2: Victorians benefit economically from strong health and human services sectors

<table>
<thead>
<tr>
<th>We commit to delivering the following priority actions over the next 12 months</th>
<th>Accountability for delivery</th>
</tr>
</thead>
</table>
| 3.2.1 Contribute to a stronger Victorian economy through:  
  • creating jobs in the construction sector through major capital investments  
  • increasing hospital and aged care beds for Melbourne’s east  
  • recruiting new paramedics, upgrading and building new ambulance stations, and purchasing new ambulances  
  • supporting the creation of a diverse workforce by leveraging health and community sector funding agreements to create employment opportunities for people who are experiencing obstacles to participation | Deputy Secretary, Housing and Infrastructure  
Deputy Secretary, Health and Wellbeing |
Spotlight on Outcome 3.2: Victorians benefit economically from strong health and human services sectors

Paramedics and ambulance services

What is the issue and what does it mean for Victorians?

• Victorians have the right to expect timely access to ambulance services.
• In 2017–18, Ambulance Victoria responded to almost 900,000 incidents across the state. As our population grows and ages, there is an ever-increasing demand for ambulance services.
• In an emergency every second counts. Maintaining a high-performing emergency system requires not only resources, but infrastructure and systems to maximise the effectiveness and efficiency of our ambulance services.
• Deteriorating and outdated ambulance station infrastructure is affecting Ambulance Victoria's capacity to meet demand.

What change are we trying to achieve?

• Maintain the community’s access to ambulance services and strive to continuously improve patient outcomes, thereby improving the health status of Victorians.
• Appropriate levels of resources necessary to continue to meet the community’s expectations of access to our life-saving paramedics and ambulance services.
• Address the growing demand for ambulance services by improving paramedic availability (particularly in rural and regional Victoria), vehicles, infrastructure and equipment to support increased activity.

What progress did we make in 2018–19?

• In February 2019, the final components of a $526 million investment in ambulance services announced in November 2016 were delivered. This included an extra 450 paramedics across the state, 22 new or upgraded ambulance resources, with an additional 12 new Paramedic Community Support Coordinators in rural and remote Victoria.
• Recent investment and reforms have improved Ambulance Victoria’s Code 1 responses to the best on record. In the third quarter of 2018–19, paramedics reached 84.2 per cent of Code 1 patients within 15 minutes.

What actions will we undertake in 2019–20?

• Nearly $300 million was provided in the 2019–20 State Budget to maintain and improve services and respond to demand.
• The funding will recruit an additional 90 paramedics in rural Victoria (over four years) to support converting a number of single-officer stations to dual-officer stations.
• More new services will be implemented at high-demand locations, some of which have never previously had a local ambulance resource.
• The funding will also provide additional resources to keep up with demand and ensure timely access to ambulance services is maintained.
• The investment includes capital funding for new ambulance branches and a 23-vehicle fleet to be deployed at high-demand locations.
Outcome 3.3: Victorians participate in the economy and have financial security

We commit to delivering the following priority actions over the next 12 months

<table>
<thead>
<tr>
<th>3.3.1 Increase economic opportunities for Victorians with a mental illness, disability, and marginalised cohorts by:</th>
<th>Accountability for delivery</th>
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<tbody>
<tr>
<td>• working with Department of Jobs, Precincts and Regions to implement employment initiatives in rural and regional areas</td>
<td>Deputy Secretary, Health and Wellbeing</td>
</tr>
<tr>
<td>• providing support to people with disability to live satisfying everyday lives through implementation of Absolutely everyone: state disability plan 2017–2020</td>
<td></td>
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</tbody>
</table>

Key results under our outcomes framework that these priority actions will contribute to:

| Key result 19: Increase educational engagement and achievement by children and young people in contact with departmental services – especially those in out-of-home care |
| Key result 20: Increase participation in three- and four-year-old kindergarten by children known to child protection |
| Key result 22: Increase labour market participation by women, people with disability, people with mental illness and people living in specified locations and communities |
| Key result 23: Increase rates of community engagement – especially for Aboriginal children and young people |
Victorians are connected to culture and community

The focus of these actions is to build strong, resilient communities that feel safe and connected to culture and identity.

Everyone lives within a community and needs the support of their community or social networks, in addition to vital services. Developing positive and supportive relationships within communities is an important affirmation of cultural identity and wellbeing that works to counter social and cultural isolation, which is closely associated with poor physical and social wellbeing.

The strength of communities and social networks is that they surround people 24/7, and the Victorian Government is providing funding to progress government acting as a vehicle for supporting families and communities to design services and supports that work for them.

Our lives are shaped by the context within which we live – our relationships, our neighbourhoods and the culture, journeys, histories and systems that affect community conditions.

By linking individuals and families to a community’s resources – not just services, but also the resources that exist within every community and neighbourhood – we can ensure people feel safe and connected to their culture and identity.

Such place-based and community-centred approaches to advancing health and wellbeing are crucial. This recognises that accessing services closer to home, ensuring services are culturally responsive, and strengthening connections to communities, positively contributes to wellbeing.

For Aboriginal Victorians, achieving better outcomes for individuals, families and communities requires a strong commitment to advancing Aboriginal self-determination.

Outcome 4.1: Victorians are socially engaged and live in inclusive communities

<table>
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<tr>
<th>We commit to delivering the following priority actions over the next 12 months</th>
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<tbody>
<tr>
<td>4.11 Enhance volunteerism in Victoria through the development and implementation of a volunteer strategy</td>
<td>Deputy Secretary, Health and Wellbeing</td>
</tr>
<tr>
<td>4.12 Pilot a social landlord approach in public housing to better connect tenants with health and social services</td>
<td>Deputy Secretary, Housing and Infrastructure</td>
</tr>
<tr>
<td>4.13 Improve social connection and reduce social isolation and loneliness for vulnerable Victorians by facilitating place-based, community-led programs that build healthy social engagement and enhance peer support and outreach</td>
<td>Deputy Secretary, Health and Wellbeing</td>
</tr>
</tbody>
</table>
Spotlight on Outcome 4.1: Victorians are socially engaged and live in inclusive communities

Social isolation and loneliness among older people

What is the issue and what does it mean for Victorians?

- Social isolation and loneliness is an emerging public health and wellbeing policy issue for older people.
- At any one point in time, between seven and 12 per cent (up to 150,000) older people in Victoria experience chronic loneliness.¹⁴
- Life transitions such as retirement, death of a partner, moving home, loss of driving capacity, onset of illness or loss of mobility can lead to isolation and loneliness through loss of social networks.

- Social isolation and loneliness have serious detrimental impacts on health and wellbeing – due to unhealthy diet, physical inactivity, poor quality and quantity of sleep, leading to high blood pressure, and increased risk of heart disease and stroke.
- Seniors in rural and regional Victoria are at higher risk of social isolation and loneliness due to geographic location and separation from others.
- Individuals from certain population groups, including LGBTIQ older Victorians are at increased risk of the negative effects of greater social exclusion and isolation as they age.

Figure 5: Victorian population living alone by age and sex, 2016

Figure 5 shows the proportion of the Victorian population living alone by age and sex.


What change are we trying to achieve?

- The Victorian Government wants all senior Victorians to have the capabilities to participate and engage with their local communities.
- There is a need to move from individual projects to a more systematic approach to strengthening social connections at a local level, through funding innovation, agenda setting and leadership, and impetus to scale up successful, evidence-based approaches.
- We want to build age-inclusive communities and services, particularly for the most vulnerable.

What progress did we make in 2018–19?

- Under the Age-friendly Victoria initiative, four grants totalling $400,000 were provided to four local government areas to build local capacity to plan and deliver projects that will have a positive impact to the quality of life, social participation, health and wellbeing of older people.
- Fifty Participation for CALD Seniors Grants totalling $325,000 were provided in 2018–19 to ethno-specific and multicultural groups to engage with socially isolated seniors from diverse cultural backgrounds and link them to community activities of their choice.
- Under the Seniors Participation Grants program, 20 grants totalling $700,000 were provided in 2018–19 to encourage replication of successful projects and innovative responses to address isolation and loneliness.
- Partnerships between Telstra and Seniors Card delivered digital technology training for seniors in Victorian libraries.
- Work with the Adult Community and Further Education Board developed in-depth information technology courses for delivery through Learn Local organisations.

What actions will we undertake in 2019–20?

- We will re-focus existing grant funding on the development, testing and implementation of innovative solutions to address isolation and loneliness faced by older Victorians.
- As a starting point to scale up successful, evidence-based interventions, we will promote the online toolbox of resources, which provides information and material to support organisations to replicate successful projects funded in previous seniors grant rounds.
- We will continue to empower older people and facilitate community-led actions to strengthen social connections, especially in regional Victoria, to promote healthy ageing.
Outcome 4.2: Victorians can safely identify and connect with their culture and identity, with their health and wellbeing advanced through self-determination

<table>
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<tr>
<th>We commit to delivering the following priority actions over the next 12 months</th>
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<tbody>
<tr>
<td>4.2.1 Expand support for Victoria’s LGBTIQ community, including: • providing counselling and mental health support • delivering services that are inclusive and safe for LGBTIQ Victorians • developing an LGBTIQ health promotion strategy for rural and regional communities</td>
<td>Deputy Secretary, Health and Wellbeing</td>
</tr>
<tr>
<td>4.2.2 Develop an Aboriginal research accord to recognise and embed culturally sensitive practices and respect in medical research and advance Aboriginal research across all departmental services to inform models of care with embedded cultural safety and responsiveness</td>
<td>Deputy Secretary, Health and Wellbeing</td>
</tr>
<tr>
<td>4.2.3 Operationalise the principles of self-determination of the Victorian Aboriginal Affairs Framework (VAAF) across departmental services</td>
<td>Deputy Secretary, Strategy and Planning Deputy Secretaries, Operational Divisions</td>
</tr>
</tbody>
</table>

Key results under our outcomes framework that these priority actions will contribute to:

| Key result 8: | Reduce the suicide rate |
| Key result 9: | Improve rates of self-reported health and wellbeing |
| Key result 17: | Reduce the occurrence of occupational violence, bullying, assault and inappropriate behaviour in departmental and public health services |
| Key result 18: | Reduce the proportion of the population experiencing homelessness – especially victims of family violence and young people |
| Key result 23: | Increase rates of community engagement – especially for Aboriginal children and young people |
| Key result 25 (new): | Increase the cultural safety of our department’s direct-delivered and funded services |
| Key result 26: | Increase participation in universal and earlier intervention services – especially by Aboriginal Victorians |
| Key result 30: | Increase client and patient choice concerning services and treatment they receive |
| Key result 32: | Increase citizen engagement in the design and delivery of services |
| Key result 37: | Improve alignment of our health, human services and community recreation assets with the needs of clients, patients and Victoria’s growing population |
| Key result 39: | Improve patient- and client-reported experiences of care and treatment |
Victorian health and human services are person centred and sustainable

The main focus of these actions is to improve the safety, quality, efficiency and sustainability of our services as a key part of achieving outcomes for our patients and clients.

Ultimately, the performance of the department should be assessed by the outcomes it achieves for Victorian people, families and communities. In addition, the safety, quality, responsiveness, efficiency and equitable distribution of services are crucial determinants of these outcomes.

For this reason, these actions focus on how our services are organised, delivered and measured. There is a focus on providing access that is appropriate, closer to home and equitable, on measuring performance and on working with our service delivery partners to continuously lift performance. This includes strengthening system design and planning to respond to changes in populations, settlement patterns and the services people will need in the future.

These actions also recognise that good outcomes for patients and clients require our service systems to be person centred and responsive to people’s needs, including in how they access, choose and identify with our services.

Outcome 5.1: Services are appropriate and accessible in the right place, at the right time

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<tr>
<th>We commit to delivering the following priority actions over the next 12 months</th>
<th>Accountability for delivery</th>
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</thead>
<tbody>
<tr>
<td><strong>5.1.1 Increase specialist and emergency care closer to home for rural and regional Victorians</strong></td>
<td><strong>Deputy Secretary, Health and Wellbeing</strong>  <strong>Deputy Secretary, Children and Families</strong></td>
</tr>
<tr>
<td><strong>5.1.2 Identify gaps in data and improve data accessibility and transparency to enable better health care</strong></td>
<td><strong>CEO, Victorian Agency for Health Information</strong></td>
</tr>
</tbody>
</table>
### Outcome 5.2: Services are inclusive and respond to choice, culture, identity, circumstances and goals

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<tr>
<th>We commit to delivering the following priority actions over the next 12 months</th>
<th>Accountability for delivery</th>
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</thead>
</table>
| 5.2.1 Increase prevention and earlier intervention services that are accessible to the Aboriginal community and sensitive to the community’s needs, including:  
  • developing an industry plan for Aboriginal community-controlled organisations (ACCOs) that links to the Community services implementation plan  
  • capacity building in ACCOs to provide prevention and earlier intervention services | Deputy Secretary, Children and Families  
Deputy Secretary, Strategy and Planning |
| 5.2.2 Develop strategies to include patients and consumer experience of services in the evidence base by harnessing technological innovation and implementing stronger information sharing regimes | CEO, Victorian Agency for Health Information  
Deputy Secretary, Strategy and Planning |

### Outcome 5.3: Services are efficient and sustainable

<table>
<thead>
<tr>
<th>We commit to delivering the following priority actions over the next 12 months</th>
<th>Accountability for delivery</th>
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</table>
| 5.3.1 Improve health outcomes by focusing on:  
  • projected increases in demand, associated costs, and reforms to enable government to manage demand  
  • current hospital governance arrangements  
  • effectiveness and efficiency of acute healthcare funding and reporting  
  • Victoria’s health prevention system | Deputy Secretary, Health and Wellbeing |
| 5.3.2 Implement reforms to alcohol and other drugs system to deliver more person-centred pathways, better integration and systematic reporting by:  
  • building capability and capacity of primary care  
  • implementing new reporting and data collection systems | Deputy Secretary, Health and Wellbeing |
| 5.3.3 Develop and implement strategies to drive access improvements to health services, including:  
  • testing new pathways and models of care for effective management of patients transitioning through primary, secondary and tertiary care  
  • connecting local health services to support clients and patients with additional services to care for their needs | CEO, Victorian Agency for Health Information  
Deputy Secretary, Strategy and Planning |
Outcome 5.4: Services are safe, high quality and provide a positive experience

<table>
<thead>
<tr>
<th>We commit to delivering the following priority actions over the next 12 months</th>
<th>Accountability for delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.4.1 Improve the quality and safety of care provided in Public Sector Residential Aged Care (PSRAC) services</td>
<td>Deputy Secretary, Health and Wellbeing CEO, Safer Care Victoria</td>
</tr>
<tr>
<td>5.4.2 Improve quality and safety of patient care through enhancement of quality management systems by strengthening compliance and enforcement in non-emergency patient transport, improving staff safety, and ensuring the highest quality care for patients</td>
<td>Deputy Secretary, Health and Wellbeing CEO, Safer Care Victoria</td>
</tr>
</tbody>
</table>
| 5.4.3 Address the needs of Victorians with disability by:  
• continuing the transition to the NDIS  
• transferring government delivered disability accommodation services to non-government providers  
• transferring quality and safeguarding functions to the National Quality and Safeguarding Commission | Deputy Secretary, Community Services Operations |
| 5.4.4 Reform social services regulation and complaints processes to provide a single effective and comprehensive framework that protects vulnerable social services clients from abuse and enables appropriate action to be taken against service providers who fail to manage risks of client abuse | Deputy Secretary, Regulation, Health Protection and Emergency Management |
| 5.4.5 Enable improved health outcomes through the delivery of the health and ambulance capital program, and ongoing asset management of key health infrastructure | Deputy Secretary, Housing and Infrastructure |

We have a strong commitment to advancing Aboriginal self-determination in health and human services.
Spotlight on Outcome 5.4: Services are safe, high quality and provide a positive experience

Partnering in healthcare framework

What is the issue and what does it mean for Victorians?

• There is significant variation in the approach and capacity of health services to promote and enable people to partner in their health care.
• Not all Victorians participate in their health in an equal way or have their healthcare needs equally well met, and many Victorians have poor healthcare experiences and poor health outcomes.
• Victorian Health Experience Survey (VHES) data indicates variation in the quality of patient experience for particular cohorts and performance against key questions has not improved significantly in the last three years.

What change are we trying to achieve?

• We are bringing consistency to how Victorians can participate in their own health care.
• We are helping health services involve consumers to deliver care that is safe, effective, person and family centred, equitable and clinically effective.
• We are working to clearly articulate consumer priorities for health services, Safer Care Victoria (SCV) and the department.

What progress did we make in 2018–19?

• We completed a prioritisation summit after an extensive digital engagement process to clarify the key priorities for the framework. This resulted in five domains which are collective focus areas, where work could improve consumer experience and outcomes, as defined by consumers.
• The final document was released in February 2019 and an official launch held in April 2019 via a statewide forum of over 300 participants, with 100 of those being consumers.
• SCV and the Victorian Agency for Health Information delivered 14 regional roadshows in the lead up to the event to support health services in the application of the VHES data for improvement.
• By June 2019 each health service is required to have identified a minimum of two improvement priorities against the framework.
What actions will we undertake in 2019–20?

- SCV will focus on effective communication and shared decision making.
- SCV is running a patient feedback pilot using an online platform called Patient Opinion Australia in eight health services.
- SCV is funding clinical communication skills training programs and a communication development pilot program in three health services called Your Thoughts Matter.
- Resources have been released to support health services such as Partnering in healthcare and National Safety and Quality Health Service standards and the Guide to producing and sourcing quality health information. The next guidance will be on engaging with diverse consumers. SCV will support a range of shared decision-making pilot interventions within health services.
- In terms of measurement, SCV is in the process of finalising the evaluation strategy but will focus attention on specific VHES questions relating to communication and shared decision making. For example, by 2020, to increase favourable responses from 78 per cent to 95 per cent to the VHES question ‘Overall, did you feel you were treated with dignity and respect while you were in hospital?’; and to increase favourable responses from 61 per cent to 75 per cent to the VHES question ‘Were you involved as much as you wanted to be in decisions about your care and treatment?’.
### Key results under our outcomes framework that these priority actions will contribute to:

<table>
<thead>
<tr>
<th>Key result</th>
<th>Description</th>
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<tbody>
<tr>
<td>Key result 1:</td>
<td>Reduce the incidence of avoidable harm in Victorian hospitals</td>
</tr>
<tr>
<td>Key result 14:</td>
<td>Reduce the rate of growth in out-of-home care – especially for Aboriginal children</td>
</tr>
<tr>
<td>Key result 17:</td>
<td>Reduce the occurrence of occupational violence, bullying, assault and inappropriate behaviour in departmental and public health services</td>
</tr>
<tr>
<td>Key result 26:</td>
<td>Increase participation in universal and earlier intervention services – especially by Aboriginal Victorians</td>
</tr>
<tr>
<td>Key result 28:</td>
<td>Improve the timeliness of access to elective surgery, emergency department treatment, outpatient services, ambulance services and palliative care</td>
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<td>Key result 29:</td>
<td>Reduce unexplained variation in care people receive – especially for disadvantaged groups</td>
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<tr>
<td>Key result 30:</td>
<td>Increase client and patient choice concerning services and treatment they receive</td>
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<tr>
<td>Key result 34:</td>
<td>Reduce demand for acute services to manage complex and chronic conditions</td>
</tr>
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<td>Key result 35:</td>
<td>Increase the proportion of service assets that are appropriately maintained</td>
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<tr>
<td>Key result 37:</td>
<td>Improve alignment of our health, human services and community recreation assets with the needs of clients, patients, and Victoria’s growing population</td>
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<tr>
<td>Key result 38:</td>
<td>Reduce waste arising from the use of inappropriate care</td>
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<tr>
<td>Key result 39:</td>
<td>Improve patient- and client-reported experiences of care and treatment</td>
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<tr>
<td>Key result 40:</td>
<td>Reduce restrictive practices in formal care settings</td>
</tr>
<tr>
<td>Key result 41:</td>
<td>Increase the transparency of service safety and quality</td>
</tr>
<tr>
<td>Key result 42:</td>
<td>Reduce assault, exploitation and neglect of clients and patients cared for in formal settings</td>
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Our enabling actions

Achieving the priority actions will not be possible without implementing the nine enabling actions. These enabling actions focus on both systems and people, and their successful implementation will:

- modernise our systems and tools of work to increase our effectiveness and efficiency and our accountability to our ministers and the Victorian community
- improve how we connect and share information and knowledge with our patients, clients and service delivery partners, and how we engage them in design and delivery of the department’s programs and services
- increase the sophistication of our use of data and evidence to drive policy, program and service delivery development and implementation to pursue best practice and continuous improvement
- embed an operating model that is fit for purpose, resilient, sustainable and represents best practice in the context of significant organisational change including new portfolio responsibilities
- build the capability of all staff – from our leaders to frontline staff – and increase the cultural safety and diversity of our workplace in line with our aim to be representative of the community we serve.
People, capability and leadership

Our organisation’s people, culture and leadership capabilities are critical enablers of the department’s strategic directions.

We are continuously building the core organisational, professional and leadership capabilities of individuals, teams and our leaders so we, as a collective, have sufficient skills, knowledge and depth to meet current and future challenges. We are also increasing the diversity of our workforce by providing an inclusive and culturally safe workplace for all.

We are empowering our people to be career curious, providing the tools, resources and supports to help plan and develop careers. This includes facilitating opportunities for career mobility to support a skilled and agile workforce that is ready to adapt to new and changing priorities. It also includes the One VPS initiative, which aims to build a workplace culture that encourages and enables cross-department mobility, collaboration and innovation.

A number of strategies and frameworks underpin our efforts in these areas to provide a positive and healthy workplace for all staff.

The People strategy 2020 identifies actions to improve our employee experience and positions us as an employer of choice. Over the next year, we will continue to progress the strategy’s core themes of attracting a diverse and high-performing workforce, inspiring and growing our people, engaging and retaining our people, purposeful leadership, and creating a great people experience.

We are doing more work on the inclusivity of our leadership programs, strengthening management approaches to diversity and inclusion, the physical design of workplaces and continuing to improve our approaches to learning, development and capability uplift, as well as support for career mobility over the next 12 months. This is positive progress that is continuing to deliver on our People strategy 2020.
The *Health, safety and wellbeing strategy 2016–20* sets out how we will improve employee health, safety and wellbeing by promoting a culture of good mental health and ensuring workplaces are free from preventable injuries. It presents a clear vision of how health, safety and wellbeing will look by 2020 with a focus on three key areas: culture, people and systems.

The *Aboriginal employment strategy 2016–2021* equips the department to better support Aboriginal communities by improving Aboriginal participation in the department’s workforce and to develop a culturally safe workplace for all staff.

As part of the strategy, the department has created employment pathways and professional development opportunities to increase Aboriginal employment numbers across all levels.

This has led to increased representation in the workforce for employees who identify as Indigenous from 173 headcount (1.3 per cent) at the end of June 2017 to 230 headcount (1.9 per cent) at the end of May 2019. This is ahead of projections to meet the target of two per cent Aboriginal staff by 2021.

Furthering our commitment to diversity and inclusivity, we have developed our *Aboriginal and Torres Strait Islander cultural safety framework*, designed to embed cultural perspectives and cultural safety into everything we do. Launched in June 2019, the framework is a key commitment within the department’s Aboriginal employment strategy. We are also refreshing our successful LGBTIQ inclusion plan. We have launched our first disability employment strategy and are about to launch our first gender equality action plan, building on the work already undertaken in this area.

Our enabling actions focus on implementing these foundational documents, building on work undertaken over the last year to foster a positive and safe working environment where we can all function well, fit in, access support and grow professionally.

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### We commit to delivering the following enabling actions over the next 12 months

#### Accountability for delivery

<table>
<thead>
<tr>
<th>Enabling action 1</th>
<th>Deputy Secretary, Corporate Services</th>
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<tbody>
<tr>
<td>Continue the delivery of:</td>
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<tr>
<td>• the year 2 actions from our <em>People strategy 2020</em></td>
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<tr>
<td>• the <em>Health, safety and wellbeing strategy 2016–2020</em> to ensure employees go home safe every day</td>
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<tr>
<td>• year 3 of the department’s <em>Aboriginal employment strategy 2016–2021</em></td>
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<tr>
<td>• the department’s internal implementation of the <em>Aboriginal and Torres Strait Islander cultural safety framework</em></td>
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<thead>
<tr>
<th>Enabling action 2</th>
<th>Deputy Secretary, Corporate Services</th>
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<tbody>
<tr>
<td>Uplift capability and improve career mobility to support our people and the department’s operating model and future workforce needs</td>
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</table>
Co-design and engagement

How we design and deliver our policies, programs and services must be guided by our clients’ and patients’ experiences of our service system and their preferences and aspirations about what it should deliver. It is also important for us to understand the experiences of our service delivery partners and how our approach to activities such as policy development, funding and performance decisions can be improved.

We must actively seek feedback on how we can improve our services from those who are receiving and delivering them, and purposefully and quickly act upon it. This is best practice for high-performing organisations and systems, and reflects the increasing appetite by consumers worldwide to be more actively engaged in product and service development and delivery.

The drive to enable self-determination in designing and setting priorities for Aboriginal health and wellbeing services and initiatives is an important demonstration of this commitment in Victoria. We will continue to play our part in supporting and empowering Aboriginal community-controlled organisations to increase the cultural awareness and accessibility of mainstream services, and in promoting opportunities to advance self-determination across our portfolio.

Safer Care Victoria and the Victorian Agency for Health Information have made good progress in establishing stronger mechanisms for engaging patients and clinicians. The Safer Care Patient and Family Council is one of the key mechanisms for Safer Care Victoria to engage with consumers and ensure the perspectives and needs of patients, their families and carers, and the community are represented in health service improvements and solutions. The Victorian Clinical Council is leading a transformative change in our level of engagement with patients and clinicians, what we engage them in and how we engage them.

Responding to the actions in the Royal Commission into Family Violence, Family Safety Victoria is continuing to accelerate co-design and shared decision making in our human services system, including through the Victim Survivor Advisory Council, which ensures that the voice of victim-survivors is central to the design of The Orange Door and other service system reforms.

Over the next year we will continue work to ensure patients and clients are at the core of service design and delivery, including through the development of a client voice framework and supporting tools to better engage with and capture the voices of our clients and communities.

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We commit to delivering the following enabling actions over the next 12 months

**Enabling action 3**

Increase co-design and engagement with:

a. patients, clients, victim-survivors of family violence, clinicians, practitioners and service providers through the work of Safer Care Victoria, the Victorian Agency for Health Information and Family Safety Victoria

b. the development of a client voice framework and supporting tools to better capture and use client voices, support client participation, and promote the client voice for implementation across the community services system

c. the continued implementation of the Dhelk Dja agreement and key strategic priorities and actions underpinned by Aboriginal self-determination and in partnership with Aboriginal communities and services

d. the broader Department of Health and Human Services workforce

**Accountability for delivery**

CEO, Safer Care Victoria
CEO, Victorian Agency for Health Information
CEO, Family Safety Victoria
Deputy Secretary, Children and Families
Deputy Secretary, Corporate Services
Deputy Secretary, Strategy and Planning
An operating model that supports our mission and strategic directions

The department’s operating model, and the structure that underpins it, are critical enablers to achieve our vision and strategic directions. We need to continue to embed an operating model that aligns our effort to government priorities and contributes to the key results set out in our strategic plan. This means being more flexible, agile and sustainable in the context of evolving community needs, and by welcoming new functions into the department through machinery-of-government changes.

Further, changes in the disability portfolio means that 5,500 staff from our houses, supported accommodation and respite services are in the process of moving to five non-government providers.

These new arrangements are underpinned by a commitment to: consolidate policy and program responsibilities into portfolio-based structures; strengthen our emergency management response; strengthen our divisional and area-based operating model to better deliver on the department’s and government’s priorities; improve our whole-of-department functions including legal and digital services; and embed a dedicated focus on safety and quality. Over the 12-month period of this plan, our new operating model and structure will be operationalised.

As part of this work, we have started an ongoing conversation with our people about how we will set and meet the aspirations for the organisation that we want to be.

Over the next two years, we will be undergoing significant organisational transformation – including transforming how we work with one another, with clients and with families. This will require careful planning and consultation, with opportunities for all staff to contribute, and the aim is that the department will look and operate quite differently by 2021.

We commit to delivering the following enabling actions over the next 12 months

<table>
<thead>
<tr>
<th>Enabling action 4</th>
<th>Accountability for delivery</th>
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| Deliver an operating model that enables us to allocate resources to areas of greatest priority and identify better ways of doing our work to support the government’s commitments. Our new operating model will support the transfer of disability accommodation and support services to the NDIS, develop new capabilities and find more innovative ways to effectively and efficiently deliver services to our staff and for the Victorian community. The work will build on existing reforms to strengthen our commitment to areas and operational divisions, align policy and program responsibilities with ministerial portfolios, bring together whole-of-department functions, and improve the quality and safety of services for our clients, patients and victim-survivors | Deputy Secretary, Organisational Transformation  
Deputy Secretary, Corporate Services  
Deputy Secretary, Legal and Executive Services |
Information and systems

Information and the systems required to create, manage and use information, are now a fundamental enabler of the department’s ability to deliver both its current operations and the priority actions of this strategic plan. There are few activities in the modern public sector that cannot be improved by better information and systems. This means that the ability to deliver new and improved systems reliably, repeatably and cost effectively is a mission critical capability.

The department's Data Governance and Information Technology Subcommittee oversees definition of an annual information and communications technology (ICT) investment program comprising hundreds of individual projects. The program addresses a wide range of information and systems modernisation needs – ranging from infrastructure and application upgrades through to the development of the new business systems required to implement policy and service delivery reforms, organisational transformation and more efficient corporate services.

The department has implemented a pragmatic and effective Platform+Agile digital transformation approach for the development of new information systems. This approach empowers in-house ICT professionals to leverage modern cloud services platforms and agile methods to deliver projects more quickly and cost effectively than can be achieved using more traditional approaches. Over 35 new systems, including the new multi-agency information sharing systems used to enable implementation of the government’s flagship family violence reforms and a new generation of incident management systems for both the health and human services sectors, have been developed using this approach over the past few years.

Internally, we will continue to invest in our corporate information systems to support a modern workplace and our desire to be an employer of choice. This investment helps us to better serve our patients, clients and ministers and ensures that our work systems are robust and sustainable and that data and information is easy to find and access. It also facilitates better communication and collaboration among staff, and enables our time spent at work to be more efficient.

The two key enabling actions for information and systems revolve around programs of work for providing better information systems to client- and patient-facing staff, as well as for improving the productivity of all staff across the department.

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<tr>
<th>We commit to delivering the following enabling actions over the next 12 months</th>
<th>Accountability for delivery</th>
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| **Enabling action 5**  
Improve the quality, timeliness and transparency of patient and client outcome data, service performance information, and improve data accessibility and transparency to patients, frontline workers and service providers | CEO, Victorian Agency for Health Information  
Deputy Secretary, Corporate Services  
Deputy Secretary, Children and Families |
| **Enabling action 6**  
Improve corporate information systems to support a modern workplace including tools for better internal communication, budgeting and resourcing | Deputy Secretary, Corporate Services |
**Data and evidence**

Our desire to deliver world-class health and human service systems for Victorians and our commitment to achieving outcomes necessitates the intelligent use of data, evidence and evaluation in everything we do.

We continue to make progress on the department’s approach to data and evidence, which is crucial in effective decision making. Data and evidence initiatives are building an evidence-focused culture in our department – a culture where we use and generate evidence to improve outcomes for our patients and clients.

Data literacy is a key enabler of this. We continue to mature our data management practices and processes to ensure data and information are well managed, easily available and understood by users.

Many of the department’s policy reform and service design activities over the past two years have involved the use of the integrated linked data resource. It has enabled us to understand the pathways of clients through our service system, and the outcomes of their service use. Linking data provides a person-centred view, rather than the siloed understanding of service use that we had in the past.

Our Centre for Victorian Data Linkage is also working to bring together a broader range of datasets from other government departments, such as education and justice, to achieve even greater benefits in understanding pathways and outcomes.

Additionally, the department is leading the implementation of Victoria’s first social impact investments. This is an innovative, outcomes-based approach to funding and commissioning of services, using linked data to measure and monitor performance.

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**We commit to delivering the following enabling actions over the next 12 months**

**Enabling action 7**

Mature the department’s approach to data and evidence available for policy, program and service delivery through planned, prioritised decision making; targeted, effective evaluation activity; improved data linkage, modelling and forecasting; and the development and sharing of evidence of what works to improve client outcomes

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**Accountability for delivery**

Deputy Secretary, Strategy and Planning
Spotlight on data and evidence

Social impact investment

What is the issue and what does it mean for Victorians?

• Chronic homelessness leads to poor health and long-term unstable housing outcomes. Breaking the cycle of chronic homelessness for people aged 25–65 years by providing rapid access to housing will improve stable housing and improved health.

• Examination of over 4,000 case histories of people experiencing homelessness in 2005–06 identified five typical pathways into adult homelessness:
  – housing crisis
  – family breakdown
  – substance abuse
  – mental health
  – transitioning from being homeless in youth (‘youth to adult’).

• Typically, rough sleepers are male, aged 35 years or over, unemployed, located in major cities, live alone, and report that they have a mental health issue and/or diagnosis and experience problematic drug and/or substance use. Despite receiving support from specialist homelessness services agencies, many rough sleepers experience repeat episodes of homelessness, and remain homeless over long periods.15

Figure 7: Cycle of homelessness, poor health and hospital readmissions

Figure 7 shows that people experiencing homelessness often cycle between homelessness, poor health and hospital admissions, with deterioration after discharge leading to frequent readmissions and a further decline in health status.

What change are we trying to achieve?

- Two social impact investments – COMPASS in partnership with AnglicareVic and Vincentcare, and Journey to Social Inclusion (J2SI) in partnership with Sacred Heart Mission – are seeking to improve outcomes for complex clients and demonstrate avoided costs to government across a range of human services, health and justice services.
- Through the COMPASS Social Impact Bond, more than 200 young people leaving care in the next three years will receive tailored supports that attend to the full spectrum of their needs, including improving long-term economic, social, personal and housing outcomes.
- The J2SI Social Impact Investment aims to reduce chronic homelessness for 180 people over the next three years.
- Funding will be provided based on the achievement of measurable outcomes including stable housing, reduction in convictions, and improved health and wellbeing.

What progress did we make in 2018–19?

- Substantial implementation readiness activity took place with operational divisions to commence rollout of COMPASS and J2SI. The first groups of clients were referred: 60 for J2SI and 40 for COMPASS, to the end of June 2019.
- The department worked with the community services sector, intermediaries, workers and clients to co-design the programs. For example, COMPASS was informed by young care leavers, who are continuing to provide input in implementation.
- The department’s linked administrative data capabilities provided a rigorous basis for the program design and to measure performance against outcomes.
- A new financing model was developed for J2SI. The guarantor model uses a third party, such as a philanthropic organisation, to provide a partial or full guarantee of the investment resulting in simpler financial arrangements, less onerous capital raising requirements and lower establishment costs.
- COMPASS met its capital raising target of $14.2 million, which has made it Australia’s largest social impact bond. More than 50 investors, including large philanthropic funds and private individuals, have subscribed.

What actions will we undertake in 2019–20?

- Learnings from the two social impact bonds will inform other program development, outcomes-based funding and service reform within the department and across the wider Victorian Government for priority cohorts.
- An additional 60 people experiencing chronic homelessness will be accepted into the J2SI program in August 2019.
- COMPASS will continue to support up to a total of 202 young people leaving out-of-home care in Western Melbourne, Inner North and Bendigo areas over a period of five years.
- In addition to the measurement of specific outcomes, there will be an ongoing evaluation of the programs from commencement to the completion of the program. This will seek to identify the broader impact of the programs such as personal health and wellbeing, education and employment outcomes.
- We will continue to provide advice to other Victorian Government departments on Partnerships Addressing Disadvantage initiatives using an outcomes-based social impact investment model.
Good governance, integrity, planning and risk management

We are committed to robust internal governance, maintaining integrity in our culture and processes, good financial management, purposeful strategic planning for priority setting, and effectively planning and managing risks. A key component of this is our Executive Board and its committees and their focus on managing and monitoring the implementation of key reforms and services.

We are focused on the outcomes we committed to delivering to our patients and clients. We are also responsible for managing risk on a daily basis across our services – from lifesaving emergency surgery to deciding to place a child in out-of-home care.

This strategic plan demonstrates our commitment to more robust and integrated strategic planning to enable us to be clear on what we must deliver and how. Our strategic planning is now integrated with a strengthened resourcing cycle and allocation process, which together promotes alignment with our outcomes framework. Embedding our outcomes framework in everything we do, from policy development to procurement to performance measurement, will continue to occur as we mature our planning processes.

Our focus on planning also extends to our asset program, which is informed by long-term planning underpinned by evidence of how best to configure and distribute services to best meet the needs of Victorians – both now and into the future.

We also remain conscious of discharging our responsibilities for good financial management and ensuring adherence with best practice financial and risk management practices.16

16 This includes the appropriate use of accumulated State Administration Unit surplus balances, which are directed towards funding priority projects aligned with our outcomes framework.
Key results under our outcomes framework that these priority actions will contribute to:

<table>
<thead>
<tr>
<th>Key result</th>
<th>Contribution</th>
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<tbody>
<tr>
<td>Key result 31:</td>
<td>Increase diversity of the department’s workforce – especially Aboriginal people employed in senior roles</td>
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<tr>
<td>Key result 32:</td>
<td>Increase citizen engagement in the design and delivery of services</td>
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<tr>
<td>Key result 33:</td>
<td>Increase participation of service providers and staff in the design of services</td>
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<tr>
<td>Key result 39:</td>
<td>Improve patient- and client-reported experiences of care and treatment</td>
</tr>
<tr>
<td>Key result 41:</td>
<td>Increase the transparency of service safety and quality</td>
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</tbody>
</table>

We commit to delivering the following enabling actions over the next 12 months

**Enabling action 8**
Strengthen the department’s strategic planning, financial management, and risk culture and maturity by:
- refining the integrated strategic planning and investment cycle to improve strategic prioritisation, early filtering and use of evidence
- implementing new standards and requirements for financial management
- strengthening the department’s risk management and performance improvement approach
- developing a more systematic approach to entity governance
- continuously value mapping our activity to government priorities
- strengthening public administration and internal regulatory compliance, including through addressing vulnerabilities identified from our integrity, conduct and complaints activities

**Accountability for delivery**

Deputy Secretary, Strategy and Planning
Deputy Secretary, Corporate Services
Deputy Secretary, Legal and Executive Services

**Enabling action 9**
Implement a strategy to embed an outcomes focus across the department including in strategic planning, budgeting, policy development, service design and delivery, and performance monitoring and evaluation

**Accountability for delivery**

Deputy Secretary, Strategy and Planning
Next steps

This strategic plan describes our ambition to support all Victorians to have the best health, wellbeing and safety possible, and sets out the priority and enabling actions we will deliver over the next 12 months to achieve this.

Measurable, accountable actions for 1 July 2019 to 30 June 2020 will ensure we remain focused, with performance against key results monitored by our Executive Board on a quarterly basis to assess what we have achieved and the difference we have made. Our Executive Board will also regularly track our implementation of the government’s election commitments and budget initiatives.

Results will be used to strengthen and continuously improve our performance and to inform future decision making.