

Health Consumers Queensland
...your voice in health

Consumer and Community Engagement Framework

February 2012

Definitions

In this Framework, Health Consumers Queensland utilises the following definitions of key terms:

Consumers

Consumers are 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.¹

Carers

The *Carers (Recognition) Act 2008* identifies a carer as an individual who provides, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of disability, frailty, chronic illness or pain, requires assistance with everyday tasks.²

Community

Community refers to 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.³

Consumer engagement

Consumer engagement informs broader community engagement. Health consumers actively participate in their own healthcare and in health policy, planning, service delivery and evaluation at service and agency levels.⁴

Community engagement

Community engagement refers to the connections between government, communities and citizens in the development and implementation of policies, programs, services and projects. It encompasses a wide variety of government-community interactions ranging from information sharing to community consultation and, in some instances, active participation in government decision making. It incorporates public participation, with people being empowered to contribute to decisions affecting their lives, through the acquisition of skills, knowledge and experience.⁵

Health Service Organisations

Health service organisations refers to public and private health and community services delivering services which include health promotion, disease prevention, diagnostic, treatment, primary, acute, sub-acute and support services. It also includes the policies and activities of departments and Ministries, related nongovernment organisations, consumer and community groups and professional associations.⁶

1 Health Consumers Queensland, (2010). Consumer Engagement Framework: August 2010. Brisbane: Author

2 Ibid.

3 Adapted from Department of Communities (2005) Engaging Queenslanders: an introduction to community engagement and Health Consumers Queensland, (2009). Consumer Representatives Program: Consumer Handbook.

4 Health Consumers Queensland, (2009). Consumer Representatives Program: Consumer Handbook.

5 Queensland Health, (2010). Community Engagement Manual.

6 World Health Organisation, (1998). Health Promotion Glossary. Adapted from definition of health sector. Geneva. www.who.int/hpr/NPH/docs/hp_glossary_en.pdf Accessed on 19/1/12.

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Members of the Advisory Group

- Australian Government Department of Health and Ageing
- Carers Queensland
- Council on the Ageing Queensland
- Department of Communities
- Ethnic Communities Council of Queensland
- General Practice Queensland
- Health and Community Services Workforce Council
- Health Consumers of Rural and Remote Australia
- Local Government Association of Queensland
- Maternity Coalition
- Queensland Voice for Mental Health Inc.
- National Disability Services
- Private Hospitals' Association of Queensland
- Queensland Aboriginal and Islander Health Council
- Queensland Association of Healthy Communities
- Queensland Council of Social Services
- Queensland Health—Central West Health Service District
- Queensland Health—Community Engagement Team
- Queensland Health—Metro North Health Service District
- Queensland Health—Reform Transition Office

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Message from the Minister for Health



Health consumers are at the heart of a sustainable and growing health system. That's why the Queensland Government is undertaking the biggest reform of how health and hospital services are delivered in a generation.

The *Health and Hospitals Network Act 2011* we passed in October of last year places communities right across Queensland at the centre of decisions about local health services in their area. This means that health services will be delivered by the community, for the community, in the community.

We introduced these sweeping reforms because we believe that stronger consumer and community voices are essential to planning, designing, delivering and evaluating health services and contribute to delivering better health outcomes for Queenslanders.

We are building a public health system that embeds consumer and community engagement in practice and culture because we believe it's vital for a world class health system.

Health Consumers Queensland (HCQ) continues to provide me with impartial and compelling advice and feedback about the issues that impact upon Queensland consumers, their carers and families. I asked HCQ to work with Health Service Districts as they transition to Local Health and Hospital Networks (LHHNs) to support them in the development of consumer and community engagement strategies.

These strategies will ensure LHHNs engage directly with their local communities, to foster local involvement, ideas and innovation to deliver improved health services.

HCQ's Consumer and Community Engagement Framework provides a resource for health service organisations to guide effective consumer and community engagement.

I congratulate Queensland consumers, HCQ's Chairperson and Ministerial Advisory Committee and the project's Advisory Group on the development of this Framework.

LHHNs working collaboratively with consumers and communities, and primary and private healthcare sectors will deliver the world-class treatment that all Queenslanders expect and deserve from our frontline health services and hospitals.

Geoff Wilson MP
Minister for Health

February 2012



Message from the Chairperson

I am pleased to introduce the *Consumer and Community Engagement Framework* to support Local Health and Hospital Networks (LHHNs) in their development of consumer and community engagement strategies, and a shared and collaborative approach to engagement across preventative, population health, primary, acute, sub-acute and community health services.

Health Consumers Queensland (HCQ) is committed to ensuring that the consumer voice is part of the conversation between all health stakeholders. HCQ has undertaken extensive work over the past two and half years in regards to consumer engagement and advocacy to strengthen the capacity of Queensland health consumers, their families and carers to engage in their healthcare, and the broader health system. In building upon this work, HCQ was pleased to be asked by the Minister for Health to work with Health Service Districts to support the development of consumer and community engagement strategies as they move to the new entities of LHHNs.

Current health reforms provide an opportunity to re-examine the way we do business to work together to design an integrated health system that delivers the right care, at the right place and at the right time. Involving consumers and the community in the planning, designing, delivery and evaluation of health services is integral to health services being more responsive to consumer needs, and ensures a smooth transition for consumers across community, primary, acute and sub-acute health services. Governing Councils have an opportunity to lead LHHNs through a cultural shift that sees engagement with consumers, community, clinicians and their workforce as part of the vision, mission and the organisational culture of the Network.

The *Consumer and Community Engagement Framework* builds upon HCQ's *Consumer Engagement Framework* developed in 2010, and the extensive work of the consumer and community services sector around community engagement. There is no 'one size fits all' approach to consumer and community engagement. This Framework provides an overarching approach underpinned by a set of nine principles that incorporate both consumer and community engagement, and a model to support effective engagement strategies.

The Framework also aligns with the national standards of the Australian Commission on Safety and Quality in Health Care, in particular, Standard 2: Partnering with Consumers.

I would like to sincerely thank the people who have been involved in developing this Framework including HCQ's Consumer and Community Engagement Project Advisory Group, HCQ's Committee and Secretariat, representatives within Queensland Health Divisions and Health Service Districts, consumers, and consumer and community organisations. I look forward to continue working together to strengthen the consumer and community voice and engagement with health service organisations to deliver improved health outcomes for the people who use the service, their family/carers and the community.

Mark Tucker-Evans

Chairperson, Ministerial Consumer Advisory Committee
Health Consumers Queensland

February, 2012

Section 1: Introduction

Background

Health Consumers Queensland (HCQ) advocates for person-centred, affordable, accessible, timely, safe and quality health services that are delivered in an integrated way across primary, acute care and community services. HCQ believes shared approaches to engagement and participation by consumers, practitioners, public and private health and community services, the broader community and government are key to delivering person-centred, integrated healthcare for consumers, their families and carers and a more robust, transparent health system.

The *Health and Hospitals Network Act 2011* provides for the transition of Health Service Districts (HSDs) to Local Health and Hospital Networks (LHHNs) from 1 July 2012 and the development of consumer and community engagement strategies by LHHNs within six months of their establishment. In June 2011, the Honourable Geoff Wilson, Minister for Health, asked HCQ to work with Districts/LHHNs to support the development of their consumer and community engagement strategies.

The *Consumer and Community Engagement Framework* (the Framework) is designed to guide and inform District/LHHN strategies. The Framework promotes a collaborative, integrated and effective engagement by LHHNs with consumers and communities within the context of wider engagement with Medicare Locals, community services, health practitioners, private hospitals and local, State and Commonwealth governments.

Given HCQ's commitment to a shared approach to engagement to inform the Framework's development, HCQ established a high level advisory group with the aim of producing a framework that had application to, and ownership by, consumers, and the public and private health and community services sector. The advisory group includes representatives from peak consumer and community organisations, General Practice Queensland (GPQ), Private Hospitals' Association of Queensland, Local Government Association of Queensland, Queensland Health's Corporate Divisions and Health Service Districts, Department of Communities and the Australian Government Department of Health and Ageing.

Purpose, scope and target audience

The importance of consumers' and communities' active participation in shaping health policy, planning, service provision and evaluation is reflected in the principles underpinning state and national health and community service reforms.

Effective engagement is embedded in an organisation's culture and practice. It informs health service organisations about the needs of the people who use their services and people who may be potential users of services who may, for different reasons, experience barriers to access. It 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.

Importantly, engagement is a key mechanism to build partnerships that leverage resources and enable services, consumers and communities to work collaboratively to achieve desired health outcomes. It can also be used to empower consumers to work actively as partners in their healthcare, unlocking the potential available for consumer behaviour to contribute to more efficient and effective healthcare delivery.

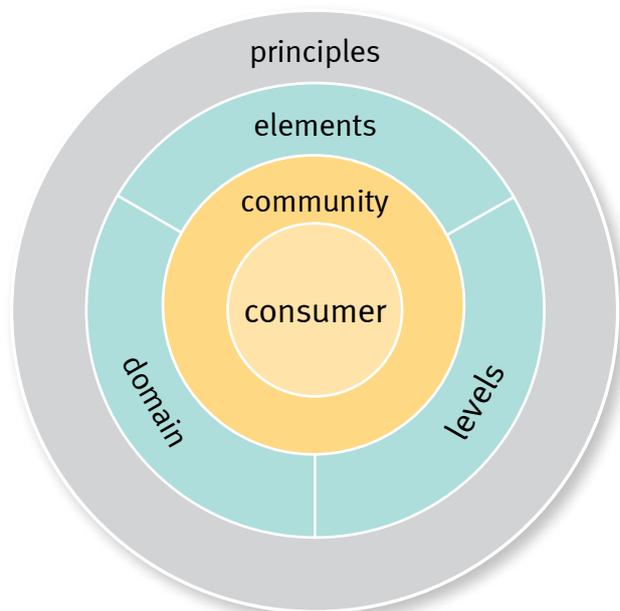
HCQ's Framework provides a consistent and overarching structure to guide and support the development of effective consumer and community engagement strategies. It reflects state, national and international approaches to consumer and community engagement while recognising that there is no 'one size fits all' approach. Rather, it supports developing strategies that are tailored to meet the purpose of the engagement, and the needs of the consumers, communities and potential users of health services within the local area.

The Framework has application across public and private health service organisations delivering health promotion, prevention, primary, acute, sub-acute and community health services.

The Framework places consumers at the centre, surrounded by community and builds upon HCQ's *Consumer Engagement Framework*, published in 2010, and work that has been undertaken by government and non-government stakeholders in the area of consumer and community engagement.

The *Consumer and Community Engagement Framework* comprises:

- a set of nine principles
- a model which describes five elements and four levels of engagement across three domains of health service operation
- a set of practice examples to support effective engagement.



Partnering to achieve health reforms

The current health reform agenda provides a significant opportunity for collaboration and partnering for better outcomes across sectors of the healthcare system, connecting healthcare in communities and enabling shared approaches to consumer and community engagement.

At the state level, legislative provisions for consumer and community engagement are included within the *Health and Hospital Networks Act 2011*. Also included are provisions for clinician engagement, and the development of a protocol between LHHNs and Medicare Locals (MLs).

Similarly, throughout 2012 Queensland's 11 Medicare Locals (MLs) are also required to develop consumer and community engagement strategies within six months of their establishment. MLs will be responsible for coordinating and better integrating primary healthcare services in local communities and regions throughout Queensland. Moreover, work undertaken by LHHNs and MLs can reference the work of Local Government Council's long term community plans which include planning for healthy communities.

These initiatives across local, state and national jurisdictions create new opportunities for consumers, practitioners and providers in the public and private health and community services sector, and the Commonwealth, State and Local governments to work together to:

- achieve greater involvement of diverse consumer and community members in healthcare processes
- foster rich engagement that enables health service organisations to plan, design and evaluate services central to the needs of people who use their services
- provide a seamless journey for people when accessing health services.

Significant reforms occurring within the disability and aged care sectors nationally further broaden these opportunities for collaboration and partnerships. Partnership enables services to share information and data to better identify and understand who are the consumers and communities within their catchment area, including more marginalised members of the community who may experience limited access to health services, and the engagement mechanisms currently in place. Services can then use this information to collaboratively explore innovative approaches to service provision that better responds to local needs and more effectively targets marginalised groups.

Engagement:

Value adding for health service organisations

Engagement value adds to the work of health service organisations by enabling them to establish and develop partnerships with consumers and the community to work collaboratively towards a shared vision for healthcare and more efficient, effective healthcare delivery. It enables health service organisations to directly tap into consumers and organisations and use the information gained at the individual and collective level to improve service planning, design, delivery and evaluation approaches that:

- meet the needs of consumers and the community, including people from diverse backgrounds
- empower and support consumers as active partners in managing their healthcare,

thereby facilitating more efficient and effective use of services

- are more accessible, responsive and tailored to meet the individual and collective needs of current and potential users of the health system, including people from marginalised backgrounds such as people with a disability, people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people and people with mental illness
- work effectively with carers and/or family members based upon feedback and input gained through engagement
- address unmet needs of consumers who may experience increased disadvantage and poor health outcomes due to barriers in getting effective health services
- improve integration to deliver better healthcare experiences for consumers, families and carers across the health and community services sector including public and private, primary, sub-acute and acute health services and key government organisations
- improve the responsiveness and efficiency of business operations in relation to funding, quality, safety and patient satisfaction
- identify health service priorities that are based on consumer and community driven needs
- improve knowledge and understanding of key areas of success and opportunities for improvement based on feedback from people who use the service.

Engagement:

Value adding for consumers and communities

In engaging with consumers and communities, it is important to recognise that consumers choose how and when they will engage in their healthcare. This often depends on the nature of the activity, the consumer's perception in relation to the intent to meaningfully engage, whether the activity will improve health outcomes and the consumer's life, health and social circumstances at the time.⁷ It is therefore important that health service organisations provide meaningful opportunities for consumers and communities to engage that facilitate access, recognise barriers to engagement and demonstrate how it will contribute to better health outcomes for individuals, their families/carers and the broader community.

Consumers and communities benefit from being engaged through:

- entering into a partnership with health practitioners that enables an increased awareness of, and control over, their wellbeing, their health status and disease management
- improved health literacy which leads to a better understanding of health issues and health services
- opportunities to positively provide input into local health activities and influence the health services provided
- receiving improved healthcare that meets individual and community needs
- a greater sense of well-being and enhanced quality of life
- communities having a greater sense of 'ownership' over services and their own health.

7 Health Consumers Queensland, (2010). *Consumer Engagement Framework*. August 2010. Brisbane: Author

Section 2: The Framework

Consumer and community engagement framework

HCQ's framework is underpinned by a set of **nine** overarching principles that support an approach to engagement which occurs across:

- **three key domains of organisational operation**

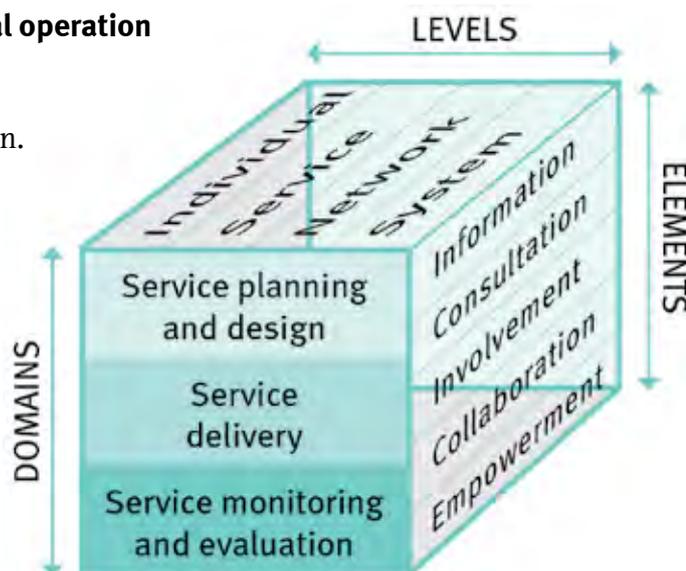
- service planning and design
- service delivery
- service monitoring and evaluation.

- **four different levels of engagement**

- individual
- service
- network
- system.

- **five elements of engagement**

- across a continuum that identifies an increasing level of consumer and community participation and influence in the engagement process from:
- information, through to
 - consultation
 - involvement
 - collaboration
 - empowerment.



The Framework supports:

- engagement occurring at different stages and in an ongoing way
- the involvement of consumers and community throughout the entire process, from the beginning through to the monitoring, evaluation and review phase
- the use of a variety of mechanisms and methods that are tailored to meet the needs and purpose of the engagement
- early engagement enabling the achievement of positive outcomes for both consumers/communities and the LHHN
- the provision of information to consumers/communities upfront about the level of influence that their engagement will have on the outcomes
- the provision of feedback to consumers and communities about how their contribution has influenced the end results.

Principles

The nine principles of consumer and community engagement contribute to enhancing the services and healthcare that is delivered by health service organisations. They reflect the principles underpinning current state and national health reforms, build upon the principles in HCQ's *Consumer Engagement Framework* and State government principles of community engagement.

Principles of consumer and community engagement			
Principle		Principle statement	Principle in practice
Principle 1	Participation	Consumers and communities participate and are involved in decision making about the healthcare system.	The health service organisation involves consumers and communities in decision making and demonstrates how it uses consumer and community feedback to plan, design, deliver and monitor and evaluate services.
Principle 2	Person-centred	Engagement processes are consumer and community centred	The health service organisation enhances the way it undertakes engagement in a way that is person-centred and values the needs of consumers, their families/carers and the community.
Principle 3	Accessible and inclusive	The needs of consumers and communities who may experience barriers to engage effectively are considered to enhance their accessibility and inclusion.	The health service organisation examines barriers that consumers and communities experience to engage meaningfully and develops strategies to increase access and inclusion for people who are marginalised and experience poorer health outcomes.
Principle 4	Partnership	Consumers, community and health service organisations work in partnership.	The health service organisation partners with consumers and the community at all levels of engagement around the planning, designing, delivery and monitoring and evaluation of services.
Principle 5	Diversity	The engagement process values and supports the diversity of consumers and communities.	The health service organisation understands the different populations of consumers and communities within the Network, and engages with a diverse range of individuals and groups, for example people with a disability, older persons, Aboriginal and Torres Strait Islander people, young people, people with a mental illness and people from culturally and linguistically diverse backgrounds.
Principle 6	Mutual respect and value	Engagement is undertaken with mutual respect and valuing of each other's experiences and contributions.	The health service organisation works with consumers and communities in a respectful way that values the contribution that consumers and communities bring to improving service planning, provision, monitoring and review as well as overall system outcomes.

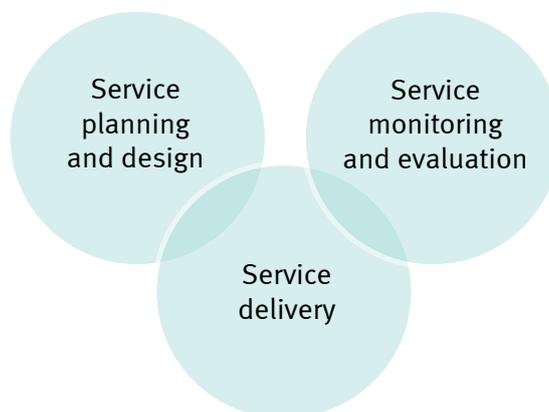
Principle 7	Support	Consumers and communities are provided with the support they need to engage meaningfully with the healthcare system.	The health service organisation undertakes a process to understand the needs of consumers and the community, and implements processes to provide them with the support that they need to engage.
Principle 8	Influence	Consumer and community engagement influences health policy, planning and system reform, and feedback is provided about how the engagement has influenced outcomes.	The health service organisation utilises the information and feedback gained through engagement to improve health policy, planning, and service delivery and design, and ensures that consumers and communities are provided with feedback about the changes their input has achieved.
Principle 9	Continuous improvement	Consumer and community engagement is reviewed and evaluated to drive continuous improvement.	The health service organisation uses information from the review and evaluation of its engagement activities to improve future engagement and share learnings and knowledge with staff members of the organisation.

Domains of health service operation

Consumer and community engagement occurs within the three key domains of health service operation:

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

These three domains of service operation reflect the national standards of the Australian Commission on Safety and Quality in Health Care, in particular, Standard 2 which establishes criteria across the three key areas of service planning, designing care, and service measurement and evaluation.⁸



⁸ Australian Commission on Safety and Quality in Health Care (ACSQHC) (September 2011, National Safety and Quality Health Service Standards, ACSQHC, Sydney.

Four levels of engagement

Consumer and community engagement operates at four different levels within the health system: at the individual patient level at the point of care; at the program, service and facility level; at the regional Network level; and at a broad system policy making level. In some instances where a LHHN may provide statewide services, such as the Childrens Health Services, engagement may operate across Networks.

Level of engagement	Where the engagement level occurs	Explanation of level
1. Individual	<ul style="list-style-type: none"> Individual healthcare 	This level focuses on engaging with the individual consumer and/or their family/carer as partners in their own healthcare, support and treatment.
2. Service	<ul style="list-style-type: none"> Program delivery Service delivery Facility/hospital 	This level focuses on engaging with consumers and the community to have input into how programs, services, or facilities are delivered, structured, evaluated and improved.
3. Network	<ul style="list-style-type: none"> Local Health and Hospital Network Medicare Local Non-government Community Services Network 	This level focuses on how health service organisations such as LHHNs and MLs engage with consumers and community at the regional level.
4. System	<ul style="list-style-type: none"> Local government State government Commonwealth government 	This level focuses on how consumers and communities engage to influence and input on health policy, reform and legislation at the system level across local, state and Commonwealth jurisdictions.

Five elements of engagement

The Framework's approach to effective consumer and community engagement recognises that engagement occurs at any or all of the five elements.



(Elements based upon IAP2 approach)⁹

These elements are based upon the International Association of Public Participation (IAP2) Spectrum of Engagement, recognised in Queensland Health's Community Engagement Policy and supported across the Queensland Government.

The elements of engagement occur along a spectrum, and involve an increasing level of consumer and community participation from information through to empowerment.

⁹ International Association of Public Participation, IAP2 Spectrum, retrieved on 14/12/11 at http://www.iap2.org.au/resources/list/asset_id/36/cid/1/parent/0/t/resources/title/IAP2%20Spectrum

The following table provides information about:

- the elements of engagement
- the roles of health service organisations, consumer and communities within each element
- the purpose and goals of health service organisations using the elements
- the level of consumer or community influence.

Elements	Information	Consultation	Involvement	Collaboration	Empowerment
What is the nature of the engagement?	Information is given to consumers and communities	Information is gathered from consumers and communities	Consumers and communities are involved in the process	Organisations and consumers /communities work together in partnership	Consumers and communities make decisions about solutions, ideas and initiatives, and feed this back to organisations
When to use this element?	This element is utilised to enhance knowledge and understanding and support transparency. It can provide information that assists consumers to access healthcare or manage their health. It can provide information on something that has been decided and is to be implemented.	This element is used to gather information and have discussions with consumers and communities.	This element is used when organisations seek to work with consumers and communities and ensure their views are reflected in decisions and solutions.	This element is used when organisations seek to work in partnership with consumers and communities to identify joint solutions and develop initiatives.	This element is used when organisations seek to enable consumers and communities to decide solutions, ideas and outcomes, and implement them.
What is the level of consumer/ community influence?	Level of consumer/ community influence is nil	Consumer/ community involvement and influence is low	Consumer/ community have some influence	High consumer/ community involvement and influence	Consumer/ community control

1. Information

Information is a one-way exchange and occurs for the purpose of conveying facts, and decisions, and enhancing knowledge and understanding to inform decision-making and support engagement.

2. Consultation

Consultation involves two way exchanges and is used by the organisation to find out what consumers and communities think about a particular issue, their perspectives, and ‘lived’ experiences of health system policies, programs and services. Consultation provides consumers and communities with an opportunity to share views, needs, interests and aspirations from their perspective. Consultation aims to seek views and opinions, use these to enhance policies and services, and increase acceptance of a decision or initiative.

3. Involvement

Involvement is about shared decision making around planning, delivery and evaluation of health services, programs and policies. Consumers/communities and the organisation jointly own the processes and outcomes. This may occur on an ongoing basis, on a single health issue, or on a range of health issues or policy matters.

4. Collaboration

Consumers and communities work together with the organisation and other stakeholders to develop solutions and initiatives and decisions are made within specified guidelines.

5. Empowerment

Consumers and communities make decisions within specified guidelines and the decisions are implemented.

Engagement mechanisms

The following diagram provides some examples of different types of engagement mechanisms across the five elements.

<i>Inform</i>	<i>Consult</i>	<i>Involve</i>	<i>Collaborate</i>	<i>Empower</i>
Web-sites	Focus groups	Workshops	Advisory committees	Multi purpose health services (MPHS)
Displays	Surveys	Deliberative polling	Scenario building	Steering committees
Media releases	Public meetings	Roundtables	Clinical networks	Strategy groups
Education programs	E-consult	Ballots	Planning committees	Quality committees
Fact sheets	Conferences	Conferences		Boards
Information delivery forums	Discussion papers	Panels		Policy councils
		Task forces		Standing strategic committees
		Working parties		

Section 3:

Using the Framework to inform LHHN consumer and community engagement strategies

Consumer and community engagement strategies

LHHNs and MLs are required to develop consumer and community engagement strategies. HCQ understands that these will inform and link with strategic plans, operational plans and other business plans that integrate consumer and community engagement across the programs and services of the Network and the ML.

An effective approach to consumer and community engagement within a Network will rely on collaboration across LHHN service, program, facility and network levels and be supported by an integrated approach with their corresponding ML and other key stakeholders.

HCQ's Framework provides a consistent and overarching structure to guide and support engagement by LHHNs with consumers and communities, including wider engagement with Medicare Locals, health and community sector services, health practitioners, private hospitals and local, State and Commonwealth Departments. Its principles, domains, levels and elements support the following key processes being undertaken to develop effective engagement strategies:

- mapping the consumers who access health services within the Network
- understanding the potential consumers within the Network who may not currently access the services because the current services delivered do not meet their needs or there are access barriers
- understanding the diversity of the people who are current or potential users of health services
- identifying key relationships that need development to reach and engage appropriately with the local community
- identifying engagement mechanisms that are currently in place in terms of what works, what has been successful in delivering the outcomes needed, what can be built upon, and where are the opportunities to be innovative and responsive to develop new engagement mechanisms, and
- identifying the opportunities to work collaboratively with consumers, the health and community services sector and MLs to build upon what currently works and tailor the strategy to engage effectively with a broad range of consumers and communities to have input into service planning and design, service delivery and service monitoring and evaluation.

As such, HCQ's *Consumer and Community Engagement Framework* is an integral document to inform and contextualise effective consumer and community engagement. It facilitates an opportunity for health service organisations utilising this Framework to develop consumer and community engagement strategies which are innovative and targeted to best meet the needs of the consumers and communities within their local areas.

Practice examples: consumer and community engagement

Practice examples of engagement at the individual, service, network and system levels are provided at Appendix 1 to assist LHHNs in the development of their strategies across the domains of service planning and design, service delivery, and monitoring and evaluation. Legislative and national quality mechanisms will determine reporting mechanisms for LHHNs in regards to consumer and community engagement.

These examples are not an exhaustive list; rather a suite of examples that align with the indicators and actions contained with the *National Safety and Quality Health Service Standards*, in particular Standard 2: *Partnering with Consumers*.

Conclusion

HCQ recognises that consumers and the community want to be able to access the services they need, when they need them, in their local community. This is achieved through the delivery of an integrated and “joined up health system” across primary, acute, sub-acute and community services that is built around the needs of the person and delivers better health outcomes for consumers, their families and carers.

HCQ’s *Consumer and Community Engagement Framework* provides an overarching set of principles and approaches that enables a shared and collaborative approach to engagement that supports a broad range of stakeholders in both public, private and community health sectors to undertake effective consumer and community engagement.

In 2012, HCQ intends to develop practical tools and resources to assist LHHNs’ application of the Framework in their strategy development as well as continuing to work with LHHNs, MLs, and other consumer and community stakeholders around more integrated, effective consumer and community engagement.

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APPENDIX 1: Practice examples

The following four tables outline a suite of effective engagement approaches and practice examples of each approach. These approaches and examples have been developed to support LHHNs in the development of their consumer and community engagement strategy; however, they also have application for other health service organisations delivering health services in public and private health and community services sector.

This does not represent a prescriptive list, and the examples provided are across different elements of consumer and community engagement. They cover diverse health consumers, health populations and community groups that a LHHN or health and community sector organisation would seek to engage with to inform and influence their service planning and design, service delivery and the monitoring and evaluation of their services. Each table represents a different level of the Framework, and the engagement mechanisms have been grouped within the three domains of an organisation's operation.

- Table 1: Individual level
- Table 2: Service level
- Table 3: Network level
- Table 4: System level

Table 1: Individual level

Domain	Effective engagement approaches	Practice examples of effective engagement
Planning and design	The health practitioner actively engages with consumers in individual planning meetings to make decisions about their individual care.	The health practitioner and consumer discuss the consumer’s health condition. The practitioner provides the consumer with all of the information about the condition and treatment options including the risks and benefits of each option. After further discussion, the consumer and practitioner reach agreement on a preferred healthcare plan.
	The health practitioner provides information to consumers about their specific condition in an accessible and timely way.	The health practitioner and consumer jointly develop an agreed diabetes treatment plan which includes the consumer’s preferred way of receiving information. The consumer indicates information is to be supplied electronically (i.e. via email) as the person is vision impaired. The practitioner subsequently sends information about diabetes via email to the consumer.
	The health practitioner provides consumers with a copy of the Charter of Healthcare Rights at the beginning of their healthcare treatment.	The consumer is provided with a copy of the Charter of Healthcare Rights when being admitted to the hospital in a format and language appropriate to his communication needs. The hospital organises an interpreter and the consumer discusses with the nurse on the ward their procedure and how the hospital will respect their cultural needs. The nurse arranges to provide the consumer with halal food, a cultural requirement, whilst they are in hospital.
	The health practitioner partners with consumers to make decisions about design and delivery of their healthcare treatment.	The health practitioner and consumer discuss medication management, given the consumer uses a number of medications due to a chronic health condition. They discuss the benefits and costs associated with use of a ‘blister pack’ as a user-friendly way of managing the medication. The consumer agrees with this approach.
Service delivery	The health practitioner provides consumers with information about their healthcare to meet their individual needs.	The health practitioner provides the consumer with a personalised information pack with specific information, appropriate to their need, about their diagnosed condition, medication and treatment plan prior to discharge from the hospital.
	The health practitioner engages with the consumer during their healthcare to ensure they have informed consent processes in place about their care.	A consumer with an intellectual disability attends the Emergency Department with suspected accumulative levels of psychotropic medication in their system. The health practitioner ensures that the consumer’s Statutory Health Attorney is involved in providing informed consent about changes to medication.

Table 1: Individual level *continued*

Domain	Effective engagement approaches	Practice examples of effective engagement
Monitoring and evaluation	The health practitioner works in partnership with consumers to involve the person in record keeping for their own healthcare.	The health practitioner provides a consumer who has a chronic health condition with an individual health journal. The health practitioner provides instruction, appropriate to their need, on how to record information on a day to day basis about their health. This includes daily activities such as undertaking physical activity, healthy eating, etc and the monitoring of their condition to complete the individual health records and guide their management plan.
	The health practitioner ensures consumers are given opportunities to provide feedback about their satisfaction level in relation to the care they received.	The health practitioner asks the consumer about their healthcare experience at the end of the consultation, and provides them with information about where and how they can provide further feedback if they choose to.
	The health practitioner uses consumer feedback mechanisms to review the safety and quality of the healthcare.	A consumer and health practitioner jointly develop a cancer healthcare treatment plan including regular reviews. At the six month review the health practitioner seeks feedback from the consumer on the quality and safety of the healthcare provided. The consumer provides feedback that the information they received did not give them an accurate understanding of their healthcare quality and treatment. The health practitioners discuss and consider this feedback and incorporate suggestions in the development of future healthcare treatment services and plans.
	The health practitioner provides consumers with information about making complaints.	The health practitioner provides the consumer with information about the process, and different mechanisms that exist, for making a complaint. The health service also has this information publicly available in their health service via brochures and posters.

Table 2: Service level

Domain	Effective engagement approaches	Practice examples of effective engagement
Planning and design	The health service organisation uses consumer and community engagement mechanisms to inform and influence service plans from a consumer/ community perspective.	The hospital establishes an advisory group comprising consumers and community representatives from the different health populations across the service delivery areas of the facility. Feedback from the group is used to inform service planning for health service priorities, areas of service excellence and areas for service improvement which reflect the needs of consumers and the community.
	The health service organisation has consumer and community engagement mechanisms in place for services, programs and facilities when developing new initiatives and projects to ensure these reflect and incorporate consumer and community needs.	A sub-acute aged care service is establishing a new initiative to improve medication records and medication management. The service engages a consumer representative as a member of the steering committee for the initiative.
	The health service organisation has consumer and community engagement mechanisms in place to plan the development of resources and materials specifically for a service, program or facility.	The mental health service is planning new resources for a mental health program. They hold a focus group with consumers to collaborate about the content and design of the new resources to ensure they meet the needs of the people who access the service, including carers and families.
	The health service organisation has consumer and community engagement mechanisms in place for service and facility based clinical councils.	The hospital develops terms of reference and a process to engage consumer representatives on their clinical councils at the facility level. This is part of their consumer and community engagement strategy endorsed by the LHHN Governing Council.
	The health service organisation has consumer and community mechanisms in place to influence and have input into the design of new services.	The hospital works with the Aboriginal and Torres Strait Islander Community Controlled Health Service in a regional town to understand community needs and engages with consumers and the community to design a new health education service.
	The health service organisation has consumer and community engagement mechanisms in place to influence and have input into the redesign of existing programs, facilities or services.	The Alcohol, Tobacco and Other Drugs (ATODS) Clinic partners with the community services sector, ATOD services and the Medicare Local to engage with people in local boarding houses and temporary emergency accommodation services. The process aims to understand their service need and redesign more responsive outreach programs to assist recovery.

Table 2: Service level *continued*

Domain	Effective engagement approaches	Practice examples of effective engagement
Service delivery	The health service organisation has consumer engagement mechanisms in place to involve consumers, their carers and family in regards to service delivery.	A consumer with cardiovascular disease and their carer are representatives on a committee conducted by the Cardiovascular Ward Team, with specific terms of reference to meet quarterly to provide a consumer and carer perspective about service delivery.
	The health service organisation has mechanisms in place to provide access to orientation and training for consumer representatives at the service or facility.	The four hospitals across the Network have worked together with local consumer groups, and received some funding, to develop a two hour orientation program for consumer representatives. The program is delivered every three months to develop consumers' capacity to act as representatives on clinical networks and clinical councils at the facility and service level.
Monitoring and evaluation	The health service organisation has consumer and community engagement mechanisms in place to influence and input into the evaluation of safety and quality at the service, program and facility levels.	A Consumer and Community Quality and Safety Consultative Committee is established at the hospital to review safety and quality from a consumer and community perspective, including outcomes from accreditation, clinical audits and clinical incidents.
	The health service organisation has mechanisms in place to engage consumers and the community around patient satisfaction at the service, program and facility level.	The Hospital Quality and Safety Committee include consumer representatives in its membership. The Committee reviews and analyses patient satisfaction data and feedback. A patient satisfaction report is published on the hospital website and in other publications. This report shows the responses and outcomes of how patient satisfaction issues are addressed in line with the data and feedback.
	The health service organisation has consumer and community engagement mechanisms in place to review and evaluate service models, programs or facilities.	The rehabilitation unit establishes a working party that includes clinicians, nursing staff, clinical support services, consumer, carer and community services sector representatives. The working party plans an evaluation process of the current model of clinical support services provided post discharge to patients to better understand current needs, and how the services could improve integration with existing community services.
	The health service organisation has consumer and community engagement mechanisms in place to review how consumers and communities found the process of being engaged by the service, program or facility.	A consumer representative provides feedback about the process and outcomes of an engagement activity via a formal report. The report includes a section to provide feedback about how the engagement process aligned with the Network's principles of engagement, as well as what worked well and recommendations for improvements in future engagement initiatives.

Table 3: Network level

Domain	Effective engagement approaches	Practice examples of effective engagement
Planning and design	The health service organisation engages consumer and community representatives in its governance structures.	The LHHN includes consumer representatives on its governance committees such as their Workforce Planning Committee, Accreditation Committee, Service Planning Committee, Patient Safety and Quality Committee and Clinical Governance Committee.
	The health service organisation has consumer and community engagement mechanisms in place to advise and provide feedback to the governing board.	The LHHN establishes a number of consumer advisory groups which reflect the key consumer and community groups within the Network. The advisory groups were informed by the data captured through the process of mapping their health populations and an analysis of potential consumers and communities within the Network. The advisory groups represent the views and needs of their constituencies to LHHN Governing Council.
	The health service organisation has consumer and community engagement mechanisms in place to influence and input into strategic and operational plans from a consumer and community perspective.	The LHHN works collaboratively with the Medicare Local on a joint engagement approach with key consumer and community service organisations, as identified through the LHHN profile mapping process, to tap into existing engagement processes that community organisations have with consumers.
	The health service organisation’s governance councils and networks have consumer and community engagement mechanisms in place.	The LHHN has consumer and community representatives on Network Clinical Councils and Networks.
	The health service organisation develops mechanisms to engage consumers and community in established organisational planning processes.	The LHHN undertakes a series of e-consultations and public workshops to gather feedback and input into the first Planning Forum that is held in the calendar year. The LHHN engages two consumer and two community representatives that have been members of the Clinical Networks to participate in the Planning Forum.

Table 3: Network level *continued*

Domain	Effective engagement approaches	Practice examples of effective engagement
Service delivery	The health service organisation has consumer and community engagement mechanisms in place to influence and have input into the design of new services.	The LHHN works in partnership with multicultural consumer and community organisations within the Network to understand health service needs for the population. The LHHN establishes a working party that includes representatives from the community organisations, consumers and members of the community to design a new service model that better meets the needs of Culturally and Linguistically Diverse (CALD) consumers and communities.
	The health service organisation has processes in place to support orientation and training for consumer and community representatives' engagement.	The LHHN implements a consumer representative training and orientation program within the Network.
	The health service organisation supports the workforce to access training to build capacity to engage with consumers and community at the individual, service, Network and system level.	The LHHN undertakes capacity building for members of the workforce who are part of councils, networks, committees and working parties to support engagement with consumers and the community.
	The health service organisation has consumer and community engagement mechanisms in place to influence and have input into the redesign of existing programs, facilities or services.	The LHHN establishes a steering committee with consumer and community representative/s to redesign child and youth mental health services in the Network to ensure services are delivered in a patient-centred manner.

Table 3: Network level *continued*

Domain	Effective engagement approaches	Practice examples of effective engagement
Monitoring and evaluation	The health service organisation has consumer engagement mechanisms and policies in place in regards to ethics and research undertaken by the organisation.	The LHHN has a policy about consumer engagement in regards to research and ethics, and ensures that the consumer voice is represented in committees that undertake debate and discussion regarding ethical and research matters.
	The health service organisation has consumer and community engagement mechanisms in place to input into the evaluation of safety and quality from a consumer perspective.	The LHHN has consumer representatives on the Quality and Safety (Clinical Governance) Committee.
	The health service organisation has consumer and community engagement mechanisms in place to gather consumer and community feedback about patient satisfaction with services delivered by the Network.	The LHHN undertakes a patient satisfaction survey in collaboration with Patient Safety and Quality, via phone and online, and publishes a report on the survey. The LHHN Governing Council analyses the outcomes of the patient satisfaction survey report, areas of service excellence, opportunities for improvement and reasons for decisions and actions to improve service delivery to better meet consumer and community needs.
	The health service organisation has consumer and community engagement mechanisms in place to review how consumers and the community found the process of being engaged by the service, program or facility.	The LHHN develops an online survey tool that is sent to all people who have acted as consumer or community representatives during the year to ask for feedback about what has worked well, and how it can be improved.
	The health service organisation has processes in place to evaluate their consumer and community engagement mechanisms, which includes consumer and community representatives as part of the process.	The LHHN establishes a process to review the effectiveness of consumer and community engagement. The LHHN undertakes a review of consumer and community engagement. The results are considered in the context of a review framework reflecting each formal consumer and community engagement mechanism and these results are reported back to the Governing Council annually.

Table 4: System level

Domain	Effective engagement approaches	Practice examples of effective engagement
Planning and design	The health service organisation has consumer and community engagement mechanisms in place to influence and input into health policy and initiatives from a consumer and community perspective.	<p>A LHHN facilitates a workshop to gather consumer and community perspectives in relation to the establishment of a new Mental Health Commission in Queensland. The LHHN incorporates the workshop feedback into a submission which is provided to the Mental Health Transition Team.</p> <p>The Australian Health Ministers' Advisory Council (AHMAC) Rural Health Standing Committee (RHSC) holds national consultation workshops to engage with consumers in regards to the National Strategic Framework for Rural and Remote Health.</p> <p>The Australian Commission on Safety and Quality in Healthcare produces an information paper on National Safety and Quality Healthcare Standards and undertakes a series of national consultation workshops to inform the development of the National Standards.</p>
Service delivery	The health service organisation has consumer and community engagement mechanisms in place to have influence and input into system level decision making about service delivery from a consumer and community perspective.	<p>The Department holds statewide public meetings in regards to the Closing the Gap initiatives.</p> <p>A local government council holds a series of consultation meetings with consumers and the community in regards to the implementation of an Healthy Communities' initiative which is part of the Council's 10 year Community Plan.</p> <p>Statewide Telehealth Services holds a focus group to gather information and advice about improvements to their internet site from a consumer, family member and carer perspective to enhance the user experience.</p>
Monitoring and evaluation	The health service organisation has consumer and community engagement mechanisms in place to influence the monitoring and evaluation of health services at a system level from a consumer and community perspective.	<p>The Health Quality and Complaints Commission (HQCC) has a Consumer Advisory Committee (CAC) whose functions include the monitoring and evaluation of the Commission's engagement with consumers.</p> <p>The Australian Government Department of Health and Ageing includes consumer representatives in the monitoring and review of acute, residential and community health services that are delivered to older people to reduce falls and harm from falls.</p> <p>The State Health Maternity and Perinatal Quality Council establish a committee which includes a consumer representative. The Council's role is to investigate and monitor trends in the incidence and cause of maternal and perinatal mortality and morbidity to identify issues which need action or further study.</p>

Notes



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Consumer and community engagement framework

HCQ has a number of resources available, including a consumer handbook, an agency handbook and an information paper on consumer and community engagement. To access these documents, please go to HCQ's website at: <http://www.health.qld.gov.au/hcq>