



# Community and Consumer Engagement Framework

Communicating,  
Listening  
and Responding



**Health**  
Western Sydney  
Local Health District



The Western Sydney Local Health District is strongly committed to engaging with consumers and the community to guide the development, implementation and improvement of local health services.

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# 1. BACKGROUND AND CONTEXT

## INTRODUCTION

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The Western Sydney Local Health District [WSLHD] Board and Executive are strongly committed to engaging with consumers and the community to guide the development, implementation and improvement of local health services.

Engagement is essentially about involving consumers and the community in WSLHD's key decision-making processes – across its systems, processes, governance and administration.

Consumer and community engagement initiatives are already being undertaken regularly by many WSLHD services. This Framework will build on these existing efforts, expanding the scope of engagement activity to include all WSLHD services, and implementing a more consistent and systemic approach, supported by appropriate infrastructure and sound governance.

This Framework was developed through a process of consultation with key internal and external stakeholders, consumer and community groups. Oversight during the development process was provided by the WSLHD Consumer and Community Engagement Steering Committee, with representation from the WSLHD Board, Executive and staff, as well as external stakeholders, health consumer peak bodies and consumers.



Engagement is essentially about involving consumers and the community in WSLHD's key decision-making processes



## THE IMPORTANCE AND BENEFITS OF ENGAGEMENT WITH CONSUMERS AND COMMUNITY

In 1978, the Declaration of Alma Ata stated that

*‘people have the right and duty to participate individually and collectively in the planning and implementation of their health care.’*

Since that time, there has been a growing movement towards embedding consumer and community engagement in health service core business, through both policy and practice. In Australia, the health reform agenda has endorsed and progressed this trend, and expectations of consumer and community engagement are also now well established in Australian safety and quality standards for health services.

Engagement with consumers and communities enables health services to use information gained at the individual and collective level to improve service planning, design, delivery and evaluation. Whilst it is acknowledged that more work is required to strengthen the evidence base, evidence is building about the link between effective partnerships, good

consumer experience and high quality health care.

The expected benefits of consumer and community engagement include:

- Services which are more accessible, responsive and tailored to the needs of current and potential users of the health system. This includes people from diverse and/or marginalised backgrounds;
- Improvements in clinical safety and quality outcomes;
- Improved health literacy within the community, which leads to a better understanding of health issues and the role [and limitations] of health services;
- Increased understanding on the part of health services about how to make changes to health care that benefits consumers and carers;
- Consumer perspectives can assist in making health information more balanced and relevant to patients, and increase the chance of meeting the needs of consumers.

## NATIONAL SAFETY AND QUALITY STANDARDS

The Australian Commission on Safety and Quality in Health Care has established a national safety and quality accreditation scheme for health service organisations. From January 2013 all hospitals in Australia are required to maintain accreditation under this national scheme.

The national scheme includes ten standards – Standard Two is Partnering with Consumers. The intention of Standard 2 is to *“create a health service that is responsive to patient, carer and consumer input and needs”*. Compliance with Standard 2 requires health services to demonstrate that systems are in place to support partnering with patients, carers, and other consumers to improve the safety and quality of care across three domains:

- **Service planning** – services need to have systems in place to promote the forming of partnerships between services, service providers, consumers and the community to plan for services;
- **Designing and delivering care** - services will support consumers and community members to actively participate in how the Local Health District provides services; and
- **Service measurement and evaluation** – services will ensure consumers and community members receive information and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.

Whilst the scope of this Framework is not limited to addressing the national standards, building evidence of compliance with Standard 2 is clearly important, and is expected to be a key outcome arising from implementation.

## WSLHD VISION AND CORE VALUES

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The Community and Consumer Framework is consistent with WSLHD's vision of :

### **BETTER HEALTH SERVICE FOR THE PEOPLE OF WESTERN SYDNEY AND BEYOND**

Importantly, this Framework is underpinned by the core values of NSW Health and WSLHD. These values guide all activity across the LHD, and are of particular relevance to the challenge of building meaningful and productive partnerships with consumers and the community. The four core NSW Health and WSLHD values are:

#### **COLLABORATION**

Improving and sustaining performance depends on everyone in the system working together as a team.

#### **OPENNESS**

Transparent sharing of information is essential to support active participation in development of health services;

#### **RESPECT**

The role of everyone engaging in WSLHD is valued.

#### **EMPOWERMENT**

There must be trust on all sides and at all levels, with empowerment for all consumers, community and service providers to contribute to development of health services.

## 2. A PROFILE OF THE WSLHD POPULATION

WSLHD is responsible for providing public sector health services in the five Local Government Areas of Auburn, Blacktown, The Hills Shire, Holroyd and Parramatta.



WSLHD is one of eighteen Local Health Districts and Specialty Networks established in NSW in 2011. Covering an area of 779 km<sup>2</sup>, WSLHD is responsible for providing public sector health services in the five Local Government Areas of Auburn, Blacktown, The Hills Shire, Holroyd and Parramatta.

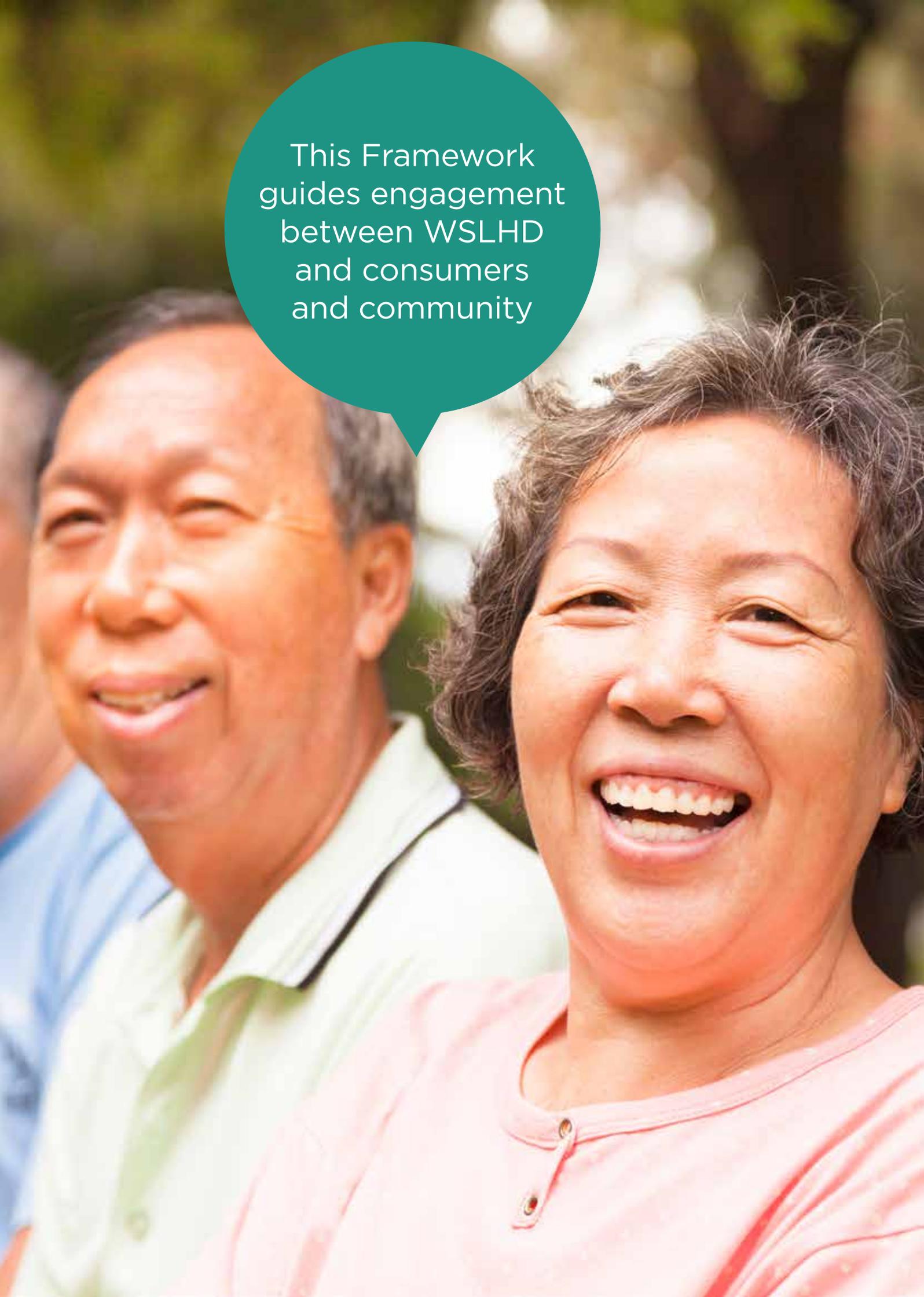
WSLHD has the second largest District population in NSW with population projected to grow from its current estimate in 2013 of 876,500 to 995,500 residents by 2021 and 1,141,600 by 2031 (NSW Health, 2009).

The WSLHD population is very diverse and there are notable socio-economic differences among LGAs with associated variation in health needs.

WSLHD has a substantial Aboriginal community, mostly residing in Blacktown. The health of Aboriginal people is significantly poorer than the general population. Aboriginal people are on average more likely to die at a younger age, infant mortality is 1.3 times the rate for NSW non-Aboriginal infants and Aboriginal people are more likely to be hospitalised for diabetes than non-Aboriginal people, reflecting the higher prevalence of diabetes among Aboriginal people (NSW Health, 2012)

Western Sydney is noted for its culturally diverse communities. Almost half the residents of WSLHD (45%) speak a Language other than English at home (LOTE), compared to only 24% in NSW, with Arabic spoken by 6.5% of WSLHD residents and either Cantonese or Mandarin by 7.4%. WSLHD has a higher proportion (43%) of overseas-born residents than NSW (27%). The most common countries of birth outside Australia were India (5.6%), China (4.1%), the Philippines (3.6%), England (2.1%) and Lebanon (2.0%), (WSLHD Epidemiology, 2013). There are specific health issues in some communities including overweight, obesity and diabetes in Middle Eastern and Pacific Islander communities, high risk of diabetes in people of Asian background and high rates of hepatitis B in people born in Asian and Middle Eastern countries.

In addition, social factors such as income, job and education also contribute to determining health outcomes. WSLHD is characterised by areas at both ends of the spectrum of socio-economic advantage and disadvantage. The Australian Bureau of Statistics identified from the 2011 Census that for Greater Sydney the Bidwill-Hebersham-Emerton area was the second-most disadvantaged area, while West Pennant Hills was the second-most advantaged area. (ABS, 2013).



This Framework  
guides engagement  
between WSLHD  
and consumers  
and community

# 3. PURPOSE AND SCOPE OF THE FRAMEWORK

## PURPOSE

The purpose of this Framework is to:

- Demonstrate WSLHD's commitment to meaningful and effective engagement with consumers and the community to improve services;
- Clarify the expectations of consumer and community engagement across the LHD;
- Provide guidance and support to WSLHD staff in planning and implementing engagement initiatives;
- Outline WSLHD's approach and its core engagement strategies;
- Describe the organisational infrastructure and governance mechanisms to support consumer and community engagement;
- Provide support for WSLHD's quality and safety improvement activities, particularly in relation to the National Safety and Quality Standards established by the Australian Commission on Safety and Quality in Healthcare.

## SCOPE

This Framework guides engagement between WSLHD and consumers and community, defined as follows:

**Consumers** - people who use, or are potential users, of health services including their family and carers. Consumers may participate as individuals, groups, organisations of consumers, consumer representatives or communities.

**Community** - groups of people or organisations with a common local or regional interest in health. Communities may connect through a community of place such as a neighbourhood, region, suburb; a community of interest such as patients, industry sector, profession or environment group; or a community that forms around a specific issue such as improvements to public healthcare or through groups sharing cultural backgrounds, religions or languages.

[The definitions above are taken from Health Consumers Queensland Consumer and Community Engagement Framework February 2012]



Benefits of consumer and community engagement include services which are more accessible, responsive and tailored to the needs of current and potential users of the health system.



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The Framework does not extend to engagement between patient or carers and individual health professionals and health teams about medical or treatment issues associated with specific episodes of care. The importance of mechanisms for this type of engagement is duly acknowledged; however, within WSLHD these are addressed through clinical governance systems and practices, including complaints mechanisms.

There is no single definition of community and consumer engagement. However, in essence, engagement is about involving consumers and the community in WSLHD's key decision-making processes. Engagement helps health services and the community to better understand and respond to community needs.

Effective engagement involves communicating, listening and responding.

The Framework applies to all WSLHD services and operational managers are expected to take a leadership role in implementation at the local level. In addition, efforts will be required across the LHD to support and strengthen engagement activity, and to sustain efforts over time.

Engagement is a mechanism that can enable health service organisations to better plan, design and deliver services that meet the needs of the people who use them, to gather feedback about initiatives and reforms that will impact upon service delivery and to monitor the quality and safety of providers to deliver improved services for consumers, their families and carers.

*[Health Consumers Queensland Consumer and Community Engagement Framework]*

## KEY COMPONENTS

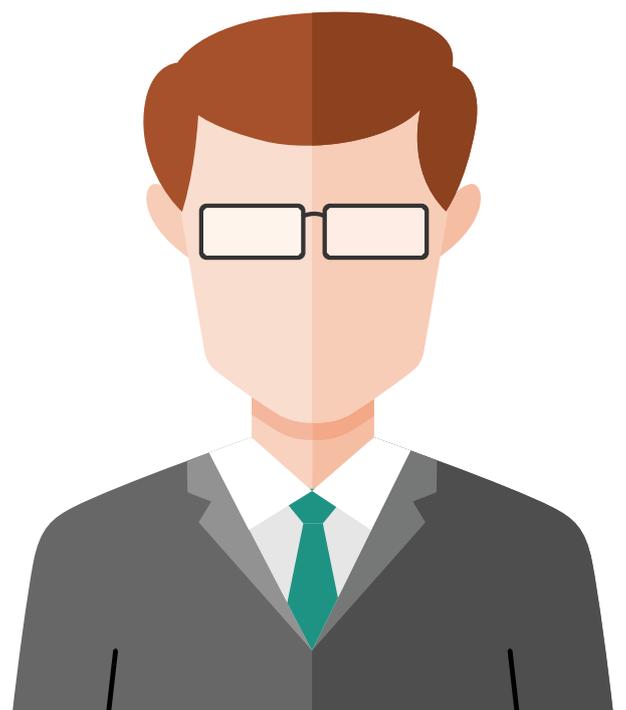
The key components of the WSLHD approach are summarised below. These elements are discussed in greater detail in subsequent sections.

The WSLHD Community and Consumer Engagement Framework comprises:

- **A defined suite of engagement strategies** building on existing efforts, for implementation across WSLHD health services;
- Coordinated efforts to **build knowledge and capacity** amongst staff and consumers to effectively implement community and consumer engagement strategies, and to respond to findings arising from those strategies;
- Systems to **capture and share the benefits and improvements** arising from WSLHD community and consumer engagement activity;
- **Infrastructure** to provide the necessary organisational support for community and consumer engagement across the LHD;
- Effective **governance arrangements** to ensure the necessary leadership, decision-making, monitoring and reporting systems are in place to coordinate and manage community and consumer engagement across the LHD;
- **Partnership with key internal and external stakeholders** to value add to engagement initiatives where possible.

Engagement refers to the processes in which agencies, stakeholders and the general community are invited to contribute to the development and implementation of strategy, policies, programs and services.

*Preparing for effective engagement -  
A guide to developing  
engagement plans*



# 4. WSLHD OVERARCHING APPROACH TO COMMUNITY AND CONSUMER ENGAGEMENT

WSLHD's overall approach to community and consumer engagement will be guided by:

- The spectrum of community and consumer engagement [outlined below]; and
- The requirement to engage across the operational domains of service planning, design and delivery of care, and service measurement and evaluation [as outlined in the National Safety and Quality Health Service Standards].

Together, these provide overarching guidance to WSLHD managers and staff in planning and implementing community and consumer engagement activity at the service level.

## SPECTRUM OF COMMUNITY AND CONSUMER ENGAGEMENT

Engagement with consumers and the community can occur through a wide variety of methods and processes. Planning is key to ensure selection of the right method to suit the purpose of the engagement. To assist WSLHD staff, tailored planning tools and templates will be developed as part of the implementation of this Framework [see Section 8]. However, the WSLHD Spectrum of Community and Consumer Engagement outlined below provides a useful overarching perspective to assist in understanding and planning engagement activities.

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.

### COMMUNICATING, LISTENING AND RESPONDING



## ENGAGEMENT ACROSS CORE OPERATIONAL DOMAINS

The spectrum outlines five levels of engagement across a continuum that identifies an increasing level of consumer and community 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** – 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** – Health services work in partnership with consumers and community members in the development and delivery of solutions.

All five levels along the spectrum are legitimate and worthwhile and will underpin WSLHD's approach to community and consumer engagement. In a mature organisational system, examples of engagement at all levels would be evident. Within WSLHD it is expected that engagement activity will grow and develop over time.

This Framework supports WSLHD's compliance with the National Safety and Quality Standards through endorsing the implementation of engagement initiatives across three domains of organisational operation, namely:

- Service planning;
- Design and delivery of care; and
- Service measurement and evaluation.

There is now an expectation that all services will involve community and consumers in these key aspects of health service core business.

Appendix 1 provides more information about the spectrum and the domains of service operation, including generic examples, and examples drawn from within WSLHD.



Benefits of consumer and community engagement include improvements in clinical safety and quality outcomes.

# 5. SERVICE BASED COMMUNITY AND CONSUMER ENGAGEMENT STRATEGIES

## CORE ENGAGEMENT ACTIVITIES FOR ALL WSLHD SERVICES

This section describes the suite of engagement strategies that will be implemented at the service level. It should be noted that strategies are described in broad terms only, allowing for services to plan and implement tailored approaches, aligned to the purpose of the engagement, and other factors such as local circumstances and capacity.

All services are expected to implement on an annual basis strategies to engage with key individuals and groups in line with WSLHDs core contractual requirements and KPIs, including:

- At least one engagement strategy targeting consumers – that is, an initiative which engages with clients or patients accessing its services to inform service development and improvements;
- At least one engagement strategy targeting the community – that is, an initiative that engages with people in the broader community who are not currently patients or clients to inform service development and improvements.

To support the core engagement activities as outlined above, WSLHD will identify annually one *headline feedback issue* for feedback from consumers and community across all services. Services will incorporate a small number of set feedback questions on this headline issue into their core engagement activities.

In addition, WSLHD will introduce a universal patient and carer feedback tool across the LHD. More information about this strategy and other WSLHD support can be found under Section 6. Key responsibilities to support implementation of this strategy are outlined below:

| WSLHD key responsibilities  | Individual Service key responsibilities  |
|---|--|
| Develop, pilot and introduce templates for planning, documenting and reporting on outcomes from engagement activities as outlined in Section 6  | Undertake core engagement activities on an annual basis as outlined above<br><br>Utilise WSLHD templates to plan, document and report on engagement strategies   |
| Annually identify the <i>WSLHD headline feedback issue</i> and provide services with key questions for inclusion in patient and community feedback mechanisms<br><br>Ensure systems are in place to routinely collate, analyse and report on data collected on headline feedback issues | Incorporate <i>WSLHD headline feedback issue</i> questions into patient/community feedback mechanisms  |
| Introduce a universal tool for gathering patient and carer feedback across WSLHD<br><br>Provide guidance to services in the administration of the tool, and centralised support for analysis and reporting  | Engage in any training or support activities to facilitate effective implementation of a universal patient and carer feedback tool<br><br>Adopt the agreed WSLHD patient and carer feedback tool for all relevant activities |

## WSLHD COMMUNITY AND CONSUMER ENGAGEMENT DEMONSTRATION SITES

A small number of WSLHD services will be selected annually to act as community and consumer engagement demonstration sites. With support from the LHD, these services will implement engagement strategies considered to be more challenging or complex than the core activities outlined above. Selection will be inclusive of:

- Services with a history of conducting comprehensive consumer and community engagement initiatives. Selection as a demonstration site will recognise and strengthen these engagement efforts and importantly, provide support and development opportunities for staff;
- Services with limited engagement experience. Selection as a demonstration site will provide a focused learning and development opportunity for services to build capacity and confidence in engagement activity.

Findings and learnings from demonstration sites will be documented and shared, particularly about the benefits derived from the engagement process. Key responsibilities to support implementation of this strategy are outlined below.

| WSLHD key responsibilities  | Individual Service key responsibilities   |
|---|---|
| Document the key expectations, opportunities and support for nominated demonstration sites and provide this information to WSLHD services                           | Consider opportunities for nominating as a demonstration site   |
| Implement a process for selection of services as demonstration sites including nomination forms, selection criteria and selection process                           | For services selected as demonstration sites, identify internal mechanisms to support and coordinate consumer and community engagement activities and local champions to lead the process |
| Provide support and resources as appropriate to demonstration sites in the planning, implementation and reporting of outcomes                                       | Contribute user-friendly information about engagement activity for distribution across WSLHD, including in relation to process, challenges, learnings and outcomes                        |
| Share information arising from demonstration sites across WSLHD and identify opportunities for presentations about benefits and service improvements within the LHD | Present on experiences as a demonstration site and service improvements to relevant WSLHD forums  |

## CONSUMER REPRESENTATION ON LHD COMMITTEES

WSLHD will take a systematic approach to consumer representation on relevant LHD committees, particularly those committees with responsibilities for safety and quality and for strategic decision-making. All services will be required to appoint consumer representatives to relevant committees with support and guidance from the LHD. Ideally, over time a pool of local consumer representatives will be established, who are trained and supported to participate effectively. Key responsibilities to support implementation of this strategy are outlined below.

| WSLHD key responsibilities  | Individual Service key responsibilities  |
|---|--|
| Identify the specific LHD committees that require consumer representation as mandatory and notify relevant services   | Recruit and appoint consumers to designated committees in line with the WSLHD protocol   |
| Develop a protocol for issues related to recruitment, appointment, training, orientation, ongoing support and financial reimbursement for consumers participating on LHD committees | Nominate a committee member [LHD staff] to provide mentoring and support to that committee's consumer representative/s   |
| Provide assistance to LHD services to access appropriate consumer representatives [e.g. by seeking assistance from consumer health organisations]                                   | Provide an appropriate level of orientation to consumer representatives, including to the service generally and to the role and functions of the committee                   |
| Establish and maintain a register of consumer representatives on WSLHD committees   | Ensure all necessary administrative tasks associated with the involvement of consumer representatives are undertaken [e.g. signing of code of conduct, employment screening] |
| Conduct an annual review and feedback process to get feedback from consumers about their experiences on committees  | Provide information about the review process to consumer representatives and encourage them to participate   |
| Provide findings from this process to services to facilitate improvements   |  |

# 6. DEVELOPING ORGANISATIONAL KNOWLEDGE AND CAPACITY



Knowledge management refers broadly to strategies and practices used in organisations to facilitate the adoption of knowledge, processes and practices.

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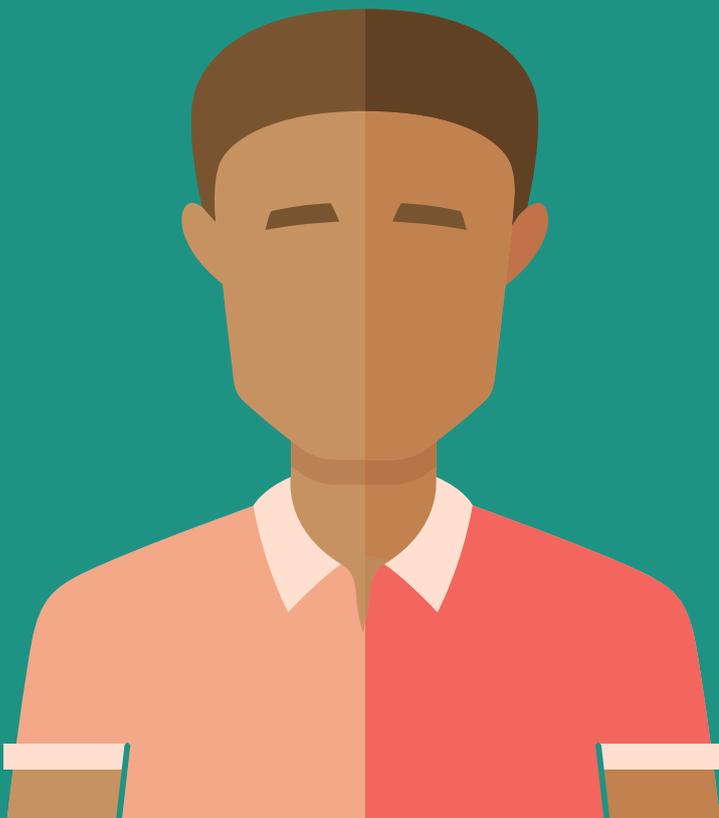
Building a robust community and consumer engagement culture across WSLHD will require efforts to build knowledge and capacity.

## ESTABLISHMENT OF A WEB BASED COMMUNITY AND CONSUMER ENGAGEMENT HUB

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A community and consumer engagement 'hub' will be created on the WSLHD Intranet. The aim of this will be to provide a central depository of information, resources and tools for LHD staff about community and consumer engagement, including:

- Case studies and best practice examples;
- A centralised register of engagement activity undertaken within WSLHD;
- Information about training opportunities for staff and consumers;
- Findings and learnings from evaluation or review of engagement initiatives undertaken within WSLHD.



## TRAINING AND EDUCATION OPPORTUNITIES

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### For staff

WSLHD will provide opportunities for staff to access appropriate training to build capacity and confidence in engaging consumers and community. Working in collaboration with peak consumer health organisations, WSLHD will identify and respond to organisational needs either through support for staff to access existing programs, or through the provision of tailored programs in-house. In line with the National Safety and Quality in Health Care standards, consumers and carers will be involved in training opportunities for the clinical workforce.

Given the breadth of cultural diversity of the WSLHD population, it seems timely for managers and staff to revisit existing LHD training opportunities which focus on working with cultural diversity, for example *Respecting the Difference – Aboriginal Cultural Training eLearning and Cultural Diversity in the Workplace*.

The above activities will contribute to fostering a core group of staff across the LHD who are confident and competent to lead and implement a range of engagement projects with WSLHD consumers and the broader community.

### For consumers

Consumer representatives play an important role on LHD committees, and the number of consumers involved in this way is set to increase. The importance of access to training for consumer representatives is widely acknowledged by consumer organisations as it can improve the experience and effectiveness from both the consumer and the health service perspective.

Training is provided by a number of national and state based consumer health organisations, including through online and face-to-face formats. WSLHD will prioritise the involvement of consumer representatives who have participated in an appropriate training program. Where necessary, it will support consumer representatives being recruited to sit on its committees to access such programs, where possible matching training to the specific requirements of the committee.

Consumer representatives need access to training and support in order to be effective in influencing committee outcomes, and in dealing with the unfamiliar culture and practises of professional committees.

*Health Consumers NSW Consumer Representatives Program*

## PRACTICAL TOOLS AND RESOURCES TO SUPPORT LHD COMMUNITY AND CONSUMER ENGAGEMENT ACTIVITY

WSLHD will develop a number of resources to assist managers and staff to conduct effective engagement initiatives, to build a degree of consistency in practice across the organisation and improve the quality of engagement activities. This includes templates, protocols and checklists as outlined below. Efforts will be made to align any tools developed with the core and developmental requirements in the Australian Commission for Safety and Quality in Health Care's Standard 2: Partnering with Consumers.

### Universal consumer feedback tool

Regular feedback from consumers [patients/clients/carers] about their experiences is a cornerstone of safety and quality mechanisms and is regularly sought via a range of different methods across WSLHD. The LHD will support the implementation of a universal consumer feedback tool, allowing for systemisation of the way consumer feedback is sought, recorded, analysed and reported across the LHD. To achieve this the LHD will:

- Review available options [including tools currently being used by WSLHD services] and select an appropriate tool applicable across services;
- Adapt the tool [if necessary] to facilitate feedback from people from culturally or linguistically diverse backgrounds;
- Coordinate and support the introduction of the feedback tool and provide centralised support for analysis and reporting.



WSLHD Specialist Mental Health Services for Older People has developed the *Assessing Satisfaction with Psychiatric Services Survey*. Developed in line with available evidence and finalised through a comprehensive piloting process, the consumer and carer feedback instrument asks four questions:

- What did they like about the service?
- What did they dislike about the service?
- What suggestions would they make to improve the service?, and
- Their overall satisfaction with the service on a 5 point scale.

Responses are fed back to individual teams, and service-wide thematic analysis of feedback over time allows services to recognise common concerns of both consumers and carers. Responders can also ask for their concerns to be answered directly.



Learning from  
engagement  
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continuous  
improvement

### Community and consumer engagement planning template

The need for appropriate planning for engagement activity is commonly identified in reliable consumer and community engagement resources. A simple planning template will be developed to guide WSLHD managers and staff. The template will encourage clarity about key issues from the outset by:

- Establishing the objectives and purpose of the engagement initiative;
- Identifying which communities and stakeholders to engage;
- Clarifying the key questions or issues to be addressed;
- Determining an appropriate method or approach matched to the purpose;
- Identifying potential internal and/or external partners and collaborators in the engagement process;
- Identifying intended service improvement outcomes.

### Community and consumer engagement outcome template

Building a collective corporate knowledge base about engagement activity is important, particularly to document and share information about the benefits and service improvements derived. This template will facilitate routine documentation about engagement activities by managers in a consistent format, for example in relation to:

- Process and approach;
- Partners and collaborators;
- Findings in relation to the benefits, outcomes and/or service improvements;
- Learnings from the engagement process.

### Community/consumer feedback template

Learning from engagement processes is essential for continuous improvement. A simple template will be developed to invite regular feedback from consumers and community members who have been involved in an engagement activity about the quality of their experiences in the engagement process and suggestions about how to improve this experience.



The need for appropriate planning for engagement activity is commonly identified in reliable consumer and community engagement resources.

# 7. ENGAGING WITH DIVERSITY

As outlined in Section 2, the WSLHD community is very diverse. This presents a key challenge for WSLHD to ensure its consumer and community engagement strategies are matched to its demographic profile. A one-size-fits-all approach is not appropriate and some population groups will require specific or unique approaches to ensure engagement strategies are both effective and respectful.

In acknowledgment of the wide diversity of the WSLHD community, protocols will be developed to provide guidance to staff about effective and appropriate ways to engage with diverse populations, for example to provide guidance about the need to work with identified community leaders and elders, involve relevant WSLHD services, [for example the Multicultural Health Unit] and about effective and respectful approaches to engagement with specific population groups.

Two protocols will be developed:

- **Effective engagement with WSLHD Aboriginal consumers and communities** will be developed in consultation with the WSLHD Aboriginal Health Unit and the Western Sydney Aboriginal Medical Service;
- **Effective engagement with WSLHD culturally and linguistically diverse [CALD] consumers and communities** will be developed in consultation with the WSLHD Multicultural Health Unit.



Protocols will be developed to provide guidance to staff about effective and appropriate ways to engage with diverse populations

# 8. INFRASTRUCTURE TO SUPPORT COMMUNITY AND CONSUMER ENGAGEMENT

The following strategies will be implemented to ensure that the necessary foundations and systems are in place to support and strengthen community and consumer engagement activity across the organisation.



Information management is the collection and management of information from one or more sources and the distribution of that information to one or more audiences.

## INFORMATION MANAGEMENT SYSTEMS

Systems will be established to ensure information relevant to consumer and community engagement is effectively communicated both internally and externally. This includes:

- **Clear channels for WSLHD staff** to give and receive information about consumer and community engagement, including regular newsletters and a web based presence focused on engagement;
- **Multiple strategies** to get information out to the community about WSLHD engagement activity and opportunities. It will be particularly important to consider appropriate strategies targeting the diversity of the WSLHD population, for example web-based information, local print media, ethnic media, via community-based newsletters, and social media;
- **Systems to ensure information is provided** routinely to patients, clients and carers about ways they can communicate or contribute their views [more information about this strategy is outlined below].

## WSLHD NETWORK OF INTERESTED MEMBERS OF THE PUBLIC

There is likely to be no shortage of consumers and community members who are interested in working with WSLHD to improve services. However, there is currently no systematic way to identify those people, to find out how they might be interested in contributing, or to inform them when engagement opportunities arise. As a result services can struggle to source appropriate consumers or community members when the need arises.

To address this, WSLHD will:

- Establish mechanisms for interested people to register their interest with WSLHD;
- Disseminate information to the public about the purpose of the network, how to register, and potential ways in which they may be asked to contribute;
- Build an electronic register of people who have nominated to join the network, including information about areas of particular interest;
- Develop a protocol to allow WSLHD staff access to the register for the purposes of engagement initiatives;
- Manage the register and monitor and report on network activity.

## HARNESSING EXISTING WSLHD PEOPLE AND RESOURCES TO INCORPORATE COMMUNITY AND CONSUMER ENGAGEMENT FUNCTIONS

A number of WSLHD services have positions that could be harnessed to act as an LHD resource in engaging with consumers and communities to guide service improvements. Under the Framework WSLHD will work with relevant managers to clarify positions which could adopt additional functions to formalise a role in engagement. Where potential is identified, an assessment will be made of any training, coordination and resource implications of utilising these roles for this purpose. Examples of the types of roles/positions that could be utilised in this way include WSLHD volunteers [including bi-lingual volunteers at Auburn Hospital, Bi-lingual Community Educators and Mental Health Consumer Consultants].

WSLHD Mental Health Consumer Consultants were involved in administering a survey on physical health for patients attending the

Bilingual volunteers at Auburn Hospital facilitated a focus group of parents and teachers at a local primary school to get feedback on the development of WSLHD's Living Wall project.



# 9. COMMUNITY AND CONSUMER ENGAGEMENT PARTNERSHIPS AND OPPORTUNITIES FOR LEVERAGE

WSLHD community and consumer engagement will occur within the context of formal and informal partnerships in recognition that internal and external partners can support and add value to WSLHD's community engagement endeavours. In addition, WSLHD will actively seek opportunities to leverage engagement strategies being conducted by external services and organisations to have health issues added to engagement agendas.

Examples of key partnerships and leverage opportunities are outlined on this page.

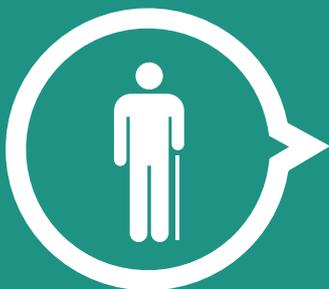
## WESTERN SYDNEY MEDICARE LOCAL [WSML]

WSLHD and WSML have signed a partnership memorandum outlining collaborative arrangements between the two organisations. Under the memorandum it is agreed that the parties will *“engage patients, carers and consumers in identifying needs, designing models of care and monitoring outcomes of health care services”*. In addition the parties commit to ensuring that the governance arrangements established under the memorandum *“support and enhance consumer and community engagement, including ensuring appropriate consumer and community advocacy on committees and working groups”*.

*Partnership Memorandum between WSML and WSLHD, 2012*

## WSML LOCAL COMMUNITY PARTNERSHIP TEAM

WSML has a Local Community Partnership Team with six sector coordination positions aligned to both LGAs and to 6 priority health issues shared with WSLHD. The role of these positions is to be locally responsive to primary health care issues, and to work with a broad range of local stakeholders to develop an understanding of local health needs. Strategic committees will then be established with local stakeholders to develop strategies and projects aimed at addressing identified needs. There are opportunities for WSLHD to tap into community engagement strategies being conducted by the Community Partnerships Team.



WSLHD Aged Care Service collaborated with WSML Community Partnerships Team to conduct a series of workshops focusing on dementia to find out the needs of service providers and consumers [patients and carers].

## ABORIGINAL MEDICAL SERVICE WESTERN SYDNEY [AMSWWS]

The formal partnership agreement between WSLHD and the AMSWS is in the process of being renewed. Historically AMSWS has been a key partner through which to access Aboriginal communities and this collaboration will continue under the Community and Consumer Engagement Framework. This collaboration will be enhanced by the development of the protocol *Effective engagement with WSLHD Aboriginal consumers and communities*, which will be developed to guide WSLHD engagement [see Section 7]

## WSLHD ABORIGINAL HEALTH UNIT

The Aboriginal Health Unit works across services and facilities in WSLHD to improve Aboriginal people's access to health services. They are a key source of expertise, information and support for LHD staff to assist in working with local Aboriginal communities. WSLHD will explore opportunities to leverage consumer and community engagement initiatives through working with the Aboriginal Health Unit.

The Aboriginal Medical Service Western Sydney provides support for an active group of older Aboriginal people to meet and talk regularly about a broad range of issues relevant to the local community. The 'Golden Oldies' meet monthly and could be an important connection point for WSLHD to engage with older Aboriginal people about key health issues.



## HEALTH CONSUMER ORGANISATIONS

Consumer organisations have a lot to offer by way of support, guidance, information and expertise. WSLHD will establish formal relationships with peak consumer health organisations in NSW and seek their assistance and collaboration in implementing this Framework. In particular it is anticipated that advice and support will be sought in relation to:

- Sourcing consumer representatives for WSLHD committees;
- Training for WSLHD staff and consumers;
- Support requirements for consumers working with the LHD;
- Resources to assist LHD services to undertake effective engagement activities;
- Evaluation methods for engagement activities.

In particular it will establish strong linkages with *Health Consumers NSW [HCNSW]*, which is funded by the NSW Ministry of Health to act as a statewide voice for health consumers in NSW and to provide support to health services in developing and implementing consumer and community engagement policies. It has a key role in linking and networking organisations and consumers together to share information, ideas and experience. WSLHD will also establish linkages with other relevant health consumer groups as required, including those established to support and represent specific illness [such as cancer and diabetes].

WSLHD will make information available to staff about key consumer health organisations and contact details.

## LOCAL CULTURAL AND COMMUNITY BASED ORGANISATIONS AND GROUPS

The diversity of the WSLHD population has led to the establishment of many community based groups and organisations which provide a range of services to the diverse cultural, religious and language population groups who live in the local area. These organisations can provide an important gateway into communities that may be otherwise difficult to reach. WSLHD will seek to collaborate with such organisations, guided by the protocol *Effective engagement with WSLHD culturally and linguistically diverse [CALD] consumers and communities*, which will be developed under this Framework [see Section 7]

## WSLHD MULTICULTURAL HEALTH SERVICE

The WSLHD Multicultural Health Service provides strategic direction, consultancy, workforce development, project development and liaison with respect to health care for culturally and linguistically diverse (CALD) communities in Western Sydney. They are a key source of expertise, information and support for LHD staff, as well as an important conduit to local community leaders, groups and services. WSLHD will explore opportunities to leverage consumer and community engagement initiatives through working with Multicultural Health

## THE CLINICAL EXCELLENCE COMMISSION (CEC)

The CEC has established the *Partnering with Patients* program to foster the inclusion of patients and family as care team members to promote safety and quality. As part of this program, WSLHD has signed up to the *Patient Based Care Challenge* through which LHD Boards and Executive Team Members agree to focus on strategies to improve patient based care in their health service. Involvement in the Challenge also assists services to meet new health performance goals and requirements of the Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards.

<http://www.cec.health.nsw.gov.au/programs/partnering-with-patients/patient-based-care-challenge>

## HOME AND COMMUNITY CARE [HACC] FUNDED SERVICE PROVIDERS

HACC funded service providers from the local regions meet regularly to network and share information. As part of their roles staff are in direct contact with people in the community, including many who have been recently discharged from WSLHD services and facilities. There is potential for WSLHD to access this key group of workers to assist in relevant engagement initiatives.

## HAVE YOUR SAY

Have Your Say is a NSW Government web based consultation portal. It provides access to all NSW government services to advertise and administer community consultations and allows for discussion forums, electronic submissions and surveys utilising the online tool *EngagementHQ*. Services utilising the site can upload videos, photos and supporting documents, post news, closure dates and review statistics of consultations.

<http://www.haveyoursay.nsw.gov.au/>

## LOCAL GOVERNMENT COMMUNITY CONSULTATION MECHANISMS

Most local councils conduct regular community consultation processes about a broad range of issues affecting their constituents. WSLHD will approach its local councils to explore options for gathering views about health and/or health services as part of this process.

Parramatta City Council operates *Community Voice*, allowing community members to participate in Council's decision-making processes. By signing up to *Community Voice*, community members are invited to take part in surveys, questionnaires, online polls, and to attend workshops, focus groups or public meetings.

[http://www.parracity.nsw.gov.au/live/my\\_community/community\\_voice](http://www.parracity.nsw.gov.au/live/my_community/community_voice)

# 10. GOVERNANCE ARRANGEMENTS

Translation of this Framework into action will require strategic leadership, assigned responsibilities, monitoring and reporting mechanisms and adjustment to business processes. Key governance arrangements in line with this are outlined below.

## LEADERSHIP AND ASSIGNED RESPONSIBILITIES

### WSLHD Board

The WSLHD Board has made the development and implementation of a WSLHD Community and Consumer Engagement Framework a priority and is committed to a genuine process of engagement which results in service improvements.

The Board will have governance accountability for implementation of the Framework.

## WSLHD COMMUNITY AND CONSUMER ENGAGEMENT IMPLEMENTATION COMMITTEE

Executive Management is responsible for ensuring implementation of the Framework, and for reporting on appropriate and effective outcomes to the WSLHD Board. A Community and Consumer Engagement Implementation Committee will be established as part of the Executive Committee structure, reporting to the Chief Executive and chaired by the Executive Medical Director. Membership will include representation from the WSLHD Board, and relevant directorates including Executive Medical Services, Clinical Governance and Nursing and Midwifery. In addition consideration should be given to including representation from a peak consumer health organisation, a consumer representative and a representative from Western Sydney Medicare Local.

As a priority the Committee will develop an Implementation Plan in consultation with key WSLHD staff and develop appropriate performance measures to monitor progress.

## EXECUTIVE MEDICAL SERVICES

The Executive Medical Director has organisational responsibility for progressing Community and Consumer Engagement, and the National Safety and Quality in Health Care Standard 2: Partnering with Consumers within WSLHD.

Executive Medical Services will provide support for coordination and reporting of the implementation of the Community and Consumer Engagement Framework, working with and across other WSLHD Directorates as required.

## OPERATIONAL MANAGERS

WSLHD service managers will be responsible for local implementation and reporting of core engagement activities outlined in the Framework. This includes undertaking and documenting engagement activity and sharing relevant information and findings through relevant WSLHD mechanisms [e.g. the proposed consumer and community engagement Intranet hub].

## CROSS-DISTRICT FUNCTIONAL SUPPORT SERVICES

A number of services that work across the LHD will have key responsibilities in supporting the implementation of the Framework. This includes the areas of Media, Communications and Events, Information Technology Services, Health Service Planning and Development, Education and Training and Human Resources. Managers within these functional units will have responsibility for providing a range of support services essential to the implementation of the Framework.

## MONITORING AND REPORTING

Key monitoring and reporting mechanisms are outlined in the table on the next page.



| Source   | Reports on   | Reports to  | Frequency  |
|--|--|---|--|
| WSLHD Community and Consumer Engagement Implementation Committee | Progress and outcomes of the Community and Consumer Engagement Implementation Plan                   | WSLHD Board   | Quarterly  |
| Executive Medical Services                                       | Progress in relation to implementation of the Consumer Engagement Framework                          | WSLHD Board and Executive   | Monthly  |
|  |  | Quality Management Systems Steering Committee Report                          | Monthly  |
|  |  | WSLHD/WSML Partnership Advisory Council                                       | Quarterly  |
|  |  | WSLHD staff through Community and Consumer Engagement Newsletter              | Monthly  |
| Operational Managers   | Local community and consumer engagement activity. Findings Benefits and service improvements arising | WSLHD Community and Consumer Engagement Implementation Committee              | Monthly in 2013 progressing to Quarterly in 2014 |
|  |  | Relevant facility/service committees, including Quality and Safety Committees | Monthly  |
| Cross-District Functional Unit Managers                          | Activity to support implementation of the Framework across the LHD                                   | WSLHD Community and Consumer Engagement Implementation Committee              | Monthly in 2013 progressing to Quarterly in 2014 |
| Annual Operational Plan  | Implementation of the Community and Consumer Engagement Framework                                    | WSLHD Board and Executive, Ministry of Health                                 | Quarterly to 6 monthly                           |

## ADJUSTMENTS TO WSLHD BUSINESS PROCESSES

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### Human Resources

Adjustments will be made to Human Resource Management systems to embed community and consumer engagement in key WSLHD business documents and processes. This includes:

- Inclusion of requirements to conduct community and consumer engagement initiatives in relevant Position Descriptions and Duty Statements;
- Inclusion of community and consumer engagement activity within staff performance development processes
- Reporting against community and consumer engagement activity included in key performance indicators and performance management processes for relevant positions
- Protocols developed to govern recruitment and selection of consumer representatives to WSLHD committees
- Amendments to current relevant policies/ protocols to include coverage for consumer representatives [e.g. code of conduct, Employment Screening], including measures to facilitate participation from consumers who may experience difficulty complying with stringent requirements, for example drug health service clients.

### Committee Charters and Terms of Reference

Adjustments will be made to WSLHD Committee Charters to include the requirement to have consumer representatives on relevant committees and to identify community and consumer engagement strategies within the Terms of Reference of relevant committees.

### Planning processes

Adjustments will be made to WSLHD business and operational planning processes to include requirements for services to:

- Undertake activities identified in the Consumer and Community Engagement Implementation Plan
- Report on community and consumer engagement activity.



Benefits of consumer and community engagement include improved health literacy within the community, which leads to a better understanding of health issues and the role [and limitations] of health services

# 11. IMPLEMENTATION

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The WSLHD Community and Consumer Engagement Framework outlines a comprehensive, system wide approach to embedding effective engagement within LHD core business. Getting to that point will involve substantial organisational change and development. It is anticipated that implementation of the Framework will occur over a 2 year period.

The WSLHD Community and Consumer Engagement Implementation Committee will have responsibility for oversight and coordination of implementation. As a first step it will develop an Implementation Plan for approval through the WSLHD Board.



Benefits of consumer and community engagement include increased understanding on the part of health services about how to make changes to health care that benefits consumers and carers.



Over the longer term, evaluation of the Framework is also important



# 12. MONITORING AND EVALUATION

Monitoring progress against implementation is essential and key reporting mechanisms are suggested in Section 10. The WSLHD Community and Consumer Engagement Implementation Committee will provide quarterly and annual progress reports against the Implementation Plan including reporting against agreed performance measures.

Over the longer term, evaluation of the Framework is also important. An Evaluation Plan will be developed to assess the effectiveness of implementation of the Framework, and the impact, benefits and service improvements derived from work undertaken.



Benefits of consumer and community engagement include increased consumer perspectives that can assist in making health information more balanced and relevant to patients, and increase the chance of meeting the needs of consumers.

# APPENDIX 1: WSLHD SPECTRUM OF CONSUMER AND COMMUNITY ENGAGEMENT

## COMMUNICATING, LISTENING AND RESPONDING

This table provides additional information and examples of engagement activities based on the IAP2 spectrum. In addition it aligns WSLHD engagement examples with the relevant domain under Standard 2 of the National Quality and Safety Standards.

|    |   |
|---|--|
| <p><b>Aim:</b><br/>To provide consumers and community members with the information they need, in a manner they can understand, in order to promote their participation as partners within the health system.</p>  | <p><b>Aim:</b><br/>To provide opportunities for consumers and community members to share information and to receive feedback on how the information gathered has influenced decision making.</p>   |
| <p><b>Common methods:</b></p> <ul style="list-style-type: none"> <li>• Fact sheets</li> <li>• Briefings</li> <li>• Web based information</li> <li>• Written information</li> <li>• Patient information</li> </ul>   | <p><b>Common methods:</b></p> <ul style="list-style-type: none"> <li>• Focus groups</li> <li>• Surveys</li> <li>• Public meetings</li> <li>• Online forums</li> <li>• Opportunity for public comment [eg web based]</li> </ul>   |
| <p><b>WSLHD examples:</b><br/>Blacktown Mt Druitt Hospital provides regular updates to the community about planning for the new hospital facility<br/><i>Service planning</i></p> <p>Cancer Services, in partnership with the Cancer Council, provides a volunteer staffed information centre for cancer patients and carers at Westmead Hospital, including access to electronic information vetted for the purpose<br/><i>Designing and delivering care</i></p> | <p><b>WSLHD examples:</b><br/>Community Health is leading an initiative to introduce electronic tablets into waiting rooms in youth health facilities at Blacktown and Mt Druitt to gather feedback from young people<br/><i>Service measurement and evaluation</i></p> <p>Have Your Say patient feedback form is provided in Oral Health waiting areas<br/><i>Service measurement and evaluation</i></p> <p>Drug Health conduct regular focus groups with consumers involved in its group programs<br/><i>Service measurement and evaluation</i></p> <p>Auburn Hospital Maternity Services conduct focus groups throughout the year with clients in midwife-led clinics, including with refugee groups. Information gathered assists in planning service improvements<br/><i>Service measurement and evaluation</i></p> |

## COMMUNICATING, LISTENING AND RESPONDING

|   |    |    |
|--|---|---|
| <p><b>Aim:</b><br/>To provide opportunities for consumers and community members to work with health services to ensure their concerns and aspirations are understood and considered.</p>   | <p><b>Aim:</b><br/>To provide consumers and community members with opportunities to provide advice and contribute to decision making.</p>   | <p><b>Aim:</b><br/>To provide consumers and community members with opportunities to partner in the development and delivery of solutions.</p>   |
| <p><b>Common methods:</b></p> <ul style="list-style-type: none"> <li>• Advisory Groups</li> <li>• Participatory workshops</li> </ul>   | <p><b>Common methods:</b></p> <ul style="list-style-type: none"> <li>• Consumer representation committees</li> <li>• Consumer Advisory Groups</li> </ul>  | <p><b>Common methods:</b></p> <ul style="list-style-type: none"> <li>• Citizen juries</li> <li>• Partnering in safety and quality activities</li> </ul>   |
| <p><b>WSLHD examples:</b></p> <p>Blacktown Mt Druitt Hospital involves the community in aspects of redesigning models of care as part of planning for the hospital expansion<br/><i>Designing and delivering care</i></p> <p>Community Health consulted with young people with chronic illness to find out more about their health issues and health service needs<br/><i>Designing and delivering care</i></p> <p>To inform the local Dementia Implementation Plan, Aged Care worked with the Western Sydney Medicare Local to conduct a series of workshops for consumers, carers and service providers to find out more about service issues and needs<br/><i>Designing and delivering care</i></p> | <p><b>WSLHD examples:</b></p> <p>Redbank House Child &amp; Adolescent Mental Health Service has convened a Carer &amp; Consumer Group to assist with all aspects of service design, delivery &amp; evaluation. The group includes people with lived experience as carers, adult consumers with MH problems &amp; parenting responsibilities, and young people with MH problems<br/><i>Designing and delivering care</i></p> <p>Aged Day Care Services have an elected Advisory Committee of consumers and carers to provide advice about operational issues affecting day service consumers.<br/><i>Designing and delivering care</i></p> <p>Cancer Services has a consumer representative on its Patient Safety and Quality committee<br/><i>Designing and delivering care</i></p> | <p><b>WSLHD examples:</b></p> <p>Community Health worked in partnership with the local Aboriginal community to plan and establish a new health service at Doonside<br/><i>Service planning</i></p> <p>The Sudanese Arabic Pregnancy Care Clinic (SAPCC) was developed after two incidents of refusal of intervention during labour resulted in stillbirths. The development was guided by the SAPCC Steering Committee which included a representative from the community and key multicultural community organisations. Consultations were also undertaken with the community, residents, stakeholders, doctors (including Arabic GPs) and midwives<br/><i>Designing and delivering care</i></p> |

## APPENDIX 2: REFERENCES

Multiple resources, documents and websites were reviewed during the process of developing this Framework.

In particular, the Framework was informed by:

- NSW Health Population Projection Series, 2009
- NSW Health: The Health of Aboriginal People of NSW: Report of the Chief Health Officer, 2012. <http://www.health.nsw.gov.au/publications/Pages/aboriginal-cho-report-2012.aspx>
- WSLHD Epidemiology: Epidemiological Profile of WSLHD Residents April 2013
- Australian Bureau of Statistics: Media Release – New data from the 2011 Census reveals the most advantaged and disadvantaged areas in New South Wales [2033.0.55.001- Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2011], 2013 <http://www.abs.gov.au/ausstats%5Cabs@.nsf/mediareleasesbyCatalogue/4DC6126B38D9921BCA257B3B001AF6E8?Opendocument>
- Health Consumers Queensland: Consumer and Community Engagement Framework [February 2012] <http://www.health.qld.gov.au/hcq/publications/consumer-engagement.pdf>
- Consumer and Community Engagement: A Review of the Literature. Australian Institute of Health Innovation and the Agency for Clinical Innovation [2012] [http://www.aci.health.nsw.gov.au/\\_\\_data/assets/pdf\\_file/0010/165592/Consumer-and-community-engagement-literature-review.pdf#zoom=100](http://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0010/165592/Consumer-and-community-engagement-literature-review.pdf#zoom=100)
- Preparing for effective engagement: A guide to developing engagement plans: NSW Department of Premier and Cabinet [September 2012]
- Australian Commission on Safety and Quality in Health Care. Safety and Quality Improvement Guide Standard 2: Partnering with Consumers (October 2012). Sydney. ACSQHC, 2012.
- The International Association for Public Participation Spectrum of Public Participation. <http://www.iap2.org.au/resources/iap2s-public-participation-spectrum>
- Health Consumers NSW Consumer Representative Program <http://www.hcnsw.org.au/static/D/K/b6017d3fb08839c39d69ceade6dc89f9.pdf>





**Health**  
Western Sydney  
Local Health District

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For more information, please contact:

**Dr Coralie Wales**  
Implementation Manager Community and  
Consumer Engagement Framework

Executive Medical Services  
PO Box 574, Wentworthville NSW 2145

**T:** +61 2 8838 6378  
**M:** 0418 186 829  
**E:** coralie.wales@health.nsw.gov.au

**[www.wslhd.health.nsw.gov.au](http://www.wslhd.health.nsw.gov.au)**