



CONSUMER & COMMUNITY ENGAGEMENT FRAMEWORK 2021-24

Working together for connected care, best experience for all.



Swan Hill
District Health

Connected Care. Best Experience.



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We use the term 'Aboriginal' in this document to refer to the varied and diverse communities who identify as Aboriginal, Torres Strait Islander, or both.

Acknowledgement of Traditional Owners

We acknowledge all the Traditional Aboriginal tribes along the rivers in the Mallee and District area and on whose land, we work and live. We pay respect to all elders past and present and honour their culture.



Foreword

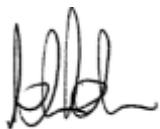
On behalf of Swan Hill District Health, we are pleased to present to you the Swan Hill District Health Consumer and Community Engagement Framework 2021-24.

Engaging with our consumers and community is vital as we continue to strive to achieve connected care and the very best experience at Swan Hill District Health. We are dedicated to proactively involving consumers of our health service and the wider community we serve in decisions related to the planning, delivery and evaluation of all of our services. To facilitate this we need to ensure we have a culture which supports meaningful engagement, with processes in place to drive success.

This framework provides a foundation for our organisation moving forward.

The Consumer and Community Engagement Framework has the support of the SHDH Board of Directors, Community and Cultural Engagement Committee, and the executive team.

We are excited to work together with you to bring it to life.



Andrew Gilchrist

Chair, Board of Directors



Archana Patney

Chair, Community & Cultural Engagement Committee



Existing policy alignment

This document should be read in conjunction with:

- SHDH Consumer & Community Engagement Plan 2021-24 (*in development*)
- SHDH Person Centred Care Policy (*internal document, under review*)
- SHDH Aboriginal Health Plan (*internal document*)
- SHDH Aboriginal Services Policy (*internal document*)
- [SHDH Strategic Plan 2021-24](#)
- [NSQHS Standard 2: Partnering With Consumers](#)
- [Safer Care Victoria – Partnering In Healthcare: A Framework For Better Care And Outcomes](#)
- [Australian Charter Of Healthcare Rights](#)
- [IAP2 Public Participation Spectrum](#)

This is a living document and will be updated as we progress

To ask questions or provide feedback, please email: communityengagement@shdh.org.au

Introduction

SHDH is a sub-regional integrated health service located in North West Victoria on the banks of the Murray River. Our services include Acute Hospital Care, Emergency, Allied Health, Community Rehabilitation, Radiology, Aged Care (two Residential Aged Care Facilities – Jacaranda Lodge and Logan Lodge), Counselling, headspace, Cancer Services, Dental, Midwifery, Hospital in the Home, Theatre and many more.

The community that we serve is diverse, with varying life and health experiences. Significant challenges that we face as outlined in our Strategic Plan (2021-24) include:

- **Health needs are changing.** Our communities are living with more lifestyle related illness or chronic disease. With an ageing population we can expect a higher number of people with chronic disease needing a range of complex health care services.
- **Population based issues.** Significant geographical barriers as well as culturally diverse and changing populations exist, presenting challenges and opportunities.
- **Workforce capacity, capability, credibility and leadership.** Attracting and retaining a highly skilled workforce across multiple disciplines in a geographically remote location that are trusted and valued by the community and partners is challenging.
- **More effective system enablers.** Establishing high quality information systems and technology, to meet clinical and communication requirements will facilitate access to care as close to home as possible.
- **Infrastructure and capital redevelopment.** Improving our health facilities to meet new building and healthcare requirements is a key feature that will enable us to reach our full potential as a sub-regional service provider.
- **Significant shifts in the policy environment.** Policy changes at the Commonwealth and State government level are magnified at the local levels in rural areas and have the potential to impact health service planning and delivery.

SWAN HILL DISTRICT HEALTH

CONNECTED CARE. BEST EXPERIENCE

We are united by our common purpose to create a health service that makes our people feel connected, and provides the best experience for them. We believe every person deserves the best care experience we can provide at every encounter. We will connect people with each other and with the right information to give them the best experience.

OUR VALUES:



Terms

‘CONSUMER’

A consumer is an individual who uses, has used, or may potentially use a service of SHDH. This can include patients, clients, families, carers, other support people and potential users. A carer is someone who provides care and support for someone in an unpaid capacity.

‘COMMUNITY’

The term community refers to groups of people or organisations which can be locality-defined but also collective identities based on close associations or founded on commonalities of religion, ethnicity, language, politics or particular areas of interest. The community of our health service catchment area is diverse and spread across a large geographical region. It is made up of many smaller communities and groups of people. We serve people from Manangatang to Moulamein, Boundary Bend to Quambatook. Our catchment is estimated to include around 35,000 people.

‘ENGAGEMENT’

Engagement is a broad term which encompasses activities that involve participation in decision making. Levels of engagement/participation can differ, and at each level the goal of engagement and the promise you make to those you are trying to engage also differs. See the International Association for Public Participation (IAP2) spectrum for more information (appendix 1).

‘HEALTH LITERACY’

Health literacy of consumers is integral to the effectiveness of consumer and community engagement and involves the ability to read, understand, evaluate and use health information to make appropriate decisions about health and health care. Low health literacy is associated with health inequalities, and people with low health literacy tend to have poorer health and a greater risk of hospitalization.

‘PERSON-CENTRED CARE’

This concept is defined as the treatment and care provided by a health service whereby the person is the centre of their own care and that the needs of the person’s carer are considered. All consumers at SHDH and their family members and/or carer(s), will be valued, listened to, cared for and able to participate as a partner in their health care. Person-centred care requires a collaborative and respectful partnership between the health service provider and consumer.

Our objective

We want to deliver our vision of connected care, best experience to all our consumers and the broader community we serve. We cannot effectively do that without meaningful input from those very consumers and our community.

Our objective therefore is to create opportunities for our consumers and community to engage with SHDH to help us achieve our vision.



Why engage consumers & community?

We know that by engaging our community we can deliver better outcomes. In our pursuit to deliver our vision of connected care and best experience for all we need to meaningfully and effectively engage with consumers of our health service and our broader community. This framework represents a commitment to build a culture at SHDH that supports consumer and community engagement, continuous quality improvement and ultimately better healthcare outcomes for our community.

We are committed to fulfilling the principles and requirements of the National Safety and Quality Health Standards but also wish to move beyond these requirements to embrace community engagement in its most broad, flexible and creative form. Engagement needs to start at the individual level (at the bedside, in the consultation room or clinic), but also extend to major policy decisions and the strategic direction of our health service.

Effective community engagement offers particular promise to improving health outcomes for Aboriginal communities. To meaningfully and appropriately engage and collaborate with Aboriginal

communities better enables us to deliver culturally responsive healthcare.

Benefits of consumer engagement as a means to encourage person-centred care also flow on to clinical outcomes.

Decreased mortality, readmission rates, incidents of health care acquired infections, length of stay and improved adherence to treatment regimens, higher levels of staff satisfaction and lower levels of aggressive interactions and conflict have been found to be associated with person-centred care. As this demonstrates, there is evidence linking participation at the individual level to improving health outcomes, however evidence of effectiveness of engagement at other levels is not as robust.

By engaging consumers and the community we are better equipped to deliver more accessible and appropriate services. The process of engagement itself offers opportunity to build trust, and ensure our community sees themselves and their views, reflected in our health service. Just as we know engagement can build trust, we also know that rushed or tokenistic engagement can actually then damage future attempts.

‘We know better health outcomes are achieved when health professionals and services work in partnership with consumers, patients, carers and communities’ - Safer Care Victoria

Purpose

The Consumer & Community Engagement Framework 2021-24 (the Framework) is designed to provide overarching direction and understanding of our commitment to engagement at SHDH.

We do this so that consumers and our broader community play an active role in decision-making processes that affect their own healthcare as well as engage in the evaluation, planning and design of policies, service delivery, projects and facilities.

The Framework provides guidance for SHDH staff, consumers, our broader community and stakeholders on what consumer and community engagement looks like at SHDH.

The Framework:

- Demonstrates our commitment to meaningful engagement with consumers and our community to continue to strive for connected care and best experience for all
- Provides direction for the development of a Consumer & Community Engagement Plan
- Forms the basis for development of tools and processes for engagement of consumer representatives
- Supports our ongoing quality and safety improvement activities, particularly in relation to the National Safety and Quality Health Service Standards established by the Australian Commission on Safety and Quality in Healthcare
- Recognises the importance of health literacy, along with the resources necessary to support consumers to participate based on varying health literacy levels, as well as age and culturally appropriate methods of engagement
- Is a living document which will continue to evolve and adapt over time

Guiding principles

When we 'do' consumer and community engagement some key principles guide our work, these are:

Empathy

Embracing and celebrating diversity

Continuous improvement

Creativity and flexibility

Transparency

Partnership and shared power

How we currently engage

At SHDH we are developing robust, organisation-wide processes for comprehensive consumer and community engagement.

Different areas of our organisation currently engage with consumers in various ways; seeking feedback from clients on services and programs to inform improvements or new initiatives (e.g. the establishment of the Pain Clinic at our Community Rehabilitation Centre), or

conducting surveys to gain community input to our focus areas and direction (e.g. our Health Promotion team's work in promoting breastfeeding to the community, informed by community input).

There is increasing recognition of the importance of including the consumer voice in discussions, including at the governance level.

Future direction

We will aim to be creative and flexible, recognising that there is no 'one size fits all' approach to consumer and community engagement. The method of engagement can vary depending on the purpose of engagement, as well as the needs of the community to ensure meaningful engagement is achieved.

Levels of engagement

The IAP2 spectrum outlines different levels of engagement – inform, consult, involve, collaborate and empower. This resource will guide SHDH in determining the level of engagement appropriate, and ensure transparency of intent plus the promise we are making to community in terms of the type of engagement and level of control or influence they have over decisions. Higher levels of the spectrum

are not necessarily more desirable, it depends what is appropriate and realistic for the context. It's important to consider the expectation we are setting by undertaking a certain level of engagement. Poorly managed engagement can be more harmful than no engagement at all. The level of engagement can move around over time and with different groups.

Person-centeredness

Delivering person-centred care involves engagement at the individual level, with people being actively involved in their own care. This will continue to be a cornerstone of our approach into the future. As per our Person Centred Care Policy, SHDH will continue to strive to

embed the philosophy of Person Centred Care across the organisation to ensure that all people, including health service providers, clients, their carers and family members are respectfully cared for as individuals and encouraged to participate in the provision of quality health care.



Engaging with Aboriginal communities

The Swan Hill Rural City local government area has the highest percentage of population in the State of people who identify as Aboriginal or Torres Strait Islander. We have thriving and strong local Aboriginal cultures and need to build meaningful and genuine partnerships with our Aboriginal community to walk

together to improve access and outcomes. This work will link with the SHDH Aboriginal Health Plan and Cultural Safety plan to work towards a more inclusive, responsive and culturally safe organisation, working in partnership with Aboriginal people, families and communities.



Engaging with diversity

Our catchment not only covers a wide geographical region, but also a broad range of people of different cultures, backgrounds and identities. SHDH aims to provide care to its consumers and community that is non-judgemental, individualised and respectful. To be able to effectively engage with our diverse community and deliver connected care, best experience, SHDH staff and volunteers need to be equipped with skills to be culturally competent and inclusive of diverse life experiences. Bringing together health services and diverse people and communities can improve the accessibility and effectiveness of health care.

Focusing on diversity can ensure the broadest perspectives, ideas and experiences are incorporated into engagement with our health service and

the decision making process. SHDH needs to ensure its environments and spaces are culturally sensitive and appropriate to meet the needs of our diverse community, and do so in partnership with these diverse groups themselves.

This framework particularly highlights the needs of culturally and linguistically diverse groups, rainbow families and the broad and diverse LGBTIQA+ community, as well as people with diverse abilities as groups we need to ensure our engagement strategies include and actively promote participation from. All members of our community irrespective of race, religion, politics, age, gender and sexuality should not only receive equal access to connected care and the best experience at SHDH, but also should be able to have meaningful engagement with their health service.



Governance

The need to effectively engage with consumers and community was recognised by the SHDH Board of Directors, CEO and Executive and was therefore reflected as a priority in the SHDH Strategic Plan 2021-24 (*Strategic Plan Priority Three: Working Together For Improved Performance*).

The SHDH Consumer and Community Engagement Framework provides an overarching structure to guide and support our engagement with consumers and the community.

The Community and Cultural Engagement Committee (CCEC) provides oversight to the Consumer & Community Engagement Framework 2021-24. The CCEC reports to the SHDH Board of Directors. The Framework as well as the Consumer & Community Engagement Plan will be monitored and reviewed by the CCEC. Reporting into the CCEC will be existing and/or new reference groups. Targeted or issue-based engagement activities will

also be reported to the CCEC and information on how to be involved at SHDH available on our website and promoted via a range of methods.

One method of engagement at the governance level is the presence of consumers on governance committees. Several committees have been identified as appropriate for inclusion of a consumer representative and in these instances have this requirement reflected in their Terms of Reference. Processes and structure need to be in place to ensure meaningful engagement with consumer representatives on committees. SHDH needs to maximise the quality of the experience of consumer representatives to support their retention. We need to have in place robust processes for the recruitment, induction, ongoing support and engagement of consumers on committees, to ensure we aren't being tokenistic in our approach to consumer representation in governance structures.

Engagement process

Our process for implementing consumer and community engagement activities at SHDH will utilise the following process to guide our staff on embracing co-design. Before establishing a reference group/working party or other engagement activity we need to ensure we have considered what the purpose of our engagement is, who we need to involve and what approach or method is going to work best.

This approach will also be utilised by our Community and Cultural Engagement Committee to ensure that engagement of reference groups or other engagement activities are purposeful and planned. The CCEC will consider the first phase, 'co-planning', with implementation then driven by the relevant area with support from the Community Engagement Officer.



Evaluation and reporting

The SHDH Community and Cultural Engagement Committee will play an integral role in monitoring, providing advice on and evaluating the Framework and the Consumer and Community Engagement Plan.

The Community Engagement Officer will provide a quarterly report to the CCEC together with a yearly progress report also informed by the work of the Standard 2 working party. This yearly progress report will be publicly available and promoted to the community.

References

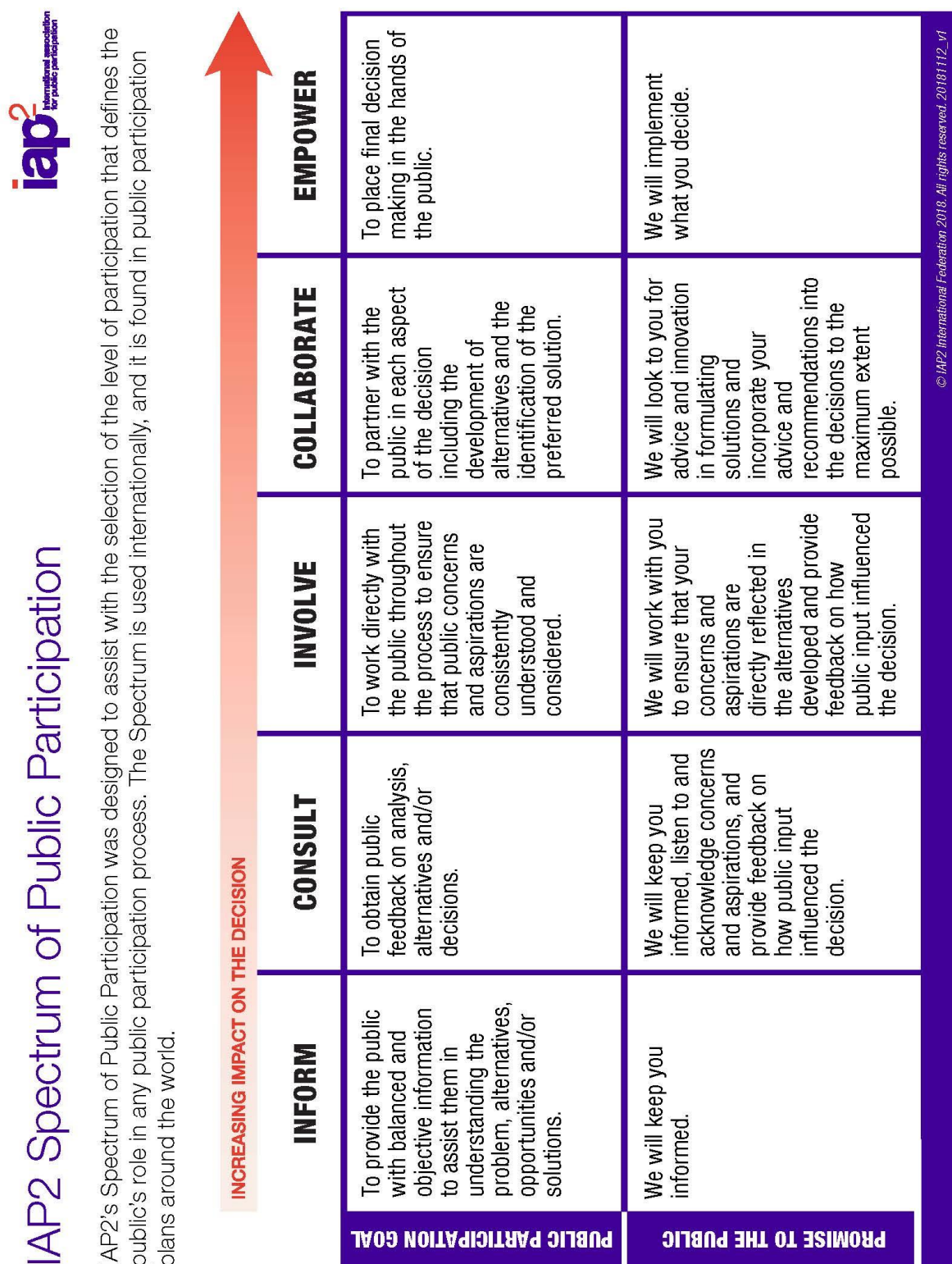
Multiple resources, documents and websites were reviewed during the process of developing this Framework.

In particular, the Framework was informed by:

- Australian Commission on Safety and Quality in Health Care. Partnering with Consumers. Sydney: ACSQHC; 2011.
- Delaney L.J., Patient-centred care as an approach to improving health care in Australia, Australian Journal of Nursing Practice, Scholarship & Research. 2018; 25(1): 119-123.
- Johnson A. Health literacy, does it make a difference? Australian Journal of Advanced Nursing. 2014; 31(3):39-45.
- Durey A., McEvoy S., Swift-Otero V. *et al.* Improving healthcare for Aboriginal Australians through effective engagement between community and health services. BMC Health Serv Res. 2016; 16: 224.
- Horvat L. 2019. Partnering in healthcare for better care and outcomes, Safer Care Victoria, State Government of Victoria, Melbourne.
- Joyner S., 2015. Consumer and Community Engagement Model: An outcome of the WentWest – Health Consumers NSW Joint Consumer Engagement Project. Sydney: WentWest – HCNSW
- Sarrami Foroushani P., Travaglia J., Eikli M., Braithwaite J. 2012. Consumer and community engagement: a review of the literature. Centre for Clinical Governance Research, Australian Institute of Health Innovation, Faculty of Medicine, University of New South Wales, Sydney, NSW 2052 and the Agency for Clinical Innovation, New South Wales.

Appendix 1: IAP2 Spectrum of Public Participation

(c) International Association for Public Participation www.iap2.org




FOR MORE INFORMATION CONTACT:

Community Engagement Officer

PO Box 483, Swan Hill, 3585

Email: communityengagement@shdh.org.au

 Phone: (03) 5033 9300

www.shdh.org.au



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