



East Grampians  
Health Service

*Community Participation and Engagement -  
what matters to you matters to us*

Sandy Thomson

## TABLE OF CONTENTS

Community Participation Framework .....	2
Introduction .....	2
Why is this framework needed? .....	3
Purpose .....	4
How will this framework achieve improved outcomes for our community?.....	5
Objectives.....	5
Outcomes .....	6
Types of participation .....	6
Governance oversight of this framework .....	6
Priority actions .....	7
Definitions .....	8
Linked policies .....	9
References .....	9

### INTRODUCTION

*EGHS wish to acknowledge the custodians of this land and their Elders past, present and future. EGHS acknowledges and respects their continuing culture and the contribution they make to the life of this city and this region.*

East Grampians Health Service (EGHS) recognises that community and consumer participation at the individual and organisation level contributes to improvement in health care quality outcomes. By supporting better informed and empowered community members including our patients assists us to better understand the effectiveness and quality of the health services we provide. We know and understand that safe quality health services result in better health outcomes for the community.

*How do we achieve this objective?* Participation in health at an individual and organisation level is an essential principle in health development, clinical governance and community capacity building. Participation is important because it is:

- ✦ Assists to improve health outcomes and the quality of health care at the individual and organisation level
- ✦ An important democratic right
- ✦ A mechanism to ensure accountability and transparency

The EGHS Community Participation Framework does not exist in isolation and is part of the overall governance structure at EGHS. The EGHS Strategic Plan cites the following as important to community participation.

The Mission of EGHS is “to improve our community’s health and quality of life through strong partnerships and by responding to changing needs”.

This reinforces the importance of maintaining and improving health. As a result, being able to understand and manage the health needs of our community and responding effectively requires access to and availability of quality information whether this is in paper or electronic formats. How we verbally communicate with each other is also vitally important. Quality communication systems tailored to meet the needs of our community facilitates shared decision making and supports the rights of consumers to manage their health needs. *Our model of shared decision making and understanding what matters most for our patients is integral to this objective,*

Encouraging community participation also leads to more accessible and effective health services. Active involvement of the community at all levels of development, implementation and evaluation of health strategies and programs is integral to the success of participation strategies,

Success of community participation relies on leadership by the Board, Executive and staff, fostering organisational and culture change and capacity building within the community. Regardless of the services we provide together as partners we can make the patient journey better. *This is achieved through this Community Participation and our Clinical Governance Frameworks.*

## Principles of Participation

<b>Trust</b>	Engagement works best where there is mutual agreement of the processes and assessment of the issues under consideration as developed through productive working relationships.
<b>Respect</b>	All participants need to show consideration and value each other as equal contributors to the engagement process.
<b>Openness</b>	Engagement must be built from the ground up and this can only be ensured if all participants are open to considering the ideas of consumers, carers and the community and are willing to accept change.
<b>Equal Opportunity</b>	At the earliest possible time, involve all those who will be affected by the decisions, inform them of the decision-making process and ensure they have access to the information and the means to participate.
<b>Advocacy and Support</b>	Engagement must be supported from the top and resourced so that participation is meaningful for the consumer, carer and community member.
<b>Responsiveness</b>	The capacity to undertake engagement requires skilled organisations and benefits from multiple strategies and resources.
<b>Shared Ownership and Accountability</b>	All involved share ownership of the process and decisions and are responsible for monitoring and evaluating the impact and outcomes. How the responsibility is distributed should be defined as part of the engagement plan.
<b>Dissemination</b>	The decisions made, and how consumers, carers or community member's participation influenced those decisions, should be communicated to all those involved and affected by the decisions.
<b>Evaluation</b>	Lessons learnt from the participation process should be identified and communicated as widely as possible.

## WHY IS THIS FRAMEWORK NEEDED?

The EGHS Community Participation Framework has been developed within a context of changes in culture, society attitudes and expectation. EGHS is a rural health service that needs to be closely monitoring the challenges and the expectations of its consumers. This is on the basis that like many rural health services there are challenges in;

- Attracting and retaining clinical staff
- An ageing population which requires more options for service provision
- Ageing infrastructure

In contemporary health services consumer and community engagement is designed to be a positive experience for the consumer and the health service, each achieving their individual stated needs of the involvement. Society shift to be more questioning and less passive can be seen between consumers and the health care providers, medical staff and specialists and between peers. These interrelationships provide opportunity to evaluate risks,

outcomes and service delivery in a shared way. Greater transparency and accountability drive the need to be inclusive of all stakeholders in health delivery.

The EGHS Community Participation Framework also recognises the need to include strategies to engage all community members regardless of their cultural background social or economic status. This is on the basis that some groups may not fully engage with mainstream health services due to perceived barriers. We know these groups are present in our community who include, but are not limited to –

- ✦ Cultural and Linguistic Diversity community members
- ✦ Community members with a disability
- ✦ Aboriginal and Torres Strait Islander community members
- ✦ Those suffering from mental health issues
- ✦ Our young people
- ✦ Those who are homelessness
- ✦ Those who experience social isolation
- ✦ Those suffering from dementia
- ✦ Our aged community members including their carers
- ✦ People with low levels of literacy
- ✦ Our Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community members

Not all service users reside within the Rural City of Ararat highlighting the need for EGHS to include diversity strategies even when the demographics may not indicate a need.

EGHS must be able to demonstrate its credentials of community participation in its service planning and health care to remain a valued health care provider in the East Grampians region.

At EGHS we commit to working in partnership, with Aboriginal and Torres Strait Islander people, and local organisations such as, Budja Budja Aboriginal Cooperative. In collaboration we aspire to deliver sustainable health outcomes by ensuring that Aboriginal and Torres Strait Islander peoples and their representative bodies are actively involved in the design and delivery of our health care services.

## PURPOSE

This Community Participation Framework designed to -

- ✦ Create a more structured, coordinated and committed approach to community and consumer participation.
- ✦ Build on existing initiatives and good practice to guide and support EGHS to develop systems and processes that ensure community and consumer participation becomes part of our safety and quality culture
- ✦ Ensure there is a long-term strategic focus that recognises the changing needs of our community.
- ✦ Ensure there is a just culture that supports partnering, shared decision making and patient centred care for all members of our community

## HOW WILL THIS FRAMEWORK ACHIEVE IMPROVED OUTCOMES FOR OUR COMMUNITY?

Accountability for active community engagement is routinely assessed as part of our quality management systems. This includes;

- External assessment against the Australian Commission on Safety and Quality in Health Care National Standards
- As part of our contractual arrangements with the Department of Health and Human Services
- Legislation and other statutory requirements which includes but is not limited to;
  - Victorian Charter of Human Rights and Responsibilities
  - Multicultural Victoria Act
  - Australian Charter of Healthcare Rights Victoria
  - Disability Discrimination Act (1992)
  - Victorian Disability Act (2006)

Our most important measure however is the feedback we receive from our consumers and carers. This valuable information provides us with insight from the experiences of our patients and carers when our services are used.

As a learning organisation which prides itself on our safety and quality culture, we utilise results from assessments and feedback are to improve our services. Together we can make our services better.

## OBJECTIVES

This framework has two key objectives one being to build the capacity and capability of our consumers to participate with us at either an individual level as a patient or at the organisational level where consumers can work with us to improve our services. The other is to build the capacity and capability of our staff to be partners with our patients and the community to improve care outcomes.

These objectives require us;

1. To take participation seriously
2. To share information to reduce barriers for accessing health care – what matters to you matters to us
3. To improve communication between our community and the organisation by partnering with relevant stakeholders
4. To build the capacity of all our community and staff to improve participation.
5. To integrate participation into our clinical governance systems which include the quality, safety and risk management program.
6. To value lessons learnt including all feedback
7. To respect and understand the cultural and social differences of our community and to use this information to support engagement and service planning strategies

Our values of Integrity, Excellence, Community, Working Together, and Learning Culture provide the foundation to achieve these objectives

**OUTCOMES**

The Board and Management of EGHS aim to achieve the following outcomes:

- ✦ Systems that enhance partnerships with our community and consumers Improvements are made to improve access, safety, quality for all members of the community
- ✦ Evidence of individuals’ involvement in shared decision-making about their own healthcare. This includes understanding goals of care – what matters to you
- ✦ Established systems for integrated community participation strategies in policy development, health service planning and safety and quality improvement.
- ✦ Resource allocation to support community and consumer participation

Our Expectations	Indicators for success
Systems that enhance partnerships with our community and consumers	Patient and carer satisfaction The number of community members participating in committees, focus groups Continued sustainability of services

**TYPES OF PARTICIPATION**

Participation can take many forms from being involved in the governance of EGHS as a committee member, participating in focus groups, being a volunteer, or just providing feedback. Being a member of a Committee or participating in focus groups to discuss a particular service issue is regarded as formal engagement providing real opportunities to shape the way services are delivered now and in the future. Information from surveys or just general feedback is also another form of participation which can inform improvement opportunities.

**GOVERNANCE OVERSIGHT OF THIS FRAMEWORK**

**The Board**

The EGHS Board is the highest level of governance for accountability for ensuring the sustainability and quality of care and services provided by EGHS. The Board delegates much of this responsibility to the Chief Executive Officer but relies on timely and quality information to inform on all aspects of service delivery.

**Chief Executive Officer**

Responsible to the Board for ensuring the delivery of safe quality services.

**The Director of Development and Improvement**

Will be responsible to the Chief Executive for overseeing the Partnering with Consumers Plan and for the reporting of effective community participation to the Clinical Governance and Community Consultative Committees. The Director of Development and Improvement is also required to provide information to the community through the annual “Quality Account” on our participation activities.

## Managers

Managers are responsible for community participation by ensuring:

- ✘ Staff partner with consumers in their care; all feedback is welcomed especially if this improves the safety and quality of care and service delivery.
- ✘ Staff have access to training and support for consumer participation strategies.
- ✘ Consumer feedback to improve services is promoted to stakeholders.
- ✘ Participating community representatives are provided with education to support their engagement activities

## Staff

Individual staff are responsible for community participation by:

- ✘ Promoting consumer rights and responsibilities.
- ✘ Communicating clearly and effectively when engaging with patients and or carers
- ✘ Listening and acting on decisions the patient and carer make about their care and treatment.
- ✘ Ensuring all feedback is communicated to relevant Managers
- ✘ Attending education on Community Participation and related topics.

## PRIORITY ACTIONS

At EGHS community participation occurs at three levels of health service activity – individual care level, program or department level and health service/ organisational level. The following priority areas will be the focus of this framework and which will be monitored by the Board of EGHS which has overarching accountability for the effective manage of the service.

Individual Care Level	Service level	Organisational level
Ensure all patients and carers are partners in the planning and delivery of their care; this includes ensuring goals of care “what matters to me” is established on entry to the service.	Through use of focus groups and or surveys review existing services to establish if improvements are needed.  For new services Involve consumers, carers and community members in the planning stage and implementation phases.	Attract and retain consumers, carers and community members on governance committees  Provide the necessary governance education to ensure community members can effectively participate.
Ensure our communication systems respect the diversity of our patients and carers and meet their individual needs.	At the service level ensure our staff understand the communication requirements needed for the different services and for the patients using these services	Involve consumer representatives in reviews of communication systems and feedback and take action on any suggested improvements.



Individual Care Level	Service level	Organisational level
Provide information in a format that is easy to understand Provide accessible and easy to use feedback systems	In consultation with consumers ensure all internal information is reviewed by consumers before publishing	Provide the overarching support systems to enable all communication systems to be developed in partnership with consumers
Support the principles of comprehensive care which involves goals of care and shared decision making.	Provide staff training on the principles of comprehensive care for their service models and the associated tools required to deliver care	Monitor the effectiveness of comprehensive care systems and take action to improve as required
Support effective transitioning between the community and acute systems through ensuring the quality and timeliness of handover information	Understand the patient journey and the communication requirements for effective transitioning between and with ongoing care providers	Monitor the effectiveness of handover systems and take action to improve as required

## DEFINITIONS

### 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. It is about having your say, thinking about why you believe in your views, and listening to the views and ideas of others. In working together, decisions are more transparent and meaningful to us all.

### Clinical Governance

Clinical governance is the set of relationships and responsibilities established by a health service organisation between its state or territory department of health (for the public sector), governing body, executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care, and continuously improve services

### Carers

Families and friends providing unpaid care to consumers.

### Community

A group of people who have an interest in the development of an accessible, effective and efficient health and aged care service that best meets their needs.

The term community may encompass consumers, carers, advocates and representatives.

### Consumer

Current or potential users of a health service. This includes children, women and men, people living with a disability, people from diverse cultural and religious experiences, socioeconomic status and social circumstances, sexual orientations and health and illness conditions.

## EVALUATION

The accountability for evaluation of the effectiveness of this plan will rest with the Consumer Advisory Committee and which will occur on an annual basis with a report to the Board.

## LINKED POLICIES

[Consumer Information Materials - SOPP 11.06](#)

[Consumer Participation - SOPP 12.04](#)

[Managing Cultural and Linguistic Diversity - SOPP 60.18](#)

[Person Centred Care - SOPP 60.20](#)

## REFERENCES

Australian Commission on Safety and Quality in Health Care; National Model Clinical Governance Framework 2017