Partners in Health

A Community Engagement Framework for Northern NSW Local Health District

2019

NSW GOVERNMENT

This Framework guides our health service to increase community participation in the planning, delivery, monitoring and evaluation of services.

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1. Background

1.1 Introduction

Northern New South Wales Local Health District (NNSW LHD) is committed to partnering with our communities.

Involving the community in planning, delivery and evaluation of services leads to:

- improved health outcomes
- safer care
- services based on local experience and needs
- improved communication between patients and staff
- increased community understanding of the health service
- more trust and patient confidence
- greater staff satisfaction

There are many ways community representatives can partner with NNSW LHD. This may be as members of committees or in one-off activities such as focus groups, surveys, or providing feedback on patient information. The emphasis is to draw on the knowledge, skills and experiences of past, present and future users of health services to improve the delivery of health care.

This framework guides our health service to increase community participation.

1.2. Consultation

The Framework was developed with input from community members, staff and Board members. This involved:

- one-on-one interviews
- survey questionnaire
- review of community engagement frameworks at other health services
- planning workshops

The key themes identified became the focus areas of this Framework.

1.3 Structure and Strategy

The Framework includes a new Engagement Structure (see 4.) and a 2019-21 Community Engagement Strategy.

The Strategy has four key focus areas:

1. **Structure and process** – better ways of engaging with our community.
2. **Culture and capacity building** - improving staff and community skills in participation and promoting its value
3. **Meaningful engagement** – giving all community groups a greater voice in decision-making
4. **Communication** – improving how we reach out to communities and deliver health information

The Framework and Strategy will evolve over time as we work with our local communities.

2. Profile

Our communities come from a large area and include a diverse population.

2.1 Our health services

NNSW LHD is one of 18 Local Health Districts in NSW.

NNSW LHD covers an area of 20,732 square kilometres. It spans from the Clarence Valley in the south, to Tweed in the north.

We have more than 5,500 staff. Our staff live in and engage with the communities we serve.

NNSW LHD includes:

- eight hospitals
- four multi-purpose services
- 20 community health centres
- two HealthOne services
- a drug and alcohol detoxification unit.

301,600
people

16,056
Aboriginal and Torres Strait Islander people

18,050
aged 80+ years

54,220
children

16,000+
people with a disability

6.3 million
domestic and international visitors to the region

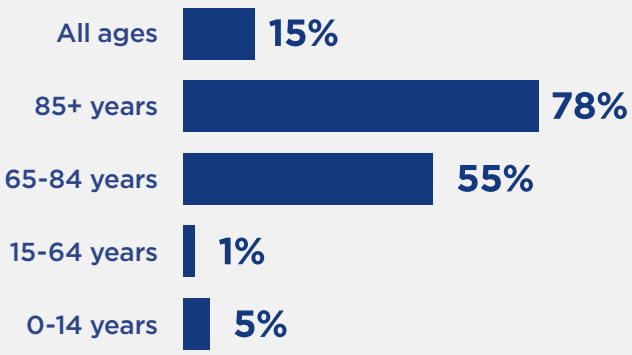
2.2 Our population

Northern NSW has a growing and ageing population.

In 2016 there were 301,600 people in NNSW LHD. The population is projected to grow by nearly 15 per cent, to 344,060 people by 2036. The biggest increase will be the population of older adults.

A total of 5.4 per cent of the population identify as being of Aboriginal and/or Torres Strait Islander descent. The traditional custodians of this land are the Bundjalung, Yaegl, Gumbaynggirr and Githabul Nations.

Rate of growth in NNSW LHD population from 2016 to 2036 by age group



3. Our approach to community engagement

3.1 Our Values

NSW Health and NNSW LHD CORE Values guide our approach to engagement.

- Collaboration
- Openness
- Respect
- Empowerment.

3.2 Engagement Principles

Our principles of engagement were developed with community members.

1. **Ensuring people have a voice**
   We give everyone a chance to share their opinion.
2. **Ensuring many voices are represented**
   We include people from many different backgrounds.
3. **Shared vision**
   We all work towards the same goal.
4. **Transparency**
   We share information with our communities.
5. **Planning based on the strengths of the community**
   We reach out to our local communities to improve the care provided by our services.
6. **Authentic engagement**
   We value everyone's point of view when making decisions.
7. **Realistic aims and expectations**
   We are honest about what we can and cannot do.

3.3 Engagement spectrum

There are different levels of engagement that give the community different levels of input, influence and action in decision-making.

The following table describes what to expect at each level.

Increasing Impact on the Decision →

	Level of Participation				
	Inform	**Consult**	**Involve**	**Collaborate**	**Empower**
Our promise to the community	We will provide you with information to promote understanding and tell you about important issues.	We will involve you in discussions and ask your opinion on health service planning, delivery and assessment.	We ask you to work with us to improve services and identify issues and solutions.	We want your help to come up with appropriate solutions, and recommendations.	We will work with you and help you to make decisions on selected issues.
Tools and mechanisms	• Patient/carer information • Community engagement conference • Fact sheets • Web site • Social media • Newsletters • Public displays • Suggestion boxes • Event	• Feedback on publications • Focus groups • Reference Groups • Surveys • Public forums • Interviews • Community representatives on committees • Evaluation surveys	• Reference groups • Patient/carer forums • Safety and quality meetings • Improvement working groups	• Co-design • Advisory groups • Planning workshops • Participatory decision-making	• Citizen juries • Delegated decisions • Community-appointed management committee

Working together to deliver quality health outcomes and improve patient experience is the goal of our community engagement

– Wayne Jones, NNSW LHD Chief Executive

3.4 Alignment to national, state and local frameworks

Many national, state and local strategies, policies and standards guided this work. These include:

National Safety and Quality Health Service (NSQHS) Standards

- 'Standard 2: Partnering with Consumers' has criteria to include community in our delivery of person-centred, quality health care.

Australian Charter of Healthcare Rights

- Describes the rights of patients using the Australian health system. It states that consumers have a right to be included in decisions and choices about their care and the right to participate in health service planning.

Health Services Act 1997

- Requires Boards to seek the views of the community on policies, initiatives and planning of district health services.

NSW State Health Plan: Towards 2021

- Guides work across the NSW Health system.
- Community engagement is essential for integrated care.

NSW Health Corporate Governance & Accountability Compendium

- Requires public health organisations to have systems in place to ensure:
  - the rights and interests of key stakeholders are included the plans of the organisation
  - stakeholders can access balanced and understandable information about the organisation and its proposals.

Northern NSW Local Health District Strategic Plan 2019–2024

- Sets out the direction and priorities for the district and includes a strong emphasis on community engagement.

Northern NSW Local Health District Disability Inclusion Action Plan 2019-2023

- Includes actions to provide inclusive services and become an inclusive employer.

4. Community Engagement Structure

Meaningful and sustainable engagement needs effective organisational structures in place. The NNSW LHD Community Engagement Structure includes:

- A Community Partnership Advisory Council to oversee community engagement across NNSW LHD
- Advisory groups for services and local towns
- Special interest groups and targeted improvement groups.

The changes aim to deliver:

- More opportunities for community participation in the health service.
- Improved coordination of community engagement activities.
- More community input to projects and improvement processes.

4.1 Engagement Structure Overview

The following table summarises forums, membership and responsibilities in the new Structure.

Forum	Members	Responsibility
Community Partnership Advisory Council	• Community representatives • Community members from service/facility advisory groups • LHD executives and managers • Board members • LHD Community Engagement Manager • North Coast Primary Health Network representative	• Oversee Community Engagement Framework and Strategy. • Ensure we meet the National Safety and Quality Health Service Standard 2: Partnering with Consumers. • Ensure the community is informed and engaged in service planning, delivery and monitoring. • Provide input to key policies, plans and initiatives.
Advisory groups • **Ngayundi Aboriginal Health Council** • **Mental Health Forum** • **Drug and Alcohol Community Advisory Committee** • **Multi-Purpose Service (MPS) Network Community Consultation Forum (Nimbin, Urbenville, Kyogle, Bonalbo)** • **Clarence Community Advisory Group** • **Local Community Advisory Groups**	• Community representatives • Service General Manager • Service leaders and staff • Quality and Safety Managers • Clinical representatives	• Advise on service planning, delivery and evaluation. • Contribute to ongoing improvement of services. • Advise on communications and engagement activities. • Provide patient/carer perspective. • Advise on topics related to safety and quality improvement. • Each have own terms of reference and focus.
Quality and Safety/Special Interest Committees • **Health Literacy Steering Committee** • **Health Care Quality Committee** • **Diversity Inclusion Steering Committee**	• Community representatives • Senior leaders • Clinical representatives • Quality and Safety Managers	• Review, advise and make recommendations on specific topics. • Special interest groups will usually have an ongoing focus.
Project/Improvement working groups	• Community representatives • Senior leaders • Project Team members • Clinical representatives • LHD representatives	• Review, advise and make recommendations on specific topics, or projects. • May have an LHD-wide or local project focus. • Working groups will usually have a specific timeframe. • Reports to one of the above groups.

5. Overcoming barriers to community engagement

Below are barriers identified during the consultation process.

5.1 Barriers and Solutions

	Barriers	Solutions
1.	**Not enough community members interested or available to participate in engagement activities**	• Develop communication plan to promote Community Engagement Framework and recruit more community representatives. • Payment of out-of-pocket expenses. • Be flexible in the timing and location of meetings.
2.	**Community representatives do not represent the diversity of our population**	• Use community partners and networks to recruit community members who are representative of the broader community. • Ask community participants about their background, health experiences and community networks during recruitment.
3.	**Not enough support or resources for staff to do community engagement well**	• Managers support engagement activities and these are appropriately resourced. • The LHD provides resources for approved community engagement. • Train staff to get the most out of community representation.
4.	**Some community representatives have competing interests that influence their input in engagement activities**	• All community members must state what clubs, community groups, health-related organisations, political organisations or networks they have worked with and disclose any conflicts of interest.
5.	**Competing priorities and not enough time (staff and clinicians)**	• Define scope of project and identify all stakeholders before starting. • Plan and engage community representatives and staff early. • Define the patient benefits of having community input. • Management to prioritise staff time for engagement activities. • Train staff and community reps to ensure the process is as efficient as possible.

Identifying and addressing barriers is vital to successful community engagement.

	Barriers	Solutions
6.	**Geographical distance too large for community representatives to travel to regular meetings.**	• Rotate meetings across different sites • Offer community representatives the option to join meetings via video or teleconferencing. • NNSW LHD reimburses travel costs.
7.	**Staff do not have the skills to engage the community**	• Provide education, training and support for staff. • Develop protocol to engage community representatives; including recruitment and selection, orientation, facilitation and support.
8.	**Community representatives do not have the confidence or skills to be effective**	• Provide LHD orientation for all new community representatives. • Provide training, information and support.
9.	**Use of jargon and amount of information overwhelming for community members**	• Tailor communication to the target audience. • Use NNSW LHD health literacy principles and expertise.
10.	**Not meeting expectations of community representatives**	• Inform participants of their role and how their input will/will not be used (see 3.3 Engagement spectrum). • Provide feedback on how community input influenced outcomes.
11.	**Difficulty engaging with culturally diverse, marginalised and disadvantaged groups**	• Develop tools and processes for engaging the broader NNSW community.
12.	**Access and communication requirements of people with disability**	• Give consideration to requirements of people with disability attending forums and events. • Request attendees to advise if they have any access or communication needs.

6. Community Engagement Strategy 2019-21

The following strategy plan was developed with input from staff and community representatives.

Focus Area	Objective	Action	
1. Structure and process	1.1 Structures and processes in place to facilitate effective community engagement	1.1.1	Implement community engagement structure and strategy
		1.1.2	Develop process for recruitment, orientation, training and supporting community representatives
		1.1.3	Recruit community representatives to NNSW LHD engagement forums
		1.1.4	Create a register of endorsed community representatives
		1.1.5	Develop online process to record community engagement activities at NNSW LHD
		1.1.6	Monitor NNSW LHD community engagement performance against the National Safety and Quality Health Service Standards.
2. Culture and capacity building	2.1 Build staff culture, knowledge and capacity to engage with the community	2.1.1	Promote and communicate the Community Engagement Framework to NNSW LHD staff
		2.1.2	Provide education and training on how to partner with patients, carers and community members
		2.1.3	NNSW LHD managers to initiate and involve staff in community participation projects and activities
		2.1.4	Establish peer support community engagement network for staff overseeing engagement forums and activities
		2.1.5	Include overview of Community Engagement Framework in staff orientation
3. Meaningful engagement	3.1 Partner with the community in service planning, delivery and evaluation	3.1.1	Involve community representatives in design and review of services and models of care
		3.1.2	Establish improvement groups to provide community input into hospital/service-related projects
		3.1.3	Expand community participation on quality and safety committees
		3.1.4	Involve community representatives on staff recruitment panels

Focus Area	Objective	Action	
3. Meaningful engagement (cont.)	**3.1 Partner with the community in service planning, delivery and evaluation (cont.)**	3.1.5	Online collection of community input and feedback
		3.1.6	Involve patients, carers and community representatives in training and education of clinicians
		3.1.7	Involve community representatives in review of compliments and complaints data
		3.1.8	Report on NNSW LHD safety and quality performance to relevant community advisory groups
		3.1.9	Expand representation of those from diverse cultural backgrounds, Aboriginal and Torres Strait Islander people and under-represented groups
		3.1.10	Review processes for engaging Aboriginal and Torres Strait Islander people
		3.1.11	Engage with community (patients/carers/families) to incorporate input from their experiences in building/improving models of care
		3.1.12	Establish processes to evaluate community engagement activities
4. Communication	**4.1 Increase community confidence in NNSW LHD by improving understanding of our services, the LHD's performance and person-centred care**	4.1.1	Use a range of media to educate the community on health topics and promote LHD achievements
		4.1.2	Promote benefits and outcomes of community participation in local health services
		4.1.3	Host annual community engagement conference with North Coast Primary Health Network and key partners
		4.1.4	Stakeholder engagement plan to expand Board and Executive engagement with key community and business leaders and organisations
		4.1.5	Produce Year in Review publication to provide overview of NNSW LHD annual performance and highlights
		4.1.6	Promote good news stories including patient testimonials using a range of media
		4.1.7	Expand and promote volunteering opportunities in our services
		4.1.8	Improve hospital wayfinding including use of technology, signage and other visual aids
	4.2 Provide community with information to enable informed decision-making	4.2.1	Provide information that helps community understand care and service access
		4.2.2	Review process for development of patient information
		4.2.3	Involve community in development and review of plain language patient information
		4.2.4	Conduct health literacy campaigns to promote use of simple, plain English information in targeted clinical areas

Community Engagement Framework on a Page

NNSW LHD Purpose

Work together to deliver quality health outcomes across our communities

Strategic Plan priority

Integration through partnerships: Community as partners in health

Structure

NNSW LHD Board and Executive

NNSW LHD Community Partnership Advisory Council

- Mental Health Forum
- Drug and Alcohol Community Advisory Committee
- Ngayundi Aboriginal Health Council
- Multi Purpose Service (MPS) Network Community Consultation Forum
- Local Community Advisory Groups
- Project / Improvement Working Groups
- Quality and Safety / Special Interest Committees
- Health Literacy Steering Committee

Strategy focus areas

1. **Structure and Process:** better ways of engaging with the community
2. **Culture and Capacity Building:** improving staff and community skills
3. **Meaningful engagement:** giving the community a greater voice
4. **Communication:** improving how we reach out to communities and deliver information

Engagement principles

- Ensuring people have a voice
- Ensuring many voices are represented
- Sharing vision
- Transparency
- Planning based on community strengths
- Authentic engagement
- Realistic aims and expectations

Our values

Collaboration Openness Respect Empowerment

Glossary of terms

Board	The Northern NSW Local Health District has a 13-member Board who bring a wealth of experience and local knowledge to the management of NNSW LHD. The Board and Chief Executive responsibilities include: • Improving local patient outcomes • Monitoring the performance of the Local Health District • Ensuring services are provided efficiently • Delivering services and performance standards within an agreed budget.
Carers	A carer is a person of any age who cares for another person who needs ongoing support because of a long-term medical condition, a mental illness, a disability, frailty or the need for palliative care. A carer may or may not be a family member and may or may not live with the person.
Clinical governance	A term to describe a systematic approach to maintaining and improving the quality of patient care within the health system. NNSW LHD has a Clinical Governance Unit.
Co-design	Co-design is a community engagement approach that involves stakeholders in the design of a service. Co-design offers stakeholders (usually patients, carers and sometimes clinicians) the opportunity of a more significant role in health care re-design. 'Experience based' co-design is one type of method that employs techniques to collect the experience of stakeholders throughout their journey with a service and map the key points at which positive or negative change occurs. Following the mapping exercise, stakeholders meet to problem solve and design solutions.
Community	The term "community" is used throughout this document with the full understanding that its includes – health consumers, patients, carers, community members and clients.
Community participation/ engagement	Activities and processes where the opinions, concerns, needs and aspirations of community members are sought and are incorporated into the planning, design and delivery of health services.
Consumer	Consumers of health care are people who use, or are potential users, of health services. NNSW LHD prefers to use words such as community representatives/ members/participants, patients and carers.
Disability	Disability includes a long-term impairment. It could be physical, psychiatric, intellectual or sensory. This impairment is a barrier to the person's participation in the community. It also puts them at a disadvantage compared to people without a disability. For full definition, refer NSW Disability Inclusion Act 2014
Health literacy	The Australian Commission on Safety and Quality in Health Care defines health literacy in two components: 1. Individual health literacy: the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action. 2. Health literacy environment: the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services.
HealthOne	A health care facility where general practice and various community health services are available in a single location.
Local Health District	An organisation which manages public hospitals and provides health services to communities within a specific geographic area. In NSW, eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.
Multi-purpose Services	Health care facilities for regional and rural communities, providing access to a range of health services.
National Safety and Quality Health Service Standards	The NSQHS Standards are designed to ensure that all public hospitals and healthcare organisations have robust systems and processes in place to minimise the risk of patient harm and improve the quality of health service provision. The standards cover key areas of consumer involvement, governance, and clinical practice. Health organisations are regularly assessed by a registered accrediting agency.
Primary Health Network	Primary Health Networks (PHNs) are independent, not-for-profit organisations, primarily funded by the Australian Government, that work with general practitioners and local hospital networks to facilitate improved outcomes for patients. Northern NSW Local Health District is covered by the North Coast PHN.
Stakeholder	A stakeholder is an individual or group that has an interest, stake or decision-making role in the outcome of a decision, initiative or program. Stakeholders can be internal or external such as staff, government, partners, health consumers or community members.

For further information contact Northern NSW Local Health District:

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