Mid North Coast Local Health District

Community Engagement and Consumer Participation Framework
2015 – 2017
1 Foreword

The Mid North Coast Local Health District (MNCLHD) covers an area of 11,335 square kilometres which extends from Port Macquarie Hastings Local Government Area in the south to Coffs Harbour Local Government Area in the north. The Mid North Coast has an ageing population with 23 per cent of residents in the region over 65 years of age. The MNCLHD provides health services regionally to around 300,000 people.

The MNCLHD Governing Board has a strong commitment to ensuring effective community participation across the District and to continue working in partnership with our patients and the community.

The Community Engagement Sub-Committee and Community Reference Groups have been integral in the development of the MNCLHD Community Engagement and Consumer Participation Framework for 2015 – 2017 (the Framework). This document will assist in guiding staff and the organisation in supporting our partnerships with volunteers, patients and community, and will continue to play a pivotal role in health service delivery.

I commend the Clinical Governance Unit for their work in coordinating the Framework and I am confident this document will assist the MNCLHD in achieving a greater level of involvement by the community in the health issues of the region.

Over the past four years I have been impressed with the enthusiasm of staff in working with our patients and community. I look forward to further strengthening of this important partnership.

Warren Grimshaw AM
Governning Board Chair
Mid North Coast Local Health District
2 About the Framework

Community engagement and consumer participation are mechanisms that can enable health service organisations to better plan, design and deliver services that meet the needs of the people who use the services. Engagement and participation is about involving consumers and the community in key decision-making and the monitoring of the quality of services provided. Effective engagement involves communicating, listening and responding.

In the 2012-2016 Strategic Plan for the Mid North Coast Local Health District (MNCLHD), consumer involvement is a priority area in terms of community engagement to:

- Empower communities to engage as partners in health;
- Cooperate, collaborate and communicate with partners; and
- Improve health literacy in the community.

The Community Engagement and Consumer Participation Framework (the Framework) outlines a program that will engage consumers, carers and individual groups in the community in relation to the provision of health services and facilitate their involvement in decision making, planning and evaluation of care provided.

The purpose of this Framework is to:

- Describe the organisational infrastructure and governance mechanisms to support community engagement and consumer participation; and
- Outline MNCLHD’s approach and core engagement strategies.
- Provide guidance and support to MNCLHD staff in planning and implementing engagement initiatives;

3 Definitions

Carers are families and friends providing unpaid care to consumers.

Community means a group of people with something in common, such as people who live in the same neighbourhood, suburb or town or with a shared interest such as in the development of an accessible, effective and efficient health service that best meets their needs, or those of a special interest group.

Consumers are users, or potential users of health services, including children, women and men, people living with a disability, people from diverse cultural and religious experiences, socioeconomic status and social circumstances, sexual orientations, health and illness conditions.

Engagement is an informed dialogue between an organisation and consumers, carers and the community which encourages participants to share ideas or options and undertake collaborative decision making, sometimes as partners.

Participation occurs when consumers, carers and community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of themselves and the community.

Patient Centred Care is a core value of an organisation that guides its planning, delivery, and evaluation of health care and is grounded in mutually beneficial partnerships among health care providers, patients and families.
4 The Benefits of Community Engagement and Consumer Participation

Community engagement and consumer participation plays an important role in achieving better health outcomes and improving the overall performance of the health system. Input from consumers, their families and carers, the wider community and health consumer organisations, provides valuable knowledge and perspectives to shape policies, programs and services.

Benefits to consumers and the wider community:
- An opportunity to be involved and listened to regarding decisions about planning and service delivery;
- Improvements in health literacy, which leads to a better understanding of health issues and services;
- Access to more tailored and appropriate health services;
- Higher quality patient and consumer information materials;
- A greater sense of well-being, empowerment and belonging to the community; and
- A greater sense of ‘ownership’ over services and over one’s own health-related options and decisions.

Benefits to the NSW Health system:
- Improvements in the way the health system meets the needs of consumers and the community;
- Improvements in the way in which the health system meets the needs of people from diverse, disadvantaged and marginalised backgrounds, including people with a disability, people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islanders, and people with mental illness or cognitive impairment;
- Improved quality and relevance of policies and programs;
- Earlier awareness of and attention to emerging issues, which creates better opportunities to respond appropriately and positively;
- Empowering and supporting consumers to be more actively involved in their healthcare and thereby use services more efficiently and effectively;
- Improved empathy and communication skills of health care staff; and
- Increased respect and trust from the consumers and communities served.

5 Population Profile

The MNCLHD is one of eighteen Local Health Districts and Speciality Networks established in NSW in 2011 and covers an area of 11,335 square kilometres, extending from the Port Macquarie Hastings Local Government Area (LGA) in the south to Coffs Harbour LGA in the north.

At the 2011 census, it was estimated that in the MNCLHD there were 200,404 persons, 5 per cent of persons identified as being of Aboriginal and/or Torres Strait Islander descent, and 40,000, or 20 per cent of the total MNCLHD population were under the age of 16 years, with 10.3 per cent of those under 16 years of Aboriginal and/or Torres Strait Islander descent.

The traditional custodians of the land covered by the MNCLHD are the Gumbaynggir (south of Grafton to just south of Macksville), Dunghutti (south of Macksville to half way between Kempsey and Port Macquarie), Birpai (Port Macquarie Hastings area), and Nganyaywana (south-east region of the New England Tablelands) Nations.

The population of the MNCLHD has increased by 8.5 per cent (15,936 people) between 2006 and 2011. The largest increases have been in the 0-14 years (15 per cent), the 65-84 years (17 per cent)
and over 85 years (31 per cent) age groups. Bellingen, Coffs Harbour and Kempsey LGAs have seen a decrease in the population group 0-14 years, and are also the LGAs with the largest increases in those aged 65 years and over.

The current numbers and projected increases in the numbers of older people have significant service implications for the District, as older people are the greatest consumers of health services. Many older people have complex and chronic health conditions which place demands on all parts of the health system.

Port Macquarie Hastings and Coffs Harbour LGAs have the largest numbers of people born overseas as recorded at the 2006 and 2011 censuses. People born overseas comprised 12 per cent of the total population in 2006 and 13 per cent in 2011. The majority of the population speak English at home, with only small numbers speaking another language. The top five languages (apart from English) spoken in MNCLHD are Punjabi, German, Italian, French and Cantonese.

Coffs Harbour is one of several designated resettlement locations for refugees, and has a growing number of humanitarian refugees settling in the area mainly due to the employment prospects. The main refugee communities are: Afghani, Sudanese, Burmese, Congolese, Togolese, Sierra Leone, Ethiopian, Eritrean and Somali.

There are smaller numbers of Asian migrants in Laurieton, Wauchope and Port Macquarie.

Social factors such as income, unemployment and education also contribute to health outcomes. In MNCLHD, Kempsey and Nambucca LGAs were ranked seven and eight in NSW in terms of disadvantage at the 2006 census.

6 Policy Context and Strategic Alignment

NSW Health has established CORE values of Collaboration, Openness, Respect and Empowerment, which are a key system wide focus. These goals and values are echoed in the key policies and documents that direct and guide our work as health service providers, including:

The **NSW State Health Plan: Towards 2021** provides a strategic framework which brings together NSW Health’s existing plans, programs and policies and sets priorities across the system. Achieving delivery of truly integrated care is a key direction in the NSW State Health Plan, in which consumer and community engagement plays a vital role.

The **National Safety and Quality Health Service (NSQHS) Standards** ‘Standard 2: Partnering with Consumers’ outlines the systems and strategies to create a consumer-centred health system by including consumers in the development and design of quality health care. This document supports health service providers in their work to meet the requirements of Standard 2.

The **Australian Charter of Healthcare Rights** describes the rights of patients using the Australian health system. The Charter allows patients, consumers, families, carers and services providing healthcare to share an understanding of the rights of people receiving health care. A genuine partnership between consumers and providers is important so that everyone achieves the best possible outcomes.

The **NSW Health PD2011_022 Your Health Rights and Responsibilities** policy directive outlines the rights and responsibilities of NSW Health services and staff, and patients and carers. Basic rights are detailed in the policy which incorporates the principles of the Australian Charter of Healthcare Rights and is consistent with the National Healthcare Agreement (NHCA) 2009.
The **NSW Health Consumer and Community Engagement Framework** provides high level guidance and support to NSW Health agencies to better understand the value of consumer and community engagement and more deeply embed this within culture and practice. It promotes a collaborative, consumer-focussed, equitable and integrated approach to engagement across all levels of NSW Health.

The **National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes** was agreed by Council of Australian Governments in 2008, and is a long-term framework that builds on the foundation of respect and unity provided by the 2008 National Apology to Aboriginal and Torres Strait Islander Peoples. It acknowledges that improving opportunities for Indigenous Australians requires intensive and sustained effort from all levels of government, as well as the private and not-for-profit sectors, communities and individuals.

At a local level, it is necessary to align community engagement functions with key strategic initiatives, including:

The **MNCLHD Strategic Plan 2012-2016** (reviewed annually) provides the overarching strategic direction for the MNCLHD over the four (4) year duration of the plan. The Strategic Plan drives the activities and priorities for the organisation at all levels to further develop quality and safe health services for our communities. There is a strong emphasis on clinician and community engagement, and on ensuring our patients (and their carers and families) are at the centre of every decision we make to ensure we realise our vision of: **Quality and Excellence in Regional Healthcare**.

The **Mid North Coast Aboriginal Health Partnership Agreement 2012-2014** seeks to improve health outcomes for Aboriginal people across the MNCLHD by providing a forum where the partners (MNCLHD, Galambila Aboriginal Health Service Inc, Durri Aboriginal Corporation Medical Service and Werin Aboriginal Medical Corporation) may consult, advise and/or negotiate on matters relevant to Aboriginal health including service gaps and development, equity in service allocation, resource distribution, joint projects, funding applications and the like.

Additionally, service specific consumer partnership frameworks exist for Mental Health Services and Drug & Alcohol Services.

### 7 Scope of Engagement and Participation

Community engagement and consumer participation is required in three (3) key areas. The areas are:

1. **Service planning and design** which informs priority setting and resource allocation;
2. **Service delivery** which informs recommendations to improve patient flow, experience, quality and safety; and
3. **Service monitoring and evaluation** which informs the use of evaluation and performance data to identify and drive improvement.

Community engagement and consumer participation requires interaction with the community and consumers at every level of the organisation. The MNCLHD has adopted four (4) levels of engagement:

1. **Individual level** focuses on clinicians engaging with the individual consumer (patient) and/or their family/carer as partners in their own health care including support for decision making and treatment planning;
2. **Unit/Service/Network** level focuses on engaging with the community/consumers to facilitate input into how programs, services, or facilities are planned, delivered, structured, evaluated and improved;

3. **District level** focusses on how the MNCLHD as an organisation engages with; and community/consumers to have input into District level strategy, planning, and policy

4. **System level** focusses on how communities and consumers participate to influence and input on health policy, reform and legislation at the system level across local, state and commonwealth jurisdictions.

8 **Spectrum of Engagement and Participation**

Engagement with consumers and the community can occur through a wide variety of methods and processes. Planning is crucial to ensure selection of the right method to suit the purpose of the engagement.

The spectrum of engagement and participation (Figure 1) provides a useful overarching perspective to assist in understanding and planning engagement activities.

![Engagement Spectrum](Image)

**Figure 1 Engagement Spectrum**

The spectrum outlines five (5) levels of engagement across a continuum that identifies an increasing degree of engagement, participation and influence in the engagement process.

- **Inform** – The health service provides consumers and community members with balanced and objective information, in a manner they can understand.

- **Gather information (Consult)** – The health service seeks feedback and views from consumers and community members and provides information in return about how this has influenced decision making.

- **Involve** – The health service works directly with consumers and community members to ensure their concerns and aspirations are understood, are represented in alternatives developed, and are considered in key decision making processes.

- **Collaborate** – Consumers and community members collaborate with the health services to provide advice and contribute to decision making.

- **Partner (Empower)** – Health services work in partnership with consumers and community members in the development and delivery of solutions.
9 Diversity and Engaging ‘Hard to Reach’ Groups

Meaningful community engagement and consumer participation involves participation from all groups and stakeholders within the community. Although cultural, linguistic, physical, mental health, cognitive impairment, material, attitudinal, or geographical factors may contribute to the marginalisation of some groups of people in our society, engaging with marginalised groups can help to provide better health care.

The MNCLHD community is diverse. This presents a key challenge to ensure community engagement and consumer participation strategies are matched to the population profile. Some population groups will require specific or unique approaches to ensure engagement strategies are both effective and respectful.

Some key points to consider when developing strategies for engagement with ‘hard to reach’ groups include the following:

- In order to remove the existing barriers to engagement, members of ‘hard to reach’ communities need to have the confidence and skills to voice and truly reflect their ideas and concerns;
- Individuals are not defined by their membership of a particular group, people within each group can differ significantly in their opinions, needs, priorities and method of engagement with health services;
- A range of strategies will need to be developed to effectively engage with ‘hard to reach’ groups;
- Seeking regular feedback from consumers and the community on the engagement process can assist in meeting the needs of both parties and achieving a positive outcome; and
- Non-government community sector organisations and peak bodies can assist health services to identify and engage with vulnerable consumers and communities.

10 Governance Structure

The Governing Board through the Chief Executive and Senior Executive Team has accountability for the development and implementation of the Framework and associated strategies. The Board has committed to being directly involved and working closely with the Chief Executive and Senior Executive Team to build sustainable community and consumer engagement practices.

A community engagement structure consisting of a Community Engagement Sub Committee, Community Reference Groups in each clinical network and less formal Community Connection forums has been established (Figure 2).
1. Community Engagement Sub Committee

The Community Engagement Sub Committee membership consists of Board Members, health service Senior Executive and Managers, and reports to the Governing Board. The committee’s purpose is to: develop strategies to communicate and engage with and receive feedback from communities about local health issues and service planning; build trust and relationships with local communities; and, develop communication strategies to keep the community and consumers regularly and appropriately informed and engaged.

2. Community Reference Groups

There are two Community Reference Groups in the MNCLHD one in each Clinical Network. The reference groups are made up of members of the community, with senior management and Board members attending meetings. The reference groups report to the Governing Board through the Community Engagement Sub Committee providing an advisory function to the Board, the Chief Executive and Senior Executive Team on community and consumer engagement activities relating to: service planning, delivery, measurement and evaluation; policy development; empowering communities to engage as partners in health; collaborating with our partners; and, communication strategies with local communities regarding health matters and improving health literacy.
3. Community Connection Forums

Community Connection forums are held throughout the MNCLHD and facilitated by members of the Governing Board. Patients, carers, and members of the local community are invited to meet with members of the Board at their local health services to provide feedback on their experiences of the health services and ideas for improvement.

In addition to these district wide consultative forums, many formal and informal approaches to community and consumer consultation are undertaken at the local service level.

11 Roles and Responsibilities

Translation of this Framework into action will require strategic leadership, assigned responsibilities, and monitoring and reporting mechanisms. Roles and responsibilities for key stakeholders include:

**Governing Board**

The Board will:

- Have governance accountability for implementation of the Framework;
- Keep informed and have an understanding of key community and consumer engagement strategies;
- Ensure the governance structure established to support community and consumer engagement is achieving stated aims and functions; and
- Work with the Chief Executive, Senior Executive Team, and the Ministry of Health to ensure MNCLHD fulfils its obligations under the Service Agreement relating to accreditation (in this instance in relation to National Standard 2: Partnering with Consumers).

**Community Engagement Sub Committee**

The Community Engagement Sub Committee will:

- Monitor the implementation of the Framework and provide regular reports to the Board; and
- Develop an Implementation Plan in consultation with key staff and develop appropriate performance measures to monitor progress.

**Senior Executive Team**

The Senior Executive Team will:

- Provide effective leadership and ensure sustainable implementation of the Framework;
- Identify and manage risks or barriers to Framework implementation;
- Actively promote and support community and consumer engagement strategies;
- Participate in communication strategies involving community and consumer groups; and
- Monitor budgetary impact and provide resources as required to support strategies.

**Facility/Service Managers**

Senior Managers will:

- Provide effective leadership and ensure sustainable implementation of the Framework;
- Have an understanding of the Framework and provide information and guidance to staff at a local level;
- Implement key strategies including establishing working parties when required;
• Monitor, evaluate and report on the implementation of key strategies;
• Undertake and document engagement activity and share relevant information and findings; and
• Identify and actively recruit community/consumer representatives to local committees.

12 Planning and Implementation
The Framework outlines a system wide approach to community engagement and consumer participation. It is anticipated that full implementation of the Framework will occur over a 2 year period and involve substantial organisational change and development.

The MNCLHD Community Engagement Sub Committee will have responsibility for oversight and coordination of Framework implementation. As a first step it will develop an Implementation Plan for approval by the Governing Board.

A number of key strategies will be included in the Implementation Plan including:

• Endorse a Community Engagement and Consumer Participation Framework to clearly articulate governance and processes for community engagement and consumer participation within the MNCLHD;
• Recruit community and consumer representatives to district and network committees;
• Service Managers to conduct service based community and consumer engagement initiatives;
• Include consumers on teams undertaking research, redesign, innovation and improvement projects undertaken;
• Involve consumers/carers in educating the clinical workforce;
• Involve relevant community groups/consumers in the development of patient information brochures and resources; and
• Services will undertake specific consumer based activities identified in the Implementation Plan that involve individual level participation in clinical care.

13 Monitoring and Evaluation
Monitoring progress against implementation and evaluating effectiveness of the community engagement and consumer participation strategy is essential. Evaluating engagement activities will enable us to examine what worked well and what didn’t and to apply learning to improve future engagement activities.

The MNCLHD Community Engagement Sub Committee will provide regular progress reports against the implementation plan including reporting against agreed performance measures to the Governing Board.

Qualitative evaluation of the engagement activities will be used to inform future community engagement planning and decision-making and to report on and improve practice. This will involve seeking feedback from community members and consumer participants involved in committees, forums and other engagement activities.

Quantitative performance measures that may be used by the MNCLHD include:

• Number of committees with consumer representation / involvement
• Number of Staff trained in Consumer and Community Engagement
• Number of Consumers/carers trained in governance, or safety and quality
- Number of Safety and Quality initiatives/projects where consumers/carers and community members are active participants
- Number of consumers/carers who identify that they were very satisfied with their participation in the planning and decisions for their care or treatment
- Number of in-service training and orientation programs that demonstrate evidence of consumers and carers active involvement in delivering orientation / in-service training
- Number of new information resources produced, revised or adopted that have consumer/carer participation

14 References
4. NSW Health Consumer and Community Engagement Framework, 2014 (unapproved draft)
5. Mid North Coast Local Health District, Clinical Services Plan 2013-17
7. Western Sydney Local Health District, Community and Consumer Engagement Framework, 2013. (The spectrum is adapted from a model developed by the International Association for Public Participation [IAP2]. The IAP2 model [or adapted versions] is used by many public sector organisations across Australia and internationally to describe the various levels at which organisations may wish to engage with the community.)

15 Further Information and Resources


Health Consumers NSW [http://www.hcnsw.org.au/]

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## 16 Appendix 1: Implementation Plan

**MNCLHD Community Engagement and Consumer Participation**  
**Implementation Plan 2015-2017**

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<th>Objectives</th>
<th>NSQHS Standard Criteria</th>
<th>Engagement Level</th>
<th>Engagement Strategies</th>
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| Governance structures facilitate community engagement and consumer participation, and are understood and utilised by the workforce | 2.1 Establishing governance structures to facilitate partnerships with consumers and/or carers | District | • Implement *Community Engagement and Consumer Participation Framework*  
• Establish process to document and record all community engagement activities  
• Develop a mechanism to recruit, maintaining systems for identifying, recruiting, inducting, and supporting consumer committee members  
• Undertake community awareness program on engagement opportunities (*It's Your Health* brochure)  
• Proactive engagement with the Aboriginal community and other culturally diverse and marginal groups  
• Develop partnerships with external organisations e.g. NCMCL |
| Consumers participate in the design and redesign of services, including models of care | 2.2 Implementing policies, procedures and/or protocols for partnering | Service/Network | • Identified consumer groups to be consulted in planning new services and redesigning existing services |
## Objectives

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| with patients, carers and consumers in:  
  - Strategic and operational services  
  - Decision making about safety and quality initiatives  
  - Quality improvement activities | District |  
  - Research, Redesign and Quality Improvement projects will include consumers on teams, or an appropriate mechanism to consult consumers to gain feedback  
  - Establish Critical Friends Groups (or similar) at sites/services if need identified |
| 2.3 Facilitating access to relevant orientation and training for consumers and/or carers partnering with the organisation | Service/Network |  
  - Identify training and support needs for individual consumer committee members  
  - Develop Consumer Orientation Guide  
  - Develop method to evaluate consumer participant experience  
  - Establish a web based community and consumer engagement hub |
| Ensure consumers involved in committees have adequate knowledge and skills to undertake role | District |  
  - CRGs to be consulted in planning new services and redesigning existing services |
| Consumers are involved in the development of patient information brochures/materials | District |  
  - Utilise guideline on publication development  
  - Monitor and evaluate the existing process for Patient Information Publications  
  - Consider introducing a gold star system for correctly developed publications |
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| Deliver patient and family centred care, with patients/families involved in shared decision making | 2.5 Partnering with consumers and/or carers to design the way care is delivered to better meet patient needs and preferences | Individual | • Promote the rights and responsibilities of patients  
• Involve patients/carers in care and treatment planning, including discharge planning  
• Seek feedback from patients/carers on service improvements  
• Implement patient and family activated escalation of care (REACH) |
| Engagement in Service Delivery | Service/Network | • Workforce education and training on Patient Based Care – HETI on-line program  
• Implement policy on Patient Based Visitation |
| Consumers and carers involved in training the clinical workforce | 2.6 Implementing training for clinical leaders, senior management and the workforce on the value of and ways to facilitate consumer engagement and how to sustain partnerships | Service/Network | • Managers’ education and training on community engagement – HETI on-line program  
• Consumers to present at new staff orientation and other in-service programs  
• Patient stories utilised at site/service committee meetings and staff meetings |
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<tr>
<td>The community is aware of health service performance</td>
<td>2.7</td>
<td>District</td>
<td>• Develop community-friendly reports on performance for public access</td>
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<td></td>
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<td>• Present public performance data to community/consumer groups</td>
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<td>• Upload public performance data to MNCLHD website</td>
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<td>Consumers involved in monitoring service performance</td>
<td>2.8</td>
<td>Service/Network District</td>
<td>• Consumers on all Quality &amp; Safety Committees - site/service performance data is presented at quality and safety meetings</td>
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<td>Patients/carers provide and review patient feedback on quality of service delivery</td>
<td>2.9</td>
<td>Individual</td>
<td>• NSW Patient Survey</td>
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<td>• Collecting patient stories</td>
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**Engagement in Service Measurement and Evaluation**