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.
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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  

Our enabling actions
People, capability and leadership  
Co-design and engagement  
An operating model that supports our mission and strategic directions  
Information and systems  
Data and evidence  
Good governance, integrity, planning and risk management  

Next steps
Message from the Secretary

We aspire for all Victorians to be safe, healthy and able to lead a life they value. Our people work to ensure Victoria’s health and human services support this aspiration by designing and delivering person-centred policies, programs and services that are safe, accessible and efficient. We touch Victorians at all stages of their lives, and we have an important role as a regulator, funder and system steward.

Fundamentally, most people desire a fulfilling life where their health, wellbeing and safety enables them to do the things they want to do – to be active, to have positive mental and physical health, to be resilient, and to contribute to their families, their community and the economy. Our purpose is to help them to get there, especially for those Victorians who have more barriers than others to overcome.

We recognise that the people we work with are the experts of their own lives, and that most of people’s lives are not lived with service providers. Our work to foster inclusive, respectful and resilient communities, deepen informal community networks, and maximise participation in social, economic and sport and recreation activities is equally as important as our work when people experience need.

To achieve our purpose we are required to continually:

• look for whole-of-community opportunities to prevent or minimise harm and ill health through better connected services and support local community actions
• apply available and emerging evidence on changing behaviours – recognising that changes at a community, family and individual level are often hard to achieve, and even harder to make stick
• understand the evolving needs of patients, clients and victim survivors, by hearing their lived experiences and acknowledging their diverse needs when designing and delivering services to ensure people can access the support they need, when they need it
• seize opportunities to innovate across our portfolios, focusing on prevention, connected services and earlier intervention in an open, constructive and collaborative way
• embed a culture of safety, so that our health and human services are quality led, with Victorians confident and proud of these services
• advance Aboriginal self-determination through our services
• harness the opportunities that evidence, data, science and technology offer – to improve outcomes and engagement with our patients, clients and communities.

This strategic plan sets out the priorities and enabling actions that will guide our direction, effort and investment. It includes two additional priorities for the 2018–19 year:

• to develop integrated 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; and

• to strengthen the department’s response to family violence perpetrators, to direct them to appropriate rehabilitation services to reduce their risk of re-offending.

In the six months to 31 December 2018, we will commence implementation of the significant increase in funding announced in the 2018–19 Victorian State Budget. The 7.7 per cent increase on the previous year will allow us to continue expanding and delivering our services to respond to increasing demand, advance innovations in service design and provision, and continue to improve the quality and safety of services for our patients and clients. In December 2018 our focus will turn to the implementation of the incoming government’s election commitments, ahead of our next annual strategic plan for 2019–20.

Successful delivery of these priorities requires us to remain focused on our values and leadership charter, protect and support the health and wellbeing of all of our staff, and to strive for excellence in everything we do.

I am proud to present our updated strategic plan and I look forward to continuing to deliver our priorities.

Kym Peake
Secretary
Key achievements included:

The 12 months from 1 July 2017 to 30 June 2018 was both a challenging and rewarding period, as we worked to advance the plan’s four strategic directions: person-centred services and care; local solutions; earlier and more connected support; and advancing quality, safety and innovation. These are monitored through the department’s outcomes framework.

Victorians are healthy and well

- Real-time prescription monitoring
- 100 additional rehabilitation beds
- This girl can campaign
- Korin Korin Balit-Djak Plan to improve Aboriginal health, wellbeing and safety

Victorians are safe and secure

- Family violence portal
- State health emergency response plan
- Orange doors
- RespectVictoria
- Office of Prevention and Women’s Equality
- Real-time health emergency management system
- Family Safety Victoria

Victorians have the capabilities to participate

- Public housing renewal program
- Victorian health and human services building authority
### Victorians are connected to culture and community

<table>
<thead>
<tr>
<th>Aboriginal children's forum</th>
<th>New model of kinship care</th>
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<tbody>
<tr>
<td><img src="image" alt="Yarning circles" /></td>
<td></td>
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<td>$47.3 million</td>
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Wungurwilwil gapgapduir: Aboriginal children and families agreement

### Victorian health and human services are person centred and sustainable

<table>
<thead>
<tr>
<th>Supercare pharmacies</th>
<th>66 per cent 'Unable to contact' clients proceeding to NDIS March – June 2018</th>
<th>Voluntary Assisted Dying Act 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Medication" /></td>
<td></td>
<td><img src="image" alt="Doors" /></td>
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### Enabling actions

<table>
<thead>
<tr>
<th>Outcomes tracking information systems</th>
<th>Client incident management system</th>
<th>The Academy by SCV</th>
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The Academy by SCV
Our ministers

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

**The Hon. Jill Hennessy MP**
Minister for Health
Minister for Ambulance Services

**Martin Foley MP**
Minister for Housing, Disability and Ageing
Minister for Mental Health

**Jenny Mikakos MP**
Minister for Families and Children
Minister for Youth Affairs

**The Hon. John Eren MP**
Minister for Sport

**The Hon. Gavin Jennings MLC**
Special Minister of State, in role as responsible Minister for Family Safety Victoria

**The Hon. Natalie Hutchins MP**
Minister for Women
Minister for Prevention of Family Violence
How to read this plan

- Our **strategic context** outlines the major trends, challenges and opportunities, both ongoing and new, 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 key results by which we will measure our efforts.
- Our **29 priority actions** represent the most significant reforms, initiatives and programs we are committed to delivering over 18 months that collectively will result in a step change improvement to the outcomes.
- Our eight **enabling actions** are what we will deliver to enable the successful implementation of our priority actions.

---

**strategic context**

**strategic directions**

**outcomes framework**

**29 priority actions**

**8 enabling actions**
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 policymaking, service design and delivery.

The department provides stewardship of the systems and outcomes in health, human services and sport and recreation. The department leads the delivery of many of the government’s major reforms such as: the prevention of family violence; the transition to the National Disability Insurance Scheme (NDIS) and the subsequent transformation of disability services in Victoria; 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; and strengthening the safety and quality of our health services.

Since July 2017, we have adopted a new organisational structure to reposition the department and its agencies to drive better outcomes for all Victorians. Our central divisions are structured on a portfolio basis, leading policy development, service and funding design and system management, as well as providing strengthened whole-of-department functions to support the delivery of the department’s responsibilities. 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 ensure that we maintain a dedicated focus on driving quality and safety improvements across our health services, and to deliver the government’s family violence reform commitments: Safer Care Victoria, the Victorian Agency for Health Information and Family Safety Victoria. The Family Violence Prevention Agency also continues to drive the focus on preventing family violence.

On 29 March 2018, the Victorian Government announced its intention to establish Respect Victoria as a statutory authority with responsibility to lead work on preventing family violence and all forms of violence against women through research, expert advice and programs to raise community awareness and bring about behavioural change. 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 and sport and recreation 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

<table>
<thead>
<tr>
<th>Annual budget 2018-2019</th>
<th>Total number of health services</th>
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<tbody>
<tr>
<td>$25 billion</td>
<td>+ 85</td>
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| ~12,300 staff across 46 sites |
| ~7,200 in direct service delivery |
| ~5,100 indirect |

<table>
<thead>
<tr>
<th>Sport and recreation</th>
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<tbody>
<tr>
<td>9,500 community sporting facilities</td>
</tr>
<tr>
<td>4.2 million Victorians participating</td>
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<table>
<thead>
<tr>
<th>Number of funded agencies</th>
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</thead>
<tbody>
<tr>
<td>~2,000</td>
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<table>
<thead>
<tr>
<th>Capital portfolio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital assets $23 billion</td>
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<table>
<thead>
<tr>
<th>Social housing</th>
</tr>
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<tbody>
<tr>
<td>~20,000 Community Units</td>
</tr>
<tr>
<td>~64,000 Public Units</td>
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<tr>
<td>600+</td>
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<table>
<thead>
<tr>
<th>Legal matters</th>
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<tbody>
<tr>
<td>~24,300 Children’s court applications</td>
</tr>
<tr>
<td>~2,400 Other legal disputes a year</td>
</tr>
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<table>
<thead>
<tr>
<th>Total number of drug permits issued in 2016–17</th>
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<tr>
<td>57,000</td>
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<table>
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<tr>
<th>New appointments to paid government boards in the department’s portfolios from March 2015 to May 2018: 56 per cent women</th>
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<tbody>
<tr>
<td>56% women</td>
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<table>
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<tr>
<th>Number of communicable disease notifications in 2017</th>
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<tbody>
<tr>
<td>91,106</td>
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</table>

Department of Health and Human Services
Strategic plan
The department's structure

Figure 1: The department’s high level structure

Secretary

Legend

- Portfolio focused
- Cross portfolio
- Portfolio focused and whole of government remit
The Children, Families, Disability and Operations division provides a dedicated portfolio focus on children and families and disability and provides services directly to Victorians through four operational divisions.

The division is responsible for developing operational policy and funding frameworks for child and family support services 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 to make services easier to navigate, sequence service interventions more effectively, build the capability of individuals and families, focus on child development, and preserve and reunify families wherever possible.

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

The division monitors and analyses statewide service delivery standards and performance, provides practice leadership and fosters continuous improvement in service delivery.

The central branches lead and monitor service design, performance improvement, practice and professional development activities, as well as coordinating the transition to the NDIS. The four operational divisions provide strategic oversight, coordination and delivery of departmental services within their areas. Key functions include: area-based health and human services programs and service delivery; providing child-centred, family-focused services to protect children and young people from significant harm; delivering disability services and supports, including our ongoing responsibilities to achieve greater inclusion of people with a disability and improve their lives under Absolutely Everyone: State disability plan 2017–2020; providing housing assistance, support and planning; and delivering emergency management response, relief and recovery.

Health and Wellbeing

Health and Wellbeing division oversees policy, system design and planning, as well as funding and performance of the secondary and tertiary health system (and parts of the primary care system) in Victoria. This includes; community health services; public and private hospitals and day procedure centres; emergency and non-emergency patient transport services, residential aged care services, mental health service; public dental services; drug harm reduction; treatment and support services; community care and assessment for people aged under 65; and other non-government healthcare providers. It aims to improve equity of access to services regardless of where the patient lives. The division also has a focus on integrated care for chronic disease patients, recognising the benefits of care coordination and supported navigation to improve health outcomes. The division supports best practice approaches to clinical care through the Victorian Cancer Agency, health and medical research, international health engagement, and policy development. The division is also responsible for our health and medical research strategy,
Healthier lives, stronger economy: Victoria’s health and medical research strategy 2016–2020, which will create jobs and deliver economic benefits by investing in areas of excellence and addressing areas in need of further development.

The division uses primary prevention measures to prevent and reduce the rate of disease across the Victorian population, and to reduce inequalities in health and wellbeing between population groups and locations. Recognising the influential role of social and economic forces, as well as biological and environmental factors on health and wellbeing, the division applies population and place-based approaches to all of its work.

The division 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.

The division also advances strategies that enable social and economic participation and opportunities for: women; older Victorians; young people; Aboriginal communities; people from culturally and linguistically diverse backgrounds; lesbian, gay, bisexual, transgender and intersex (LGBTI) people and communities; and Victorians living with mental illness or alcohol and drug issues. It leads the department in progressing Aboriginal self-determination in the design and delivery of services.

Health and Wellbeing also leads the department’s work to improve the mental health of Victorians, overseeing the policy, system design, planning and funding of mental health services, and supporting the capability of health and human services to respond to mental ill health.

The Family Violence Prevention Agency oversees and coordinates family violence prevention activities within and across government, local government, community agencies and the broader community. The agency focuses on preventing all forms of violence against women, and it is an integral part of the government’s broader family violence reform.

In conjunction with the Office of Prevention and Women’s Equality (OPWE), the agency supports gender equality in line with Victoria’s first gender equality strategy Safe and strong: a Victorian gender equality plan.

A partnership between the agency, OPWE and Respect Victoria will establish a new statutory authority to focus on the prevention of family violence and all forms of violence against women. It will lead research into what works to prevent family violence, advise on best practice, oversee quality assurance and accreditation, and seek to change behaviour through community campaigns such as Respect Women: Call it out.

The division is also the department’s central point of connection with Regional and Metropolitan Partnerships, local government, Children and Youth Area Partnerships, Primary Health Networks and Aboriginal community-controlled organisations, contributing to social cohesion and connectedness through community action and partnerships. It 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 healthcare 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.

Through its relationships across the health sector the division leads digital health enablement, as well as the commissioning of digital health and information and communications technologies as an enabler of policy and program reform necessary for transforming health care in the future.
Housing, Infrastructure, Sport and Recreation

The Housing, Infrastructure, Sport and Recreation division provides a portfolio focus on housing and sport and recreation, 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 ensure Victoria has a healthy social housing system through increasing the social housing stock and helping community housing associations grow.

The division works in partnership with stakeholders and other agencies to promote active participation and inclusion of all Victorians in their communities, including supporting clubs and organisations to grow participation in sport and recreation. In this role, the division implements the recommendations from the Inquiry into Women and Girls in Sport and Active Recreation; delivers Change our Game initiatives to increase participation and enhance leadership opportunities in sport for women and girls, including through the Office for Women in Sport and Recreation; and supports the growth in participation in sport and recreation through significant investment across Victoria. This investment comes in the form of supporting grassroots community sporting clubs, through to the biggest venues in the state.

The division provides department-wide expertise and management of infrastructure across health, human services and sport and recreation. It also leads the department’s infrastructure agenda, including critical relationships with agencies such as the Department of Economic Development, Jobs, Transport and Resources to attract investment and leverage jobs growth due to capital investment and our major sporting events.

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 engagement with the community on the government’s significant infrastructure agenda and development of a strategic pipeline of infrastructure projects capable of meeting growing demand across the state.
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 aims to drive strategy and reforms that connect approaches to health, wellbeing and safety, support better decision making on activities to advance government priorities and make progress towards departmental outcomes. 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, manages the internal and external (Victorian Auditor General’s Office) audit program to ensure rigour in corporate governance.

Leading corporate and budget strategy, the division drives the use of outcomes to define our priorities and measure our success. It also 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 also provides communication and digital services to the department and ministers, and leads work for our ministers on intergovernmental relations.

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 drugs 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 emergencies and incidents of state significance in order to protect the Victorian community.

The division works towards the mitigation and eradication of disease and 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 ensure it is able to prepare and respond when needed.

The division regulates a broad range of health and human services providers and is at the forefront of new regulatory technologies such as the implementation of SafeScript, Victoria’s real-time prescription monitoring system, and the regulation of new treatments such as the use of medicinal cannabis.
The department's structure

**Corporate Services**

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

This is an enabling division, delivering centralised finance and human resources services and management of industrial relations. It delivers information services, technology and legal and executive services functions to support the department to achieve its objectives. The division works collaboratively across the department to embed an agile and sustainable organisational operating model to support the delivery of the department’s strategic directions and priorities.

The division promotes the integrity of the department’s operations and manages systems to maintain transparency and prevent fraud. It supports internal governance frameworks including corporate reporting and freedom of information, together with legal advice and services to support policy divisions to deliver the government’s legislative programs.

The division works to develop and improve key business systems, services and processes to support the department to deliver its policies, programs and services.

Corporate Services also provides human resource, career management and workplace services and leads our work on organisational development, corporate values and cultural change, including the promotion of equality in both recruitment and management of employees. The department is committed to a progressive and dynamic culture in line with our goal of being an employer of choice.

**Victorian Agency for Health Information**

The Victorian Agency for Health Information is responsible for providing data and information products that help to 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.

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.
Safer Care Victoria

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

As well as monitoring the standards of care provided, Safer Care Victoria is partnering with consumers and their families, clinicians and health services to support the continuous improvement of healthcare.

The agency will work with health services, and the department, to support regional partnerships to better deliver sustained improvements.

Family Safety Victoria

Family Safety Victoria is focused on delivering the Victorian Government’s family violence reform agenda. The agency is leading the implementation of many of the family violence reforms including: establishing and operationalising 17 Support and Safety Hubs across Victoria; establishing a Central information Point, which will allow police, courts and government services to track perpetrators and keep victims safe; and establishing and housing the new Centre for Workforce Excellence to build workforce capacity and capability in partnership with the sector.

The agency will also work to build the capacity of all workforces with a role in ending family violence and improve information sharing. This will help to keep adults and children who experience family violence safe and provide them with the support they need to recover.

Innovation and Organisational Improvements Branch

The Innovation and Organisational Improvements Branch aims to create a ‘culture of possible’ that best positions the department to achieve its vision and strategic objectives. The branch develops, project manages and implements projects that will drive organisational improvements and efficiencies and build a culture of innovation and collaboration to support the implementation of current and future reforms in the most effective and efficient way possible.

Children and Families Reform Unit

The Children and Families Reform Unit was established to accelerate reforms in our children and families system. It is a time-limited unit that reports directly to the Secretary. Working closely with the Children, Families, Disability and Operations division, it leads a small number of ambitious reform projects that aim to create a step change improvement to our children and families service system.
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’s easy and when it’s difficult.

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

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

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

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

The department’s Leadership charter is an important part of shaping our culture. It outlines the leadership behaviours our staff and stakeholders can expect of the executive leadership group and positions the department as a great place to work. It represents how the department’s executive leadership group wish to be known 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 is available on the department’s website – www.dhhs.vic.gov.au/publications
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

Effective strategic planning requires organisations to understand the environment they are operating in, and to anticipate and plan 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 population and labour market is growing, meaning there is more demand for the services we fund and provide. Coupled with this, there are significant changes to the settlement of the population, with new growth areas emerging in the west, north, south-east and in inner Melbourne, and in the population’s demographics, such as in profiles of age, ethnicity, health and wellbeing. This is causing us to rethink the optimal distribution and configuration of our services, and to recognise that the service mix that people need now will be different from what they need in the future.

Victorians also have changing expectations and preferences about the services we fund and deliver. Informed by Targeting zero: the review of hospital safety and quality assurance in Victoria and quality and safety reviews in human services, Victorians rightly expect safer, higher-quality services. They expect us to learn from the recent tragic events in our health and human services systems through safety failings, and to deliver the government’s commitment to zero avoidable harm.

Victorians also have a growing preference for more personalised services, more choice and greater co-design and shared decision making.

Digital media and technology are also 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 that are essential to healthy development and wellbeing. However, our great universal services are not always available to meet the needs of everyone who needs them. There are vulnerable populations who miss out, including Aboriginal people, people with a disability, people seeking protection on temporary or uncertain visa pathways, LGBTI community members, older Victorians, children in out-of-home care and, sometimes, whole rural communities.

When Victorians do come into contact with our services, we and our service delivery partners may not look beyond core business to ask further questions, such as:

- Who else needs to get involved to prevent that injury happening again?
- 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 that can help?

A better understanding of client pathways and trajectories, and the correlation between different health and human service needs, supports greater emphasis on targeting prevention 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 earlier intervention and prevention, however there is an increasing recognition that creating the necessary social conditions to stimulate healthy behaviours, or tackle societal trends, cannot be achieved by a single sector acting alone.

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

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

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

Changes in the needs of Victorians

Victoria is the fastest growing state in Australia. Our population growth is a sign of relative 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. As in other parts of Australia and most of the world, Victorians are living longer. Long-term health conditions now represent a substantial proportion of our health expenditure. Rates of chronic disease including cancer, diabetes and heart disease continue to rise and drive demand for healthcare. The services that Victorians will need in the future look different from what they did in the past and to what they will look like now.

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

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

People who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely. Social networks matter in helping people to recover from illness. This wider social context also drives demand for our targeted social services – social housing, child protection and family services. For some in our community, including people living with disability and rural Victorians, these risk factors can accumulate and reinforce each other.

For Aboriginal Victorians, these are all tied up with the intergenerational experience of dispossession, forced removal and enduring racism. In both health and human services care there are familiar patterns in which those people most in need present for help late or not at all.

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

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

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 support them to better understand their own needs, and to be able to manage in these circumstances.

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 and that they will be offered a choice about what, where, when and how they are served.

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.

Global healthcare spending is projected to increase by an average of 4.3 per cent a year between 2015 and 2019, creating an urgent need to maximise the value from health and human services expenditure and minimise waste.

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

While Victoria has the most efficient health services in the country, we know there needs to be a concentrated effort on increasing the safety and effectiveness of our health services. The implementation of Targeting zero: the review of hospital safety and quality assurance in Victoria will be pivotal in achieving a safety-led system.

We also need to ensure the financial sustainability and viability of health services to deliver safe and appropriate care that meets the needs of the community, particularly in rural communities. We must also make sure the department provides effective oversight of health services across metropolitan, rural and regional services in both the public and private sectors. This will all contribute to achieving the government’s vision for our health system, for Victorians to have better health, better access and better care, as set out in Health 2040.

We also need to focus on innovation, and generating and capturing the evidence needed to transform services and improve outcomes. Understanding and responding to the diversity of our clients is integral to quality and safety. This includes providing effective language services, and giving a sense of cultural safety and freedom from real or perceived bias and discrimination. The creation of Better Care Victoria, Safer Care Victoria and the department’s Office of Professional Practice provides us with opportunities to scale up innovations and spread good practice across Victoria, and to take action to address safety and quality issues to reach the Better, Safer Care target of zero avoidable harm.
All levels of government in Australia are working actively to share data with each other, to build the business case for prevention and early intervention, and to evaluate the cost and benefits of our collective services and reforms over time. The Victorian Agency for Health Information has been established to enable the better use of data and information across the health system to improve quality and identify and act on risk. Victoria has developed strong medical, health and human services research capabilities, and is the home to world-leading education providers, which lets us translate new knowledge and technologies into education and advances in care.

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

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

Victoria’s Health and Medical Research Strategy 2016–2020 aims to embed health and medical research into the Victorian health system, accelerate the translation of research into clinical practice and advance Victoria’s position as the foremost Australian jurisdiction for health and medical research. We will support the Victorian health and medical research sector to deliver excellence as it adapts to evolving and emerging trends such as precision medicine and big data.

Victoria’s International Health Strategy 2016–2020: partnering for a healthy and prosperous future, sets out how we will identify and grow opportunities in health exports and investments to support revenue and jobs growth in our state. The healthcare and social assistance sector is already the largest employer within Victoria, and growing service demand will require ongoing workforce development.

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

Towards new models of care

We need to invest to meet growing demand associated with longer-term and potentially avoidable health conditions and increasingly entrenched areas of disadvantage, and to reorient our system towards prevention, earlier intervention and more connected services.

The Victorian public health and wellbeing plan 2015–2019 outlines the government’s key priorities to improve the health and wellbeing of all Victorians, particularly the most disadvantaged. The plan articulates a vision for a Victoria free from the avoidable burden of disease and injury, identifying areas that government and partners work on together to support healthy living from the early years and throughout life.

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

The Royal Commission into Family Violence and consultations on the 10-year mental health plan heard substantial evidence about the difficulties people face navigating a complex and fragmented social services system. This has provided a launching pad for a much broader conversation about people’s experiences and the outcomes delivered across health and human services.

The Roadmap for Reform, homelessness and social housing reform, the 10-year mental health plan and Health 2040 have all been shaped by the central themes of the Royal Commission, which are also

reflected in the priorities of this strategic plan: the integration and coordination of targeted services, especially when people are most at risk; strong links to universal services for early intervention; and services that are tailored to the unique needs and circumstances of people, their families and communities.

Currently, many of our services do not connect in ways that allow them to deal with overlapping problems faced by vulnerable people. For example, chronic health issues, unemployment and homelessness are often linked. Mental healthcare for people without adequate housing is more likely to be ineffective. Out-of-home care that does not include treatment for previous trauma, and engagement in education and training will not help young people grow into healthy and secure adults. People in trouble with the law or the court system may need to be diverted to a range of support services to address underlying issues and reduce the risk of reoffending. It is also essential that our services consider each person as an individual, as aspects of their diversity or their membership of particular population groups do not define who they are or the services they need. For people who are at extreme risk, we need to seamlessly integrate services responses they need.

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

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

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

Child and family services and homelessness services are also testing more flexible approaches to funding packages of support that are tailored to people’s individual needs, and Aboriginal community-controlled organisations take whole-of-family approaches as part of advancing Aboriginal self-determination that can be learnt from.

In the health sector, new models of care are also being trialled, with the 2017–18 State Budget committing $12.7 million over three years to better connect primary, secondary and acute health services for people with chronic and complex conditions.

The 2017–18 State Budget also provided $8.3 million over four years to mainstream genomic sequencing. This will give children and adults with rare conditions and diseases the genomic sequencing they need, and without which they might not get a diagnosis and spend months in hospital undergoing unnecessary tests.

The delivery of these new models of care and services depends on people including nurses, social workers, doctors, allied health professionals, administrators, scientists and many others. New models won’t become a reality unless we are able to partner with a workforce with the right numbers, skills, values and behaviours to deliver it, and organisations with the business and operating models that enable them to succeed.
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. There is now a body of evidence about highly effective models for collaboration and participative approaches to service design and delivery and social change. Some of these approaches and models have been translated from other industries that now work closely with their customers to ensure products and services make sense for the people they are intended to benefit. Co-design and shared decision making is increasing.

We need to learn from the transitions other industries have made and 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. Our patients and clients must be part of this, with co-design being a core component of service design and delivery. To advance this in our health system, Safer Care Victoria is establishing a council of patients, families and carers to advise on and inform the agenda for improvement and support authentic co-design of person-centred solutions to healthcare issues. This council will also support 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.

The establishment of Family Safety Victoria will also accelerate co-design and shared decision making in our human services system, leveraging the successes and lessons learnt from Safer Care Victoria and the Victorian Agency for Health Information. Within the human services portfolio, co-design and shared decision making will continue to be a feature of system design and reform. Established models include the development of personalised safety plans and use of flexible packages to tailor support and the establishment of Victim Survivor Advisory Council to ensure the voice of victim-survivors is central to the design of the support and safety hubs and other service system reforms.

At the community level, there are also opportunities for us to rethink how our work can involve communities affected by emergencies, and victim-survivors of abuse and violence. This is a key part of our response to the Hazelwood Mine Fire Inquiry and to the Royal Commission into Family Violence.

Finally, we must play our part in increasing Aboriginal self-determination, recognising that it is vital for improving Aboriginal people's health and wellbeing. We are already advancing this through empowering Aboriginal community-controlled organisations to take responsibility for and to make decisions about the care of Aboriginal children living in out-of-home care and transferring 1,448 properties from public housing designated for Aboriginal people to Aboriginal Housing Victoria. However, 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

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

These strategic directions are based on the best available evidence about what will generate 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). Our four strategic directions are described below.

Person-centred services and care

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

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

Research has found that person-centred care can have a big impact on the quality and efficiency of care – including by helping people to learn more about their health conditions and prompting them to 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.

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

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

For example, a maternity service might be well placed to identify risks of family violence early and connect a woman to specialist family violence advice before risks escalate.
Family-centred care also lies at the heart of good Aboriginal health and wellbeing service delivery. When self-determined and culturally informed, it empowers Aboriginal people to make the best choices about their health and wellbeing. In turn, more inclusive service models give people access to the support they need at the time it is required.

Person-centred services require us to pay more attention to who is accessing our services and their experiences and outcomes. We need to be better at connecting our data in order to have a greater understanding of our service users, and how we can segment them according to need, capability and other characteristics. We need to build shared understandings of how behaviours, attitudes, preferences and needs differ across diverse populations. Particular attention will be paid to responding effectively to gender, gender identity, cultural and linguistic background, faith, refugee status, disability and sexual orientation.

Design processes should always focus on whether a service is fit for purpose and safe, 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 are experienced – and what a positive connection and interaction between a person and a service would involve.

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

Local solutions

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

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

Place-based and community-centred approaches to service design and delivery recognise that Victoria is too diverse for a ‘one-size-fits-all’ model to apply everywhere and for everyone. In the future, it will be critical that more people get care in community settings and in their own homes.

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

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

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

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

Place-based approaches are particularly important where location itself is a clear risk factor – for example, in creating adverse environmental health impacts or making it hard to access jobs and services.

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

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

On a range of indicators, Victorians living in rural areas are likely to be less healthy than those in the metropolitan area (see Figure 2).

**Figure 2: The health of rural Victorians 2015**

Figure 2 shows a range of indicators, Victorians living in rural areas are likely to be less healthy than those in the metropolitan area.

Figure 3: Poorer health and wellbeing is correlated with higher rates of lifestyle risk factors 2015

Figure 3 shows the prevalence of (a) obesity, (b) current smoking and (c) increased risk of alcohol-related injury on a single occasion.

Data were age-standardised to the 2011 Victorian population.

a Obesity = Body Mass Index [Weight (kg) / Height (m²)] ≥ 30 kg/m²

b Current smokers = Daily smokers + Occasional smokers.

c Increased risk, weekly, of alcohol-related injury on a single occasion [NHMRC (2009) guidelines].

Source: Department of Health and Human Services, Victorian Population Health Survey 2015, State of Victoria, Melbourne.
Our strategic directions

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

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

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

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

Areas of high need and significant disadvantage are prioritised. The Latrobe Health Assembly has been established to provide specialised, independent advice on health priority issues facing the Latrobe Valley community and to drive innovative approaches to health and wellbeing in the Latrobe Health Innovation Zone.

It is vital that the voices of service providers, general practitioners, hospitals, carers, young people, parents, patients/clients and community leaders are captured through these partnership arrangements. Primary health networks and disability local area coordinators are also important actors in partnerships.

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

Earlier and more connected support

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

This means getting in early to prevent or address problems before they become too big or to stop them occurring at all, helping people build resilience to overcome the challenges they face, and designing journeys to make our services easier to navigate for people. This strategic direction is focused on breaking down the barriers in how care is provided within and across sectors – for example, between primary, secondary and acute health services, between health, education and social services, between justice and social services, between paid staff and volunteers, and between specialists and generalists.
This strategic direction also focuses on building social structures, norms and practices in a variety of settings that prevent violence from happening or reduce the risk of it occurring, and on ensuring a skilled prevention workforce is in place.

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

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

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

**Advancing quality, safety and innovation**

This strategic direction affirms our commitment to advance patient and client safety, the effectiveness of interventions and the experience of the people relying on health and human services. Our focus will be on ensuring our services are safe, narrowing the gap between the best and the worst, and raising the bar higher for everyone. Under this strategic direction we will pursue the goal of zero avoidable harm that the government committed to in response to Targeting zero, the review of hospital safety and quality assurance in Victoria.

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.

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

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

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. Information we collect can improve our understanding of the relationships between health, human services and other government activities, the effectiveness of different ways of working, and the value for money offered by different interventions. Action research and evaluations also contribute to the evidence base for effective care in Victoria.

New technologies will continue to enable new ways of generating large amounts of information and supporting evidence-based decisions on treatments and interventions. Technological advances will also influence the provision of care (enabling easier information sharing necessary for earlier and more connected support and management of long-term conditions) including self-managed care and 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:

- ensuring our staff have the requisite qualifications and the people managing our services have the right mix of skills to ask the right questions and closely monitor the quality and appropriateness – including cultural safety and language needs – of care provided
- better measuring of and reporting 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 will inform their own improvement activities)
- engaging clinicians and practitioners in the design and implementation of improvement initiatives and building a culture that puts quality and safety first
- a continuing 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
- 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 reform agenda in the prevention and response to family violence, including gender equality and in children and family services
- 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
- how we will deepen our engagement with patients, clients, victim survivors, staff, funded agencies and community members to design and improve our services
- how we embrace our patients, clients and victim survivors as partners in their own care
- how we equip our staff to deliver better outcomes and strengthen our internal systems that support them to do so.
Across the Victorian Government there is recognition that it is ineffective to simply report on the number of services government departments and agencies provide without understanding how these actions translate to making a difference to people’s lives. This is leading to an increased focus and effort on measuring and reporting the outcomes of our services and interventions.

Over the previous year, every one of us has sharpened our focus on patient and client outcomes as a basis for: defining our accountabilities; informing strategic and investment planning; developing services; advising government; and collaborating with our partners. Our outcomes framework has been in place since August 2016.

An outcomes-focused approach to prioritising our work and measuring our performance gives us a better understanding of what works, what doesn’t, and why. It provides us with the evidence to understand the impact our work has on the lives of Victorians. It also helps us to target our efforts more effectively to address disparities in access and outcomes for individuals and communities, and it provides intelligence to enable more choice for people using our services.

Our departmental outcomes framework focuses on outcomes for people who rely on our services and activities and the system-level results we are seeking from the health and human services reforms we are implementing. Key results have been identified for people-focused and system-level outcomes and are summarised in ‘Our outcomes framework and key results’ (see pages 40 – 42).

Our outcomes framework also helps to shape our patient- and client-level measures of outcomes and experience and our global measures of population health, wellbeing and safety.

Performance against the outcomes framework is being monitored by our Executive Board on a quarterly basis to help us to assess what we have achieved and the difference we have made. Results will help target efforts to improve access and outcomes for individuals and communities across Victoria.
Our outcomes framework, and the key results and measures that support it, have been designed to answer four simple questions:

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

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

### Victorians are healthy and well

**Outcomes for people who rely on our services**

| 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 inequalities in premature death |

### Victorians are safe and secure

**Outcomes for people who rely on our services**

| Key result 6 | Reduce the suicide rate |
| Key result 7 | Improve rates of self-reported health and wellbeing |

### Victorians act to protect and promote health

| Key result 8 | Reduce deaths resulting from misuse of prescription medicine |
| Key result 9 | Increase immunisation coverage rates at two years of age and at school entry |

### Victorians have suitable and stable housing

| Key result 10 | Reduce the abuse and neglect of children and young people |
| Key result 11 | Reduce the rate of growth in out-of-home care – especially for Aboriginal children |
| Key result 12 | Reduce the number of children in out-of-home care who live in residential care |
| Key result 13 | Prevent family violence and reduce the continuing risk of harm associated with family violence |
| Key result 14 | Reduce the occurrence of occupational violence and aggression, bullying, assault and inappropriate behaviour in departmental and public health services |
| Key result 15 | 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

- Victorians participate in learning, education and employment

  **Key result 16**: Increase educational engagement and achievement by children and young people in contact with departmental services – especially those in out-of-home care

- Victorians benefit economically from strong health, human services and sport and recreation sectors

  **Key result 18**: Increase the satisfaction of: those who care voluntarily for people with a disability; people with mental illness; and children in out-of-home care

- Victorians participate in the economy and have financial security

  **Key result 19**: Increase labour market participation by women, people with a disability, people with a 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

- Victorians are socially engaged and live in inclusive communities

  **Key result 20**: Increase rates of community engagement, including through participation in sport and recreation – especially for Aboriginal children and young people

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

  **Key result 21**: Increase cultural connection for children in out-of-home care – especially Aboriginal children
Our outcomes framework and key results

Victorian health and human services are person centred and sustainable

Outcomes at the system level

| Services are appropriate and accessible in the right place, at the right time |
| Key result 1: Increase participation in universal and earlier intervention services – especially by Aboriginal Victorians |
| Key result 2: Reduce the average wait time for people on the priority housing list |
| Key result 3: Improve the timeliness of access to elective surgery, emergency department treatment, outpatient services, ambulance services and palliative care |
| Key result 4: Reduce unexplained variation in the care people receive – especially for disadvantaged groups |

| Services are efficient and sustainable |
| Key result 9: Reduce demand for acute services to manage complex and chronic conditions |
| Key result 10: Increase the proportion of service assets that are appropriately maintained |
| Key result 11: Increase the proportion of capital projects delivered on time and on budget |
| Key result 12: Improve alignment of our health, human services and community recreation assets with the needs of clients, patients and Victoria’s growing population |
| Key result 13: Reduce waste arising from the use of inappropriate care |

| Services are inclusive and respond to choice, culture, identity, circumstances and goals |
| Key result 5: Increase client and patient choice concerning the services and treatment they receive |
| Key result 6: Increase diversity of the department’s workforce – especially Aboriginal people employed in senior roles |
| Key result 7: Increase citizen engagement in the design and delivery of services |
| Key result 8: Increase participation of service providers and staff in the design of services |

| Services are safe, high-quality and provide a positive experience |
| Key result 14: Improve patient- and client-reported experiences of care and treatment |
| Key result 15: Reduce restrictive practices in formal care settings |
| Key result 16: Increase the transparency of service safety and quality |
| Key result 17: Reduce assault, exploitation and neglect of clients and patients cared for in formal settings |
We focus on improving outcomes for people who rely on our services and activities.
Our priority actions

Over the 18-month period, 1 July 2017 to 31 December 2018, as a department we committed to implementing 29 priority actions. These priority actions represent our responsibility to deliver on the government’s 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.

Eight enabling actions support the 29 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 eight 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 below and are set out in more detail in the following pages.

From December 2018 to June 2019 the department will focus on the implementation of the incoming government’s election commitments, with detailed work being undertaken to develop our next annual strategic plan for 2019-20.

Victorians are healthy and well

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

Securing longer, healthier lives for the people of Victoria is a key priority for government and individuals alike. However, there are significant challenges that can be addressed only if Victorians work together to improve lifestyles and life circumstances.

This shared responsibility for promoting good health and wellbeing must be supported by an effective healthcare system and innovative specialist and mainstream healthcare services that are connected to meet all of the patient’s needs.

Early intervention and prevention is crucial to improving long-term health and wellbeing and ensuring children and young people have the best start in life.

We must also support older Victorians to age well, including increasing social participation, optimising health and wellbeing and addressing disadvantage.

Achieving improvements in this domain will require establishing new approaches to detecting ill health and promoting wellbeing, providing more innovative care and support and the ability to support people to realise their full range of capabilities. Achieving improvements in this domain will also require new approaches to changing behaviours and promoting good health and wellbeing, and detecting risk factors for ill health earlier.
Outcome 1.1: Victorians have good physical health

We commit to delivering the following priority actions over 18 months.

<table>
<thead>
<tr>
<th>Action</th>
<th>Accountability for delivery</th>
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<tbody>
<tr>
<td>1.1.1</td>
<td>Deputy Secretary, Housing, Infrastructure, Sport and Recreation</td>
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</table>

Create more opportunities for Victorians to be active and play sport. This will foster healthier, well-connected communities. Helping to achieve this will be strategies such as the strategic framework for sport and recreation and an active recreation strategy and action plan. Establishing an Office for Women in Sport and Recreation will further implement Change our Game initiatives, with support from other 2017–18 State Budget initiatives.

1.1.2 Strengthen place-based health promotion initiatives including piloting a model of commissioning for primary prevention across all levels of government and agencies in a selected community and implementing the place-based approach in the Latrobe Valley.

1.1.3 Develop and test new models for children’s access to healthcare with an early intervention focus including a community health led model to improve health and wellbeing of vulnerable children and their families.

Outcome 1.2: Victorians have good mental health

We commit to delivering the following priority actions over 18 months.

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<tr>
<th>Action</th>
<th>Accountability for delivery</th>
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<tr>
<td>1.2.1</td>
<td>Deputy Secretary, Health and Wellbeing</td>
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</table>

Deliver the actions in the Victorian suicide prevention framework 2016–2025, including place-based local trials and assertive outreach.

1.2.2 Expand and enhance mental health and alcohol and other drug services including by accelerating the adoption of innovative, evidence-based models of community-based care for children, youth and adults, and reviewing existing pricing models for inpatient care.

Deputy Secretary, Health and Wellbeing
Our priority actions

Outcome 1.3: Victorians act to protect and promote health

We commit to delivering the following priority actions over the next 18 months.

1.3.1 Strengthen and modernise the department’s health protection and emergency management functions including piloting a registration and licensing system, developing and implementing an incident management system and modernising the operating model for the department’s emergency management and health protection functions.

Accountability for delivery

Deputy Secretary, Regulation, Health Protection and Emergency Management

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

- **People result 2**: Reduce obesity and increase physical activity across Victoria
- **People result 3**: Increase the proportion of children with healthy birth weight – with a focus on reducing smoking during pregnancy
- **People result 4**: Reduce infant mortality
- **People result 5**: Reduce inequalities in premature death
- **People result 6**: Reduce the suicide rate
- **People result 7**: Improve rates of self-reported health and wellbeing
- **System result 1**: Increase participation in universal and earlier intervention services – especially by Aboriginal Victorians
- **System result 9**: Reduce demand for acute services to manage complex and chronic conditions
- **System result 14**: Improve patient and client reported experiences of care and treatment
What is the issue and what does it mean for Victorians?

- Overweight and obesity is a major public health issue for us. Despite national partnerships and information campaigns, over the past 12 years the proportion of overweight Victorian adults has remained stable (around 30 per cent in 2015), while the proportion of obese adults has increased significantly from 14 per cent in 2003 to 19 per cent in 2015.
- Obesity is prevalent across all ages, with more than a quarter of Victorian children five to 17 years of age overweight and obese in 2014. However, as men and women get older, the prevalence of obesity significantly increases.
- A key cause of obesity is poor eating habits. In 2015 less than half of Victorian adults met the recommended guidelines for fruit or vegetable consumption. In 2014, only 59 per cent of children consumed sufficient fruit and 2 per cent consumed sufficient vegetables.
- Chronic diseases associated with overweight and obesity including cancer, cardiovascular disease, diabetes and musculoskeletal conditions are among the leading causes of death, illness and burden of disease in Australia. Notably, around half of the diabetes burden (53 per cent) and osteoarthritis burden (45 per cent) are due to overweight and obesity.
What change are we trying to achieve?
• Five per cent reduction in the prevalence of overweight and obesity by 2025 from the 2011–12 baseline.

What progress did we make in 2016–17?
• Reduced the risk of type 2 diabetes for nearly 5,000 Victorians through the Life! program.
• Provided healthy eating advisory services to 600 services and workplaces.

What actions will we undertake from 1 July 2017–31 December 2018?
• Support businesses and consumers to understand and apply the new kilojoule labelling legislation in large chain food outlets.
• Embed the Healthy Choices guidelines for catering and health promotion framework across more settings.

Source: Department of Health and Human Services, Victorian Population Health Survey 2015, State of Victoria, Melbourne.
Our priority actions represent where we must focus our efforts the most if we are to significantly improve the lives of our patients and clients.
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 violence and abuse, including gender inequality.

A safe society is a basic requirement for Victorians being able to lead a life they value and for a vibrant and sustainable economy. Preventing and addressing abuse and violence, and supporting victims to recover and thrive, improves the lives of victims, their families and the communities in which they live.

Ensuring Victorians have safe, suitable and stable housing, and that children and young people have a safe and loving home, is a critical enabler of all other outcomes for Victorians.

As a department, we work with Victorians to build their agency and capacity to support themselves and their families to access required and appropriate supports and to identify and address risks to safety and security.

Ensuring safety and security for Victorians calls for a broader and longer term approach including addressing the challenges of social disadvantage. Too often, generations of families encounter the same issues. A long-term approach means we address immediate issues, such as the impact of violence, but importantly, also longer-term and complex societal impacts of inequality and discrimination. This includes addressing gender inequality, recognising that it is essential to a safe and secure society and to economic prosperity.

It means working effectively across departmental, agency and funding lines to achieve collective success. It also means ensuring everyone working in the department and in public health services feels safe at work.

Critical to this is working in new and improved ways to share information appropriately with our partner agencies and with organisations in the sector. Sharing information about risk in a timely and appropriate way balances the importance of privacy but also protects people. It also means we are ensuring those who perpetrate violence and abuse are in view and are held accountable for their actions.

As part of our commitment to achieving these outcomes, as a department and with our service delivery partners, we are implementing the Child Safe Standards, which seek to improve the way organisations that provide services for children prevent and respond to child abuse that may occur within their organisation.
### Outcome 2.1: Victorians live free from abuse and violence

We commit to delivering the following priority actions over 18 months.

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<tr>
<th>Action</th>
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<tr>
<td>2.1.1 Through the successful establishment of Family Safety Victoria, implement the family violence reform initiatives including the new Support and Safety Hubs, the Central Information Point and enhancements to risk assessment and management panels.</td>
<td>CEO, Family Safety Victoria</td>
</tr>
</tbody>
</table>
| 2.1.2 Under the Roadmap for Reform: strong families; safe children, finalise and begin implementing changes to child and family services to deliver:  
  - a new tiered model of family services, from earlier intervention to family preservation and support for carers  
  - strengthened child protection risk assessments, support for women experiencing family violence and family reunification case planning  
  - specific care and support models for children living in care who are exhibiting complex behaviours, children with a disability, large sibling groups and children in kinship placements. | Deputy Secretary, Children and Families Reform               |
| 2.1.3 Successfully establish the Family Violence Prevention Agency, coordinate and implement family violence prevention actions including those under Free from violence: Victoria’s prevention strategy and implement Safe and strong: Victoria’s gender equality strategy. | Deputy Secretary, Health and Wellbeing                      |
| 2.1.4 Implement actions that support the findings of the Occupational Violence Taskforce report and the recommendations of the Bullying and Harassment Advisory Group. This includes further developing training materials to support health services to build the capability of their workforce to prevent, manage and respond to occupational violence and aggression, and implementing strategies that help build a positive workplace culture. | Deputy Secretary, Health and Wellbeing                      |
| 2.1.5 Strengthen health and human service responses on family violence to reduce incidence and severity of family violence through strengthened perpetrator services and service pathways. This includes:  
  - ensuring Family Violence Courts have the information they need to make decisions  
  - monitoring of counselling orders and community correction orders made by Specialist Family Violence Courts  
  - addressing key elements required for service integration, including improved pathways, strengthening evidenced based intervention and identifying service gaps. | Deputy Secretary, Health and Wellbeing                      |
## Outcome 2.2: Victorians have suitable and stable housing

We commit to delivering the following priority actions over 18 months.

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<thead>
<tr>
<th>2.2.1</th>
<th>Implement the Homes for Victorians strategy including:</th>
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<tr>
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<td>• the redevelopment and growth of public housing</td>
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<td>• implementing the Victorian Housing Register so there is consistent allocation across public and social housing</td>
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<td>• implementing a ‘housing-first’ approach to provide homeless people with immediate access to long-term, sustainable accommodation</td>
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<td>• the successful transfer of 4,000 Director of Housing properties to the community housing sector</td>
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<td>• delivering the Social Housing Growth Fund initiative and increasing the Financial Capacity of the Community Housing Sector initiative.</td>
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<tr>
<td>Deputy Secretary, Housing, Infrastructure, Sport and Recreation</td>
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| 2.2.2 | Implement actions to reduce homelessness including through a ‘housing-first’ approach to provide homeless people with immediate access to long-term, sustainable accommodation. Implement learnings from the flexible funding packages and the launch sites for innovative homelessness initiatives. |

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<td>Deputy Secretary, Housing, Infrastructure, Sport and Recreation</td>
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Key results under our outcomes framework that these following priority actions will contribute to:

- **People result 10**: Reduce the abuse and neglect of children and young people
- **People result 11**: Reduce the rate of growth in out-of-home care – especially for Aboriginal children
- **People result 12**: Reduce the number of children in out-of-home care who live in residential care
- **People result 13**: Prevent family violence and reduce the continuing risk of harm associated with family violence
- **People result 14**: Reduce the occurrence of occupational violence, bullying, assault and inappropriate behaviour in departmental and public health services
- **People result 15**: Reduce the proportion of the population experiencing homelessness – especially victims of family violence and young people
- **System result 2**: Reduce the average wait time for people on the priority housing list
- **System result 14**: Improve patient and client reported experiences of care and treatment
Spotlight on Outcome 2.1: Victorians live free from abuse and violence

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

On average one woman is killed every week in Australia by a current or former partner. In Victoria, reports to police of family violence incidents grew by 56 per cent between 2011–12 and 2015–16.

Figure 6: Total family incidents recorded – Victoria

Growth in family incident reports to Victoria Police 2011–12 to 2015–16.
What change are we trying to achieve?
In response to this, the Victorian Government launched the Royal Commission into Family Violence, which handed down its findings and 227 recommendations in March 2016. The Royal Commission’s recommendations provide a pathway to improve the foundations of the current family violence system, to transform responses to family violence, and to build the structures that will guide and oversee a long-term reform program that deals with all aspects of family violence.

In November 2016 the Premier launched the Victorian Government’s 10-year plan to end family violence. The plan outlines how the government will achieve the vision of a Victoria free from family violence by implementing all recommendations of the royal commission.

What progress did we make in 2016–17?
The department helped deliver on the 10-year plan by beginning the implementation of its 82 royal commission recommendations and by delivering its part of the $572 million family violence package contained in the 2016–17 State Budget. In addition to rolling out significant investments in services, a range of important reforms were implemented including the review of the common risk assessment framework, commencement of therapeutic demonstration projects and employment of a family violence Principal Practitioner.

What actions will we undertake from 1 July 2017–31 December 2018?
As part of the 2017–18 and 2018–19 State Budgets, the department was allocated approximately $1.7 billion to continue family violence-related reforms. In July 2017 Victoria’s first dedicated family violence agency, Family Safety Victoria, was established as an administrative office of the department. Family Safety Victoria will lead the implementation of new initiatives including establishing Support and Safety Hubs, supported by a Central Information Point to allow police, courts and government services to track perpetrators and keep victims safe. As part of the response to the Royal Commission for Family Violence we are implementing reforms to improve service pathways for perpetrators, to ensure adequate treatment and prevent the risk of future offending. This includes ensuring our services are providing Family Violence Courts the information they need to make decisions.
Our vision is to achieve the best health, wellbeing and safety of all Victorians so that they can live a life they value.
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.

Those 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. Government needs to ensure 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 people who use health and human services.

These priority actions also recognise the important role the department has in contributing to Victoria’s economic growth through the jobs our services create, especially in the construction sector, and the industries and workforces that we support.

Outcome 3.1: Victorians participate in learning, education and employment

We commit to delivering the following priority actions over 18 months. Accountability for delivery

3.1.1 Partner with the Department of Education and Training and LOOKOUT schools to ensure all children in out-of-home care:
- are connected to a high-quality early childhood program
- are enrolled in school and have an individual education management plan
- are supported into post-compulsory education as part of their leaving care planning and package of support.

Deputy Secretary, Children, Families, Disability and Operations
### Outcome 3.2: Victorians benefit economically from strong health, human services and sport and recreation sectors

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<tr>
<th>We commit to delivering the following priority actions over 18 months.</th>
<th>Accountability for delivery</th>
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<tr>
<td><strong>3.2.1</strong> Contribute to a stronger Victorian economy through:</td>
<td>Deputy Secretary, Housing, Infrastructure, Sport and Recreation</td>
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<tr>
<td>• creating jobs in the construction sector through major capital investments</td>
<td>Deputy Secretary, Health and Wellbeing</td>
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<tr>
<td>• completing the next stage of the Melbourne Park redevelopment</td>
<td>Deputy Secretary, Strategy and Planning</td>
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<td>• the public housing redevelopment program</td>
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<td>• strengthening health and medical research</td>
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<td>• building the capability and capacity of the health and human services workforces.</td>
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### Outcome 3.3: Victorians participate in the economy and have financial security

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<th>We commit to delivering the following priority actions over 18 months.</th>
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<td><strong>3.3.1</strong> Increase participation in the economy, employment and education by:</td>
<td>Deputy Secretary, Health and Wellbeing</td>
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<tr>
<td>• developing and implementing a disability economic participation strategy and a strategy for improving economic and social participation of Victorians with mental illness</td>
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<td>• addressing the economic dimensions of gender inequality.</td>
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<tr>
<td><strong>3.3.2</strong> Support at-risk and disadvantaged Victorians to build economic participation and financial security by developing a financial inclusion strategy with Consumer Affairs Victoria and other government agencies to enhance the financial security of vulnerable Victorians.</td>
<td>Deputy Secretary, Health and Wellbeing</td>
</tr>
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**Key results under our outcomes framework that these priority actions will contribute to:**

- **People result 16**: Increase educational engagement and achievement by children in contact with departmental services – especially those in out-of-home care
- **People result 17**: Increase participation in three- and four-year-old kindergarten by children known to Child Protection
- **People result 19**: Increase labour market participation by women, people with a disability, people with mental illness and people living in specified locations and communities
Spotlight on Outcome 3.1: Victorians participate in learning, education and employment

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

- It is compulsory in Victoria for children and young people from the ages of six to 17 to attend school. However, Victorian children in out-of-home care have lower school participation rates, notably declining from age 13. Full-time attendance at school is poorest for children in residential care.
- Research indicates that lower rates of school participation and completion of Year 12 or an equivalent qualification leads to poorer labour market outcomes, financial and social disadvantage.
- We share a commitment with the Department of Education and Training to improve education outcomes for Victorian children and young people in out-of-home care. Education support to children in out-of-home care has improved, with provision of individual education plans for each student up from 68 per cent in 2013 to 76 per cent in 2016, provision of student support groups up from 73 per cent to 76 per cent and assignment of learning mentors up from 36 per cent to 48 per cent.

Source: Out-of-Home Care Outcomes Survey (assessed by case managers) and ABS 4221.0 Schools, Australia 2016.

Figure 7: School participation rate for all Victorian children and young people and those in out-of-home care, 2016

What change are we trying to achieve?
• Increase school engagement and achievement for children and young people living in out-of-home care.

What progress did we make in 2016–17?
• In partnership with the Department of Education and Training, established cross-departmental LOOKOUT implementation groups across Victoria. LOOKOUT centres aim to boost the capacity of schools, practitioners and services to improve education outcomes.
• Provided education brokerage for children in residential care.
• Facilitated education needs assessments for young people in out-of-home care.

What actions will we undertake from 1 July 2017–31 December 2018?
Ensure all children in out-of-home care:
• are connected to a high-quality early childhood program
• are enrolled in school and have an individual education management plan
• are supported into post-compulsory education as part of their leaving care planning.
We have an important role in contributing to Victoria's economic growth.
Victorians are connected to culture and community

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

Developing positive and supportive relationships within communities is an important affirmation of cultural identity and wellbeing. We must address social and cultural isolation alongside exclusion from broader community and local services. Research shows that social exclusion is closely associated with poor physical and social wellbeing.

To build strong, resilient communities that meet the diverse needs of individuals and families, we must ensure people feel safe and connected to their culture and identity and that we facilitate self-determination.

Place-based and community-centred approaches to advancing health and wellbeing are crucial to improving connection to culture and community. This recognises that accessing services closer to home, ensuring services are culturally appropriate where possible and strengthening connections to communities positively contribute to wellbeing.

For Aboriginal Victorians, achieving better outcomes for individuals, families and communities requires a strong commitment to advancing Aboriginal self-determination through all we do.
### Outcome 4.1: Victorians are socially engaged and live in inclusive communities

We commit to delivering the following priority actions over 18 months.  

<table>
<thead>
<tr>
<th>4.1.1</th>
<th>Contribute to the engagement, settlement and social cohesion of newly arrived Victorians.</th>
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<td>Accountability for delivery: Deputy Secretary, Health and Wellbeing</td>
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### Outcome 4.2: Victorians can safely identify and connect with their culture and identity, with their health and wellbeing advanced through self-determination

We commit to delivering the following priority actions over 18 months.  

<table>
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<tr>
<th>4.2.1</th>
<th>Advance Aboriginal self-determination in health and human services through:</th>
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<td>• designing specific place-based strategies to keep families together and children connected to community in areas with the highest growth of Aboriginal children in care</td>
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<td>• developing special measures to confer guardianship of Aboriginal children on protection orders to the principal officer of an Aboriginal organisation</td>
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<td>• transferring social housing stock to Victorian Aboriginal organisations</td>
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<td>• using Aboriginal-determined measures of success in health and wellbeing outcomes</td>
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<td></td>
<td>• increasing Aboriginal involvement in leadership and strategic decision making, prioritising funding to Aboriginal organisations and increasing the cultural capacity and cultural responsiveness of the health and human services sectors.</td>
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<td></td>
<td>Accountability for delivery: Deputy Secretary, Health and Wellbeing</td>
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Key results under our outcomes framework that these priority actions will contribute to:
- **People result 21**: Increase cultural connection for children in out-of-home care
  - especially Aboriginal children
Spotlight on Outcome 4.2: Victorians can safely identify and connect with their culture and identity, with their health and wellbeing advanced through self-determination

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

- Systemic failures across government have led to Aboriginal children being over-represented in out-of-home care. Around 19 per cent of Victorian children in out-of-home care are Aboriginal (1,876 children) despite Aboriginal people being less than 1 per cent of the Victorian population. This is among the highest rate in Australia.

- The Aboriginal Child Placement Principle (ACPP) was legislated in 2005 and requires Child Protection to seek the most culturally appropriate placements for Aboriginal children.

- Between 2009 and 2014 the department consistently placed around 60 per cent of Aboriginal children in accordance with the ACPP. In the past two years the department has placed increasing focus on this principle, resulting in higher numbers of Aboriginal children placed with relatives/kin, other Aboriginal carers or in Aboriginal residential care. We are now above the Australian average of 68 per cent.

What change are we trying to achieve?
- Ensure Aboriginal self-determination is considered in decision making and care for Aboriginal children and families.
- Fund new approaches and service models for vulnerable Aboriginal families so children can remain safely at home.

What progress did we make in 2016–17?
- Taskforce 1000 reviewed the circumstances of all Aboriginal children in out-of-home care and highlighted the importance of practices such as the early identification of Aboriginality, completion of genograms for all children and the convening of family-led decision making to help identify potential family members who are able to look after a child.
- Established a quarterly Aboriginal Children’s Forum that brings together Aboriginal agencies, government and service providers.

What actions will we undertake from 1 July 2017–31 December 2018?
- Continue to implement the new cultural planning model with new procedures, advice and templates, employing 18 new cultural planning advisors in Aboriginal-controlled community organisations, a cultural information portal and brokerage funding to support cultural activities.
- Provide $500,000 to improve access to Targeted Care Packages for Aboriginal children, which transition children from residential care and into home-based care or to return home.
- Through $1.4 million in 2017–18 and $880,000 in 2016–17, implement section 18 authorisations that will see Aboriginal-controlled community organisations authorised to perform functions and powers regarding Aboriginal children on protection orders usually performed by the department.
- $47.3 million to support the implementation of Wungurilwil Gapgapdúr: Aboriginal Children and Families Agreement.

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Figure 8: Proportion of Aboriginal children in out-of-home care placed with relatives or other Aboriginal carer

Source: Unpublished data – Client Relationship Information System
We have a strong commitment to advancing Aboriginal self-determination in health and human services.
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 the people, families and communities that rely on services. 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 as fundamental mechanisms to achieve outcomes. There is a focus on providing access that is appropriate, closer to home and equitable, on measuring performance and working with our service delivery partners to continuously lift performance and on 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 18 months.</th>
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<tr>
<td><strong>5.1.1</strong> Under the Supercare Pharmacies initiative, implement another 15 Supercare Pharmacies (taking the total number to 20) to divert Category 4 and 5 emergency department demand.</td>
<td>Deputy Secretary, Regulation, Health Protection and Emergency Management</td>
</tr>
<tr>
<td><strong>5.1.2</strong> Operationalise a new performance strategy for key health services including emergency department, elective surgery and ambulance services, and develop a targeted intervention plan to address gaps.</td>
<td>Deputy Secretary, Health and Wellbeing</td>
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### 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 18 months.</th>
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</table>
| **5.2.1** Increase patient choice and shared decision making by implementing end-of-life care choice reforms and enabling access to medicinal cannabis to treat eligible patients. | Deputy Secretary, Regulation, Health Protection and Emergency Management  
Deputy Secretary, Health and Wellbeing |
| **5.2.2** Deliver a successful transition to the National Disability Insurance Scheme and the Home and Community Care Program for Young People for affected clients, departmental staff and non-government organisations. | Deputy Secretary, Children, Families, Disability and Operations |
### Outcome 5.3: Services are efficient and sustainable

**We commit to delivering the following priority actions over the next 18 months.**

<table>
<thead>
<tr>
<th>Action</th>
<th>Accountability for delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.3.1</strong> Release and implement a statewide design, service and infrastructure plan for Victoria’s health system that directly supports Health 2040.</td>
<td>Deputy Secretary, Health and Wellbeing</td>
</tr>
</tbody>
</table>
| **5.3.2** Improve integrated and coordinated care between health and community services to support better outcomes for people with chronic and complex needs and other groups such as women who are pregnant or caring for infants and who may have multiple care needs. This includes:  
  - trialling a pooled funding model through a more collaborative governance arrangement between Commonwealth and state entities  
  - developing pathways between health, social services, NDIS, justice which will build on the existing understanding of community services and their interactions. | Deputy Secretary, Health and Wellbeing  
Deputy Secretary, Strategy and Planning                                                             |
| **5.3.3** Develop and implement strategic workforce plans to support key sector reforms including a health and human services workforce futures plan, a rural health workforce plan and an education, training and capability development plan. | Deputy Secretary, Strategy and Planning                                                       |

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

**We commit to delivering the following priority actions over 18 months.**

<table>
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<th>Action</th>
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</table>
| **5.4.1** Successfully operationalise the Victorian Agency for Health Information and Safer Care Victoria and begin delivering key initiatives to deepen health service leadership, strengthen clinical and patient engagement, and improve quality and safety reporting. | CEO, Victorian Agency for Health Information  
CEO, Safer Care Victoria                                                                         |
| **5.4.2** Establish the Human Services Quality and Safety Office to drive a focus on practice improvement in human services and improve quality and safety reporting. | Deputy Secretary, Children, Families, Disability and Operations                           |
| **5.4.3** Ensure the department provides secure services, develops an overarching model of care to inform planning, capital design and operational arrangements across a range of services including acute health, aged care, mental health, disability forensic services, alcohol and other drugs and family and children services. | Deputy Secretary, Health and Wellbeing                                                      |
Key results under our outcomes framework that these priority actions will contribute to:

- **People result 1:** Reduce the incidence of avoidable harm in Victorian hospitals
- **System result 3:** Improve timeliness of access to elective surgery, emergency department treatment, outpatient services, ambulance services and palliative care
- **System result 4:** Reduce unexplained variation in the care people receive – especially for disadvantaged groups
- **System result 5:** Increase client and patient choice concerning the services and treatment they receive
- **System result 7:** Increase citizen engagement in the design and delivery of services
- **System result 8:** Increase participation of service providers and staff in the design of services
- **System result 9:** Reduce demand for acute services to manage complex and chronic conditions
- **System result 10:** Increase the proportion of assets supporting services that are appropriately maintained
- **System result 12:** Improve alignment of our health, human services and community recreation assets with the needs of clients, patients and Victoria’s growing population
- **System result 13:** Reduce waste arising from the use of inappropriate care
- **System result 14:** Improve patient and client reported experiences of care and treatment
- **System result 15:** Reduce restrictive practices in formal care settings
- **System result 16:** Increase the transparency of service safety and quality
- **System result 17:** Reduce assault, exploitation and neglect of clients and patients cared for in formal settings

Spotlight on Outcome 5.4: Services are safe, high-quality and provide a positive experience

What does it mean for vulnerable Victorians?

Work is being done to provide a broader suite of care for all Victorians, particularly those in need of services beyond traditional healthcare settings. One example that delivers on this is the Safe Haven Cafe, an initiative that is based on a social model of health. It is adorned with Aboriginal artwork and a home-like feel, located on the St Vincent’s site and beautifully decorated to make visitors feel welcome and secure. It is run by peer support workers who have been through tough times and utilised mental health services themselves. Visitors include people who often present to the emergency department because it is open and a safe place to come, but don’t necessarily have an acute health need – they just need somewhere to go that is safe, where they can be offered a hot cup of tea and have the opportunity to talk to someone who cares. The peer support workers help to link them with other services and talk about their housing needs and where their health is at so they can offer advice and support. The cafe is based on a highly effective model from the UK.
Our enabling actions

Achieving the priority actions will not be possible without implementing the eight enabling actions. These are listed as bullet points in the shaded boxes throughout this section.

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 technical and behavioural capabilities of individuals, teams and our leadership group so we, as a collective, have the sufficient skills, knowledge and depth to meet current and future challenges.

During 2016 and the first half of 2017 we had a major focus on people, capability and leadership enablers, developing two strategies and one framework that now underpin our efforts in these areas.

In March 2017 we launched People strategy 2020, which identifies actions that will improve our employee experience and positions us as an employer of choice. In the second year of implementing this strategy 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.

The Aboriginal employment strategy 2016–2021 was also adopted in 2016–17 to equip 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. Success has already been achieved in the first year of the strategy, with a significant increase in the number of Aboriginal Victorians who work at our department (see Table 1).

We also launched Delivering for diversity – Cultural diversity plan 2016–2019 as our framework to embed cultural diversity in all the department’s policies, programs and services. This strategic plan builds on our efforts last year, with our focus shifting to implementing these foundational people-focused documents.

In the period 1 July 2017 to 31 December 2018 we will:

Enabling action 1

- continue the implementation of these foundational documents, specifically:
  - the year 1 actions from our People strategy 2020, with a particular focus on addressing bullying and inappropriate behaviour, promoting inclusive employee programs and networks such as the LGBTI Pride Network and strengthening employment pathways for vulnerable people such as women recovering from family violence and new migrants
  - the department’s cultural safety framework
  - year 2 of the department’s Aboriginal employment strategy

Accountability for delivery: Deputy Secretary, Corporate Services

Table 1: Profile of Aboriginal staff in the department

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We also launched Delivering for diversity – Cultural diversity plan 2016–2019 as our framework to embed cultural diversity in all the department’s policies, programs and services. This strategic plan builds on our efforts last year, with our focus shifting to implementing these foundational people-focused documents.
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.

We must actively seek feedback on how we can improve our services from those who are receiving 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 new funding policy foundation of self-determination in the design and priority setting for Aboriginal health and wellbeing services and initiatives is an important demonstration of this commitment in Victoria.

The experiences of our service delivery partners and their feedback on how our approach to activities such as policy development and funding and performance decisions can be improved is also important.

Safer Care Victoria and the Victorian Agency for Health Information have already made good progress in establishing stronger mechanisms for engaging patients and clinicians, the most significant being the establishment of the Victorian Clinical Council. Their work is leading a transformative change in our level of engagement with patients and clinicians, what we engage them in and how we engage them.

In addition, in partnership with the Department of Premier and Cabinet, statewide co-design on family violence has already occurred. The establishment of Family Safety Victoria as one of our priority actions will accelerate co-design and engagement as we implement the $2.6 billion investment in ending family violence.

In the period 1 July 2017 to 31 December 2018 we will:

**Enabling action 2**
- increase co-design and engagement with 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.

**Accountability for delivery:** CEO, Safer Care Victoria; CEO, Victorian Agency for Health Information; CEO, Family Safety Victoria
An operating model that supports our mission and strategic directions

The department’s operating model – the things we do and how we do them – and the structure that underpins it are critical enablers to achieving the outcomes we want for our patients and clients.

Following extensive consultation with staff, a new operating model and structure for the department will be put in place from 3 July 2017 and will be embedded across the organisation during 2017–18. This has been driven by our own recognition of the need for an operating model that is more agile and sustainable in the context of evolving community needs, and by the machinery-of-government changes that have seen our responsibilities increase.

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 18-month period of this plan, our new operating model and structure will be operationalised.

In the period 1 July 2017 to 31 December 2018 we will:

**Enabling action 3**

- deliver an operating model that enables us to implement our strategic directions and is financially sustainable and resilient including implementing a new corporate services operating model and strengthening emergency management, legal and digital services and our divisional and area-based operating models.

**Accountability for delivery: Deputy Secretary, Corporate Services**
Our enabling actions

The enabler of information and systems is both externally and internally focused.

Externally, our investments in digital health are enabling clinicians to access high-quality clinician information from across multiple systems to better inform their diagnosis and treatment of patients and underpin flexible workforce practices (such as telehealth) that can ensure access to highly specialised care and advice without the need for our regional and rural patients to travel into Melbourne.

The establishment of the Victorian Agency for Health Information heralds a new era in the release of patient, client and service performance information to equip our frontline staff and service delivery partners with the information they need to improve delivery. The release of information will also enable patients and communities to better understand the performance of their local health service and the system as a whole, and to navigate and make choices about their care.

Internally, we will also continue to invest in our corporate information systems to support a modern workplace and our desire to be an employer of choice. This investment not only helps us to better serve our patients, clients and ministers, it also ensures our work systems are robust and sustainable, facilitate better communication and connections among staff and enables our time spent at work to be more efficient.

In the period 1 July 2017 to 31 December 2018 we will:

**Enabling action 4**
- improve the quality and timeliness of patient, client and service performance information available to patients, frontline workers and service providers

**Accountability for delivery:** CEO, Victorian Agency for Health Information; Deputy Secretary, Corporate Services; Deputy Secretary, Regulation, Health Protection and Emergency Management

**Enabling action 5**
- improve corporate information systems to support a modern workplace including tools for better internal communication, budgeting and resourcing.

**Accountability for delivery:** Deputy Secretary, Corporate Services
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. The importance of this was recognised in our last strategic plan, with real progress made since then. This includes establishing a dedicated evaluation unit charged with strengthening evaluation activity across the department so that priority projects can be evaluated from baseline, with evaluation results used iteratively to improve service delivery in real time and greater dissemination of lessons learnt and transfer of knowledge across the department.

Progress has also been made in linking our data with data sources from other systems in Victoria that we know our patients and clients interact with, including education and justice, and even with Commonwealth data such as the Medicare Benefits Scheme. This data linkage is enabling us to better understand and improve our patients’ or clients’ journeys and experiences. Data linkage also shines a light on services that could be better joined up around the client or patient, especially when their needs are complex and cut across a number of services.

Together these 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.

In the period 1 July 2017 to 31 December 2018 we will:

**Enabling action 6**
- improve data and evidence available for policy, program and service delivery through targeted, effective evaluation activity and improved data linkage, modelling and forecasting.

**Accountability for delivery:** Deputy Secretary, Strategy and Planning
Good governance, integrity, planning and risk management

We are committed to robust internal governance, maintaining integrity in our culture and processes, 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 also are 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. It is paramount to our success that we have mature strategic planning, financial management and risk processes and culture in place.

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 being linked to 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, is also an important next step.

Our focus on planning also extends to our asset program that 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 – no matter how big or small the amount – and ensuring adherence with best practice financial and risk management practices.4

In the period 1 July 2017 to 31 December 2018 we will:

Enabling action 7
- strengthen the department’s strategic planning, financial management and risk culture and maturity by:
  - redesigning an integrated strategic planning and investment cycle to improve strategic prioritisation, early filtering and use of evidence
  - implementing new standards and requirements for financial management
  - developing and implementing a risk and performance model
  - developing a more systematic approach to entity governance.

Accountability for delivery: Deputy Secretary, Strategy and Planning; Deputy Secretary, Corporate Services.

Enabling action 8
- implement a strategy to embed an outcomes focus across the department, including in strategic planning, budgeting, policy development, service design/delivery, performance monitoring and evaluation.

Accountability for delivery: Deputy Secretary, Strategy and Planning

Key results under our outcomes framework that all of these enabling actions will contribute to:

- **System result 6**: Increase diversity of the department’s workforce – especially Aboriginal people employed in senior roles
- **System result 7**: Increase citizen engagement in the design and delivery of services
- **System result 8**: Increase participation of service providers and staff in the design of services
- **System result 16**: Increase the transparency of service safety and quality

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4. This includes the appropriate use of accumulated State Administration Unit surplus balances, which are directed towards funding priority projects aligned with our outcomes framework.
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 actions we will deliver over the next six months to achieve this.

Measurable, accountable actions for 1 July 2018 to 31 December 2018 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.