

# Victorian policy and program directions

## Victorian health priorities

*The Victorian Health Priorities Framework 2012–2022* identifies seven priority areas to build a more effective service system for all Victorians:

- developing a system that is responsive to people's needs
- improving every Victorian's health status and health experience
- expanding service, workforce and system capacity
- increasing the system's financial sustainability and productivity
- implementing continuous improvements and innovation
- increasing accountability and transparency
- utilising e-health and communication technology.

Current Victorian HACC program directions are described in the *Victorian HACC triennial plan 2012–15*. This plan describes how the HACC program will contribute to realising the Victorian health priority areas through:

- an ongoing focus on equity of resource allocation
- ongoing implementation of the active service model
- responding to people with diverse needs
- improved assessment and care planning.

The *HACC triennial plan* and priorities for 2012–15 have been developed in light of the Victorian Health Plans, to ensure that investments in Victorian HACC services contribute to the broader achievement of a more effective health and community care service system into the future.

In developing priorities for 2012–15, their alignment with strategic planning in other program areas such as disability services, chronic disease management and mental health has also been considered. Such an approach helps facilitate continued linkages between these and HACC services to better manage people's chronic conditions in the community, and ensure people are able to access the services that meet their needs.

The unique service profile of Home and Community Care in Victoria ensures that HACC services work closely with the primary care system and Aged Care Assessment Service (ACAS) to reduce demand on other health services, better manage chronic disease conditions of people in the community and ensure that older people get the right care and support.

## Program directions

HACC services are provided in the context of current program directions. These include the active service model, diversity planning and practice and strengthened assessment and care planning.

These initiatives, together with broader Victorian initiatives described below, emphasise early intervention and prevention to assist people to

- participate in everyday activities
- maintain or rebuild confidence
- improve social connectedness and emotional wellbeing
- stay active and healthy.

HACC service providers should be actively implementing these approaches to HACC service delivery.

### **Active service model**

The active service model is a quality improvement initiative which explicitly focuses on promoting capacity building and restorative care in relation to physical function and social and psychological wellbeing. The active service model applies to all people accessing HACC services and to all HACC service types. While the service response will differ according to each person's needs and goals, it is underpinned by the core components of the model which are:

- capacity building, restorative care and social inclusion to maintain or promote a person's capacity to live as independently and autonomously as possible
- a holistic person-centred approach to care, promoting wellness and active participation in goal setting and decisions about care
- timely and flexible services that respond to a person's goals and their carer's needs and circumstances in order to maximise a person's independence and support the care relationship
- collaborative relationships between providers, for the benefit of people using services.

All HACC service providers deliver services within this context. For further information about active service model see the 'Active service model' section in Part 3.

### **Diversity planning and practice**

Diversity planning and practice aims to contribute to an equitable, accessible, person-centred, responsive and high-quality HACC service system while ensuring alignment with Victorian health priorities. The focus of diversity planning is on the five HACC special needs groups as well as consideration of characteristics such as age, gender-identity, sexual orientation and socio-economic status of all groups. For further information about diversity planning and practice see the 'Diversity' section in Part 2.

### **Strengthening assessment and care planning**

The *Framework for assessment in the HACC program in Victoria* (Department of Human Services 2007) describes the HACC program policy for assessment, including the requirements for a Living at home assessment. For further information about assessment and care planning see:

- 'Service coordination, assessment and care planning' in Part 2
- 'Living at home assessment' in Part 3.

## Victorian Government initiatives

Integrated chronic disease management, supporting care relationships and service coordination are key initiatives that underpin HACC program directions and a person-centred approach to care.

### Integrated chronic disease management

HACC plays an important role in supporting frail older people with chronic and complex conditions, younger people with a disability, and their carers. Integrated chronic disease management refers to the provision of person-centred care by services working together with the person to ensure coordination, consistency and continuity of care over time and through different stages of their condition. Where people with chronic conditions are receiving HACC services, they should be provided in a manner that is well planned, integrated, and supports the person's capacity to self-manage.

### Care relationships

The *Carers Recognition Act 2012* came into effect on 1 July 2012. Section 7 of the Act sets out the principle that a carer should be respected and recognised:

- as an individual with his or her own needs
- as a carer
- as someone with special knowledge of the person in his or her care.

The following information is taken from section 4.23 of the *Service agreement information kit for funded organisations*:

The purpose of the Act is to recognise, promote and value the role of people in care relationships. It formally acknowledges the important contribution that people in care relationships make to our community and the unique knowledge that carers hold of the person in their care.

For the purposes of the Act, a care relationship exists where the person being cared for is an older person, or a person with a disability, a mental illness or an ongoing medical condition. The Act also includes situations where someone is being cared for under the *Children, Youth and Families Act 2005*, in a foster, kinship or permanent care arrangement.

State government departments, local councils and service organisations and their subcontractors funded by government to provide programs or services to people in care relationships (care support organisations) are required to take all practical measures to comply with the care relationship principles in the Act and to reflect them when developing and implementing support for people in care relationships.

The Act also specifies that care support organisations must prepare a report on its compliance with its obligations under the Act, to be included in the care support organisation's annual report. This may be as simple as a paragraph describing activity undertaken over the year to comply with the Act.

## Service coordination

Service coordination supports HACC service providers to coordinate and integrate their service delivery with the broader health and community services system. HACC service may be one of several services a person receives so a partnership approach with other service providers is used to ensure a coordinated and integrated approach to support.

All HACC funded organisations are required to work within the service coordination policy described in the *Better access to services framework* (Department of Human Services 2001). The *Victorian service coordination practice manual* outlines the practices, processes and protocols to support service coordination and the use of the Service Coordination Tool Templates (SCTT). For further information, see 'Service coordination, assessment and care planning' in Part 2.

## Emergency management

The Vulnerable People in Emergencies Policy 2012 has been developed to improve the safety of vulnerable people in emergencies, by supporting emergency planning with and for vulnerable people.

The policy uses the existing relationships of funded organisations with vulnerable people to support personal emergency planning and improve their safety and resilience.

For details see:

- section 4.18, 'Vulnerable People in Emergencies Policy' in the *Service agreement information kit*
- HACC fact sheet – *HACC funding to support vulnerable people in emergencies* (Department of Health 2013).

The department works with the health sector to prepare for, respond to and recover from emergencies that impact or affect health sector organisations and the health of Victorians.

The department has developed the Emergency Preparedness Clients and Services Policy: Summer 2012–13 to assist the health sector to prepare for external hazards that may occur during the period of heightened risk associated with summer, thereby better protecting and enhancing the health and safety of clients.

A suite of communication resources has been developed to encourage and educate individuals and the community to be aware of the impact of extreme heat on human health.

For details see section 4.19, 'Emergency Preparedness Clients and Services Policy' in the *Service agreement information kit*.

## Other

Other key Victorian directions include, but are not limited to:

- the Victorian Charter of Human Rights and Responsibilities 2008, which describes the Victorian Government's commitment that all Victorians are treated with equality, fairness and respect
- the *Victorian state disability plan 2002–12*, which outlines the policy directions for disability services in Victoria based on the principles of equality, dignity and self-determination, diversity and non-discrimination

- *Because mental health matters: Victorian mental health reform strategy 2009–19*, which outlines the Victorian Government’s agenda for change and improvement in the way mental health is addressed, based around the four key elements of prevention, early intervention, recovery and social inclusion.

These policy directions share the common intent of early intervention, linking people to community based interventions and supports, self-determination, goal directed care planning, improving emotional wellbeing, social connectedness and respect for diversity.

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## Links

*Because mental health matters: Victorian mental health reform strategy 2009–19*  
(Department of Health 2012)

[http://www.health.vic.gov.au/mentalhealth/reform/documents/mhs\\_web\\_summary.pdf](http://www.health.vic.gov.au/mentalhealth/reform/documents/mhs_web_summary.pdf)

*Better Access to services framework* (Department of Human Services 2001)

[http://www.health.vic.gov.au/pcps/downloads/publications/BATS\\_Policy&op-fmwkrk\\_July01.pdf](http://www.health.vic.gov.au/pcps/downloads/publications/BATS_Policy&op-fmwkrk_July01.pdf)

*Carers Recognition Act (Victoria) 2012*

[www.dhs.vic.gov.au/carersact](http://www.dhs.vic.gov.au/carersact)

*Carer Recognition Act (Commonwealth) 2010*

[http://www.fahcsia.gov.au/sites/default/files/documents/07\\_2012/carers\\_recognition\\_act\\_0.pdf](http://www.fahcsia.gov.au/sites/default/files/documents/07_2012/carers_recognition_act_0.pdf)

*Service agreement information kit for funded organisations 2011*

<http://www.dhs.vic.gov.au/facs/bdb/fmu/service-agreement/>

*Resource for providers of HACC and primary health services: how the ASM and ICDM policies align*

(Department of Health) [http://www.health.vic.gov.au/pch/downloads/hacc\\_icdm\\_alignment.pdf](http://www.health.vic.gov.au/pch/downloads/hacc_icdm_alignment.pdf)

Service coordination resources

<http://www.health.vic.gov.au/pcps/coordination/overview.htm>

*Victorian Health Priorities Framework 2012–22: Metropolitan Health Plan*

<http://docs.health.vic.gov.au/docs/doc/Victorian-Health-Priorities-Framework-2012-2022:-Metropolitan-Health-Plan>

Victorian Health Plan

<http://www.health.vic.gov.au/healthplan2022/>

Vulnerable People in Emergencies Policy 2012

<http://www.dhs.vic.gov.au/funded-agency-channel/spotlight/vulnerable-people-in-emergencies-policy>

Further service coordination resources:

<http://www.health.vic.gov.au/pcps/coordination/overview.htm>

<http://www.health.vic.gov.au/pcps/workforce/index.htm>