

Office for the Community Sector

# Draft Strategic Plan 2008 - 2010

people working in partnership



## Foreword

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## Introduction

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## Office for the Community Sector - Planning Framework

This Strategic Plan provides the planning framework that will lead to the achievement of the objectives developed by the Department of Health and Human Services (DHHS) Agency Executive in relation to services delivered by community sector organisations.

The Plan has been developed in consultation with DHHS operational units and community sector organisations currently delivering services to clients. Furthermore, it is consistent with the Department's corporate planning framework, and aligned with the planning undertaken by the Peaks Network facilitated by the Tasmanian Council of Social Service Inc (TasCOSS).

### Defining the Community Sector

The health and human services sector can be clustered into three groups of service providers:

1. The business or private sector, which is privately owned and profit motivated.
2. The government or public sector, which is owned by local, state or federal governments.
3. A third group of service providers, less clearly defined and known by a range of names including the social sector, non-government organisations, the third sector or community sector. This group embraces a wide range of community, voluntary and not for profit activities aimed at improving the lives of citizens, particularly those who are disadvantaged or vulnerable.

The third group as defined above, can be broken down into three sub-groups (although many organisations may overlap these artificial boundaries):

- a) Community organisations that are organised on a not-for-profit basis. They are usually active at a local level, small and modestly funded, and largely dependant on voluntary rather than paid effort. They may be formal or informal in their structure. Examples include neighbourhood watch, community associations, civic societies, small support groups.
- b) Community organisations that are formal, independent of government and self governing. They also operate on a not-for-profit basis and rely on a meaningful degree of volunteer involvement, though they may be organised by a paid workforce. Examples include large charities, large community associations, campaign or advocacy organisations, faith-based support services.
- c) Social enterprises that are community based and community owned organisations which are primarily aimed at providing a community benefit and returning a surplus for the purpose of reinvestment into the community, rather than for the benefit of shareholders and owners. Examples include cooperatives, community organisations delivering government services, building societies and credit unions, development trusts, housing associations.

The Tasmanian Department of Health and Human Services recognises the valuable contribution made by all groups. It is important for transparency and a shared understanding of purpose and values that a clear definition of the "Community Sector" is articulated for all stakeholders involved in improving the health and well-being of Tasmanians. As such the Department recognises the "Community Sector" as having the following characteristics;

- Mission: the primary objective of the enterprise is to improve the lives of individuals, and/or the communities in which they live, particularly those who are disadvantaged or vulnerable. To achieve this mission community sector organisations deliver a range of services including support, capacity building and advocacy for disadvantaged groups and on behalf of individuals.

- **Ownership:** the resources of the enterprise are owned and invested by and for the benefit of the community, particularly those who are disadvantaged or vulnerable. Community sector organisations operate independently of government.
- **Governance:** The enterprise has a shared purpose that is directed, formally or informally, by a collective approach to decision making targeted at improving the health and well-being of Tasmanians.

### **The Strategic Plan in context**

In recent times the evolution of a stronger working relationship between the Tasmanian Department of Health and Human Services and community sector organisations that deliver services under funding Agreements began with the launch of the “Changing Relationships” Strategy in 1996.

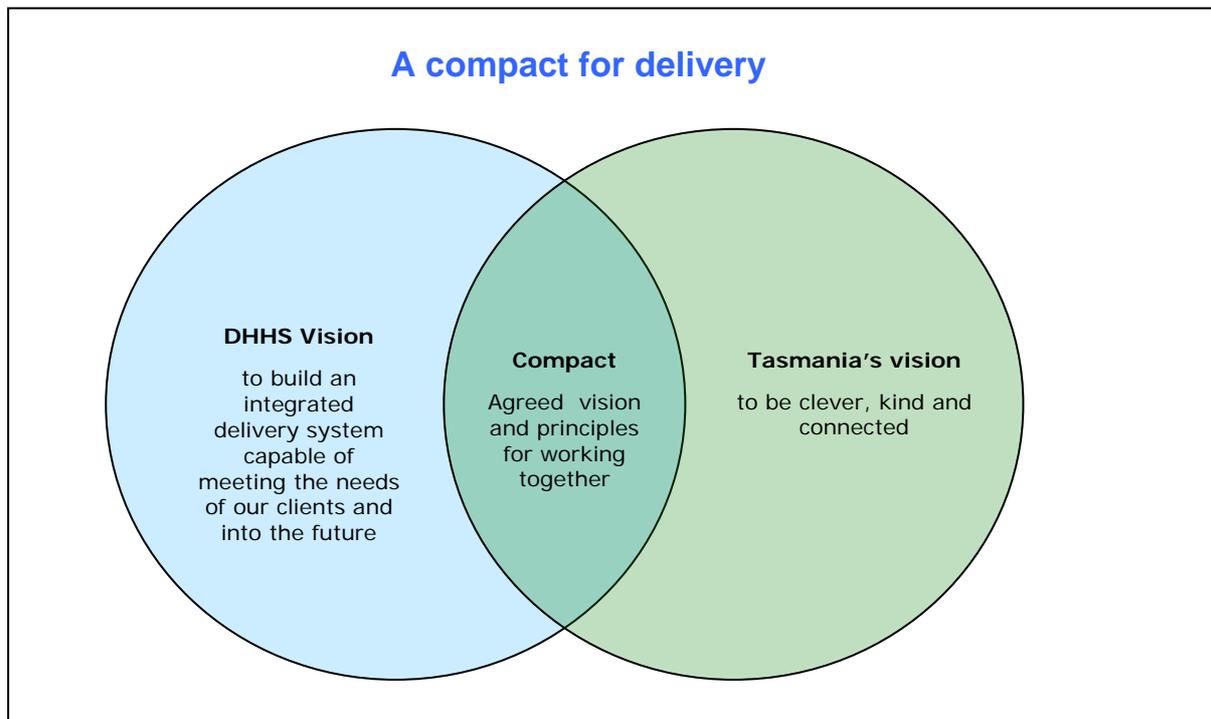
The Changing Relationships process evolved to become the Partnerships Project in 2000 and a draft Compact was developed by TasCOSS in 2001, based on models in operation in the Australian Capital Territory and England.

In 2006 the Tasmanian Government committed \$1 million towards the development of the sector, including a community sector industry plan, to be led by TasCOSS as the Peak Body for not for profit organisations in Tasmania.

In 2008 the Department of Health and Human Services formed the Office for the Community Sector to develop a stronger focus for the strategic development of community services within the health and human services care delivery system.

Concurrent with these developments, all other State jurisdictions in Australia are developing partnership relationships with the community sector, and in July 2008 the Australian Government announced an intention to develop a National Compact to promote effective partnerships.

There is a growing realisation that rather than simply working together, government needs to broaden and deepen its relationships with the community through collaboration and partnership to create new organisational forms which take on a life of their own and become larger than the sum of their parts. This is the Departments vision for a compact between the Department of Health and Human Services and the community sector in Tasmania.



## Tasmania's Mission

To be clever, kind and connected.

## DHHS Vision

An integrated delivery system capable of meeting the needs of our clients today and in the future.

## Drivers

In February 2008 the Secretary outlined five drivers for the Department of Health and Human Services:

- Client focus
- Safety and Quality
- Public Engagement
- Managing to Budget
- Performance

## Office for the Community Sector Goal

To facilitate the delivery of efficient and effective community sector services for all Tasmanians.

## Principles

The following principles outline the framework that will be used for all community sector services:

- Consumer/customer focus
- Equitable
- Population based
- Sustainable
- Appropriate Governance
- Workforce - development and planning
- Innovation
- Partnership
- Leadership
- Transparency and Probity
- Efficient
- Strategic
- Integrated service delivery
- Evidence based decision making
- Diversity

## Operating framework

The Office for the Community Sector will become the primary portal through which relationships between DHHS operational units and community sector organisations delivering services for DHHS are managed. The operations of the unit will be organised around three key themes:

- Quality and Safety
- Finance and Performance Management
- Strategic Development

The following framework unpacks the elements under each of these functions:

## 1: Quality and Safety

### Goal

All services provided by community sector organisations under DHHS funding Agreements are consumer focused, of high quality and safe.

### Why we are focusing on this area

There has been an increasing focus on continuous quality improvement in the health and human services area for some time now. This means viewing all operations as part of a whole system of service and having as our focus the best possible outcomes for customers.

In recognising the importance of a Quality framework, the DHHS Agency Sector Forum (ASF) recently auspiced a Quality Management project, including engaging consultants to prepare a report on current frameworks used in the community sector, and recommendations for a workable model in Tasmania. That report has now been released and a consultation process has been undertaken by the OCS and the ASF Quality and Safety Reference Group.

### Success measures

1. Community sector actively engage in consultations and development of a clear quality and safety framework for the Tasmanian community sector.
2. A Quality and Safety Standards Framework for the community sector is developed and implemented commencing in July 2009.
3. Community sector organisations implement and are committed to the value of quality and safety systems and continuous quality improvement in providing services.
4. Individual community sector organisations implement, as part of their Quality Framework, client driven processes and feedback mechanisms.

### Risks

The main risks in this area are the lack of agreement on continuous quality improvement for the Tasmanian Community Sector resulting in a:

- Insufficient or inadequate systems and processes.
- Office for the Community Sector processes may not align with processes already in place within some community sector organisations.
- Quality and safety improvement is driven by reactive responses to external influences (risk management) rather than by analysis of service data, service need and client feedback (quality measures).

### Major strategies

- Develop and implement a Quality and Safety Standards Framework which is agreed by the Agency Sector Forum.
- Processes to monitor and review key quality and safety outcome measures are identified and implemented for each DHHS funded community sector organisation.
- Complaints, compliments and suggestions process for consumers of DHHS funded community sector organisations are implemented as part of the agreed Quality and Safety Standards Framework.

## **2: Integrated finance and performance framework**

### **Goal**

All DHHS service agreements with community sector organisations are outcomes focused, represent best value for money, and address the needs of the Tasmanian community.

### **Why we are focusing on this area**

There has been a growing trend in Australia, and internationally, towards policy models that emphasise the importance of partnerships between government, not for profit and corporate sector organisations in the delivery of publicly funded services for the community.

More recently, the importance of linking services within local communities so that complex and inter-related problems are addressed with a holistic response has been recognised.

In Tasmania, DHHS purchases a range of community based services from more than 240 non government organisations. This is a significant outlay and requires an integrated financial and performance framework to provide community confidence that the investment represents best value for money, and is contributing to improving the health and welfare of Tasmanians.

Current funding Agreements have been developed over time. This has created processes, policies and services which are now no longer consistent with contemporary purchasing or service delivery models, particularly for recurrent Grants that have been in place for many years.

### **Success measures**

1. An integrated finance and performance framework is in place for the 2009-10 financial years. Including role delineation, policies, procedures, templates, service agreements, resource allocation formulas and evaluation models.
2. Reporting requirements for the integrated finance and performance framework are more streamlined and efficient.
3. A business case for the development of an information system to support an integrated finance and performance framework and data collection on community sector service delivery completed by April 2009.
4. From July 2008 *all new* service Agreements are outcome focused and contain measurable outcome indicators.
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### **Risks**

The main risks in this area are:

- The difficulty of establishing meaningful outcome indicators for complex health and community services.
- The complexity of developing purchasing frameworks and achieving the right balance between value for money, sustainability, collaboration, innovation, diversity, transparency and quality.
- Tight timeframe for implementation.

- Lack of a integrated information system to provide performance reporting on community sector activity.
- Non compliance by the community sector resulting from lack of resources, workforce skills, competing deadlines and other service delivery priorities.
- Lack of understanding and ownership of the purchasing model within Departmental operational units.

### Major strategies

- In collaboration with DHHS Operational Units and community sector organisations research:
  - outcome indicators applicable to services delivered under Agreement for the department;
  - funding models that reflect an “investment” approach and account for the true cost of service delivery and organisational development.
- Establish a reference group to guide the reform of the current Grants Program to ensure successful implementation of the integrated finance and performance framework, including purchasing of services under Agreement with the community sector.
- Develop an integrated finance and performance framework that is based on agreed service principles. This includes service policies, procedures, resource allocation formulas, service agreements and evaluation models, templates and related training to be delivered leading up to the introduction of the new model by July 2009.
- Develop a business case for an electronic information system that will support an integrated financial and performance framework through the provision of timely reports on activity, outputs, outcomes for clients and financial information.

### **3: Strategic Development**

#### **Goal**

A sustainable and growing community sector that is effectively delivering outcome focussed health and human services for all Tasmanians.

#### **Why we are focusing on this area**

Community sector organisations currently deliver a wide range of services under funding Agreements with the Department of Health and Human Services. In 2007-08 approximately 10% of the total departmental budget was committed to services purchased from community sector organisations.

As service delivery continues to focus on community based care, it is likely that the funding allocated to the community sector will grow. This means the Department needs to work strategically with organisations in the sector to maximise their capacity to deliver high quality consumer focused services.

A number of service reform reviews have been conducted within DHHS operational units. The OCS will assist in the implementation of the accepted recommendations of these reviews which will lead to an expansion of high quality and consumer focused services delivered by community sector organisations on behalf of the Department.

Strategies to further develop the skills and professionalism of the workforce, build industry capacity, improve information sharing, and a partnership approach to service delivery will all contribute to the growth of the community sector into the future. These initiatives will be consistent with this Strategic Plan and undertaken in partnership with key stakeholders.

#### **Success measures**

1. Launch of the DHHS Strategic Plan for Tasmania's community sector in October 2008.
2. Compact or Partnership Agreement developed and signed between DHHS and community sector organisations (or Peak body representation) by end 2008.
3. Clear governance structures involving partnerships between government and non-government organisations are established as required, to oversight the implementation of key activities associated with the Strategic Plan. This will include a review of the current Agency Sector Forum Terms of Reference by December 2008.
4. Workforce development strategy developed in partnership but lead by the sector by June 2009. Implementation commenced by December 2009.
5. Develop a comprehensive and sustainable communication strategy by December 2008 and progressively implemented by June 2009.
6. Successful implementation of projects that are innovative and/or lead to service enhancements and reforms as identified from time to time that involve purchasing Agreements with community sector organisations. Success measures for these reforms will be developed, monitored and reported as initiatives are agreed.

#### **Risks**

The main risks in this area are:

- Not engaging all partners, including internal stakeholders, in the process of developing a strategic framework.
- As a result of the broad range of community sector organisations delivering services, agreement on key activities and their priority is not achieved and therefore not progressed.
- Failure to establish a good working relationship between OCS and DHHS operational units implementing service reforms, leading to a lack of understanding, and therefore commitment, to the Strategic Plan.
- Lack of capacity within the community sector to take up increased demand for services. This includes infrastructure and workforce constraints.

## Major strategies

- Develop community sector participation in all strategic approaches to industry development. This includes engaging in the industry planning processes facilitated by TasCOSS.
- Assist the sector to undertake research and development of strategy for community sector organisations workforce supply, demand, recruitment and retention issues. This includes addressing workforce issues related to ensuring an effective, growing and vibrant voluntary sector.
- Under the Auspice of the DHHS Agency Sector Forum establish a community sector workforce planning reference group to ensure effective exchange of information, take up and usage of local, state and national initiatives and resources.
- Develop a comprehensive information and communication strategy for regular and consistent sharing of information to internal, external and whole of government stakeholders. This includes developing an internet based resource bank on community sector services for the community sector and internal operational units.
- Enhance, facilitate and support knowledge sharing and development between the OCS and community services sector. This includes strengthening the focus on service review and program evaluation as an essential tool to facilitate a learning culture. Initial key focus areas will be on efficiency and service effectiveness, service viability and sustainability.
- Initially scope existing and future reviews and implementation plans relevant to services provided by the community sector, and ensure they are integrated into OCS planning and service delivery frameworks.
- Investigate an industry innovative practice award.
- In consultation with internal and external stakeholders establish effective and efficient governance arrangements, as required, for shared planning and decision making related to this Strategic Plan.

## Appendix 1: Glossary

## **Appendix 2: References and Further Reading**