



SCHHS Consumer and Community Engagement Framework: Partnering with purpose

2020-2024

Safety, Quality and Innovation



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Version 1-0

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Our Commitment – a foreword from the Chief Executive

Sunshine Coast Hospital and Health Service (SCHHS) is the major provider of public health services, health education and research across the Sunshine Coast, Gympie and Noosa local government areas. This position in one of Queensland’s fastest growing regions means we are integral to this vibrant community and the broader network of health and community organisations.

This SCHHS Consumer and Community Engagement Framework underpins our Patient Experience and Consumer and Community Engagement Strategy 2020-2023 (PEACCE), co-designed with consumers, to promote the vision of ‘Consumers and the health service working together for healthy, informed communities.’¹ The SCHHS is committed to working alongside those we serve and the wider community to tailor our services to meet their needs. We recognise the extraordinary opportunities presented by listening to the ideas of our consumers and community and embrace the value this provides. As evidence continues to grow that increasing levels of consumer and community partnership results in better healthcare services, we must meet the challenge of ensuring effective engagement and diversity of representation.²

To meet this challenge, we worked closely with consumer and community representatives to co-design this framework so that we engage together in ways that work for everyone and have meaningful outcomes. In developing this framework, we confirm our commitment to **partner with purpose** for the benefit of our communities, enabling focused and effective partnerships to support the participation of consumers and community in planning, development and provision of health services across the region.

Our framework is aligned with national and state approaches to consumer and community engagement and our principles are informed by Health Consumers Queensland’s Consumer and Community Framework.³ We also present a structure for the ways in which our engagement activities are conducted to try to gain as much reach to the diverse communities within our region as possible. This includes understanding and responding to the health needs of Aboriginal and Torres Strait Islander communities, in our ongoing commitment to close the gap. This also means playing our part in the system of support and care available to meet the needs of community members with a disability and their carers.

In this framework, we have also defined how we express our appreciation of the value our consumer and community partners provide, how we will continue to recruit more representatives, and how, as an organisation, we will support both our staff and the community to continue to partner for improved health outcomes.

We wish to thank the members of the SCHHS consumer and community register that worked with us to develop this important document and very much look forward to seeing the positive outcomes it will lead to.

Naomi Dwyer
Health Service Chief Executive

¹ Patient experience and consumer and community engagement strategy (PEACCE) 2020 - 2023
https://www.health.qld.gov.au/_data/assets/pdf_file/0031/371875/proc-000645-peace-strategy.pdf

² Nathan, S., Braithwaite, J. and Stephenson, N. “The scope and impact of community participation: The views of community representatives in an Australian health service”. Journal of Health Organization and Management, 2014, 28 (3), 7-7.

³ Health Consumers Queensland: Consumer and Community Engagement Framework [February 2017]
<http://www.hcq.org.au/wp-content/uploads/2017/03/HCQ-CCE-Framework-2017.pdf>

Introduction

Framework purpose

Sunshine Coast Hospital and Health Service's Consumer and Community Engagement Framework (the framework) is intended to assist staff, consumers and community **partner with purpose** by providing clear governance, realistic expectations and boundaries. By making it easier for us all to provide great engagement we can work together to improve safe care and overall health outcomes.

The framework outlines Sunshine Coast Hospital and Health Service's (the health service) principles of engagement and the supporting processes that enable us to practise these principles. It has been designed with consumer and community representatives and is underpinned by an enabling strategy, policies and procedures which are separate to this document.

Background and alignment

Consumer and community engagement positively impact health services⁴ and the Australian Commission on Safety and Quality in Health Care has identified numerous ways in which partnering with consumers can improve safety and quality in healthcare (see Figure 1).



Figure 1 - Positive impacts of Consumer and Community Engagement (source: <https://www.safetyandquality.gov.au/our-work/partnering-consumers>)

The health service has a long-held commitment to working with consumers and the community to improve its service and has existing operational strategies to guide this work.

This framework represents a further step forward in the way the health service engages. This framework aligns with a range of key national, state and health service documents that drive the practice of consumer and community engagement. The following diagram summarises the influencing documents for this framework:

⁴ Nathan, S., Braithwaite, J. and Stephenson, N. "The scope and impact of community participation: The views of community representatives in an Australian health service". Journal of Health Organization and Management, 2014, 28 (3), 7-7.



National



Partnering with Consumers

- The National Safety and Quality Health Service (NSQHS) Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations.
- The Partnering with Consumers Standard recognises the importance of involving patients in their own care and providing clear communication to patients. This standard, together with the Clinical Governance Standard, underpins all the other standards.

State



My health, Queensland's future: Advancing health 2026

- Queensland's 10-year vision and strategy for Queensland's health system.
- Focus area 2.1 Consumer voice, emphasises the importance of the active involvement of consumers individually and collectively through networks and peak bodies.



HCQ Consumer and Community Engagement Framework, 2017

- Health Consumer's Queensland framework provides guidance for health organisations on the underpinnings of successful consumer and community engagement.
- The document outlines the fundamentals for good engagement, including four key principles.



Health Service Strategic Plan 2020-2024

- This plan documents the strategic intent of the health service.
- It outlines six key opportunities and six strategic priorities.
- The strategic plan commits to strengthening and growing strategic and operational partnerships through improving stakeholder engagement and embedding person-centred care principles.

Health Service



Safe Care Framework 2018-2021

- Aligned to the strategic plan and the national standards, the safe care framework is a high-level framework for the delivery of safe clinical care across the health service.
- The framework identifies responsibilities for staff and consumers to assist in safe care.
- Consumers are encouraged to be partners in safe care through engagement with the health service across the spectrum from partnering in their own care through to providing input to design of healthcare.



PEACCE Strategy (Patient Experience and Consumer and Community Engagement Strategy 2020-2024)

- The health service PEACCE strategy was developed with consumer and staff input to guide staff and consumers to build meaningful relationships and support the delivery of person-centred care and promote broader engagement with our communities.
- The strategy is centred on five goals aimed at improving and promoting consumer and community engagement, measuring patient experience and supporting patient experience improvements.

The communities we serve

The health service area is unique and targeted engagement is required to meet the needs of our communities. Table 1 outlines the area's demographic characteristics.

Table 1 - The health service area's characteristics⁵

Geography	10,061 square kilometres of South East Queensland (the size of Jamaica), incorporating the Sunshine Coast, Noosa and Gympie local government areas.
Population	Mostly in the coastal regions, but a substantial proportion is in the northern areas and in the hinterland and associated rural communities.
Socio-economic status	Those living in areas of relative socio-economic disadvantage are more likely to experience barriers to accessing health care outside of their place of residence. In 2016, most of the health service area's residents lived in areas without significant socio-economic disadvantage, however 28 per cent of residents resided in the most relatively disadvantaged areas. The Gympie planning region has high levels of socio-economic disadvantage, with 62 per cent of residents within this region living in the most disadvantaged areas.
Age	In keeping with national trends, the population of the area is ageing. ⁶ <ul style="list-style-type: none"> - Rapid growth in the number of people aged 70 years is forecast, with an increase of 70 per cent (47,055 people) in this age group from 2016 to 2031. - Gympie region has a distinctly ageing population, with 79 per cent of the growth in this region expected to occur in the 70+ age group, and no growth expected in the number of residents aged less than 25 years. - Within the area growth will vary, however. It is expected that the region will have 30 per cent more people aged under 25 by 2031 (mainly in Caloundra and Southern Sunshine Coast regions). - Most of the growth in the population aged under 25 years is expected to occur in the Caloundra and southern Sunshine Coast regions.
Aboriginal and Torres Strait Islander population	<ul style="list-style-type: none"> - Two per cent of the total the health service area's population identified as Aboriginal and/or Torres Strait Islander, with the largest proportion residing in the Gympie (23 per cent) and Caloundra (18 per cent) regions. - The Aboriginal and Torres Strait Islander population are much younger than the health service area's average, with over half of the population aged under 25 years, and only two per cent of the Aboriginal and Torres Strait Islander population aged 70 years and over.

While we must partner with people from all areas, there are sectors of our population and geographic areas we need to target. There are also 'hard to reach' sections of the community where additional effort is required:

- Our Aboriginal and Torres Strait Islander people
- Areas of relative disadvantage – the Gympie region in particular
- Our ageing population
- Young people
- People with disabilities.

⁵ Source: Sunshine Coast Hospital and Health Services Master Clinical Services Plan 2020-2030

⁶ Australian Institute of Health and Welfare. Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178 2014

To capture the perspective of our diverse communities we will target activities relevant to specific cohorts. We will broaden our reach to hear from those who may not normally connect with our health service by increasing our focus on informal engagement methods. We will also build more effective relationships with representatives of established community groups.

Engagement essentials

This framework has been co-designed with consumer and community representatives. An initial workshop identified the agreed key elements the health service should consider as well as the principles that will underpin our engagement. A steering group of consumer and community representatives and staff continued the development of the framework.

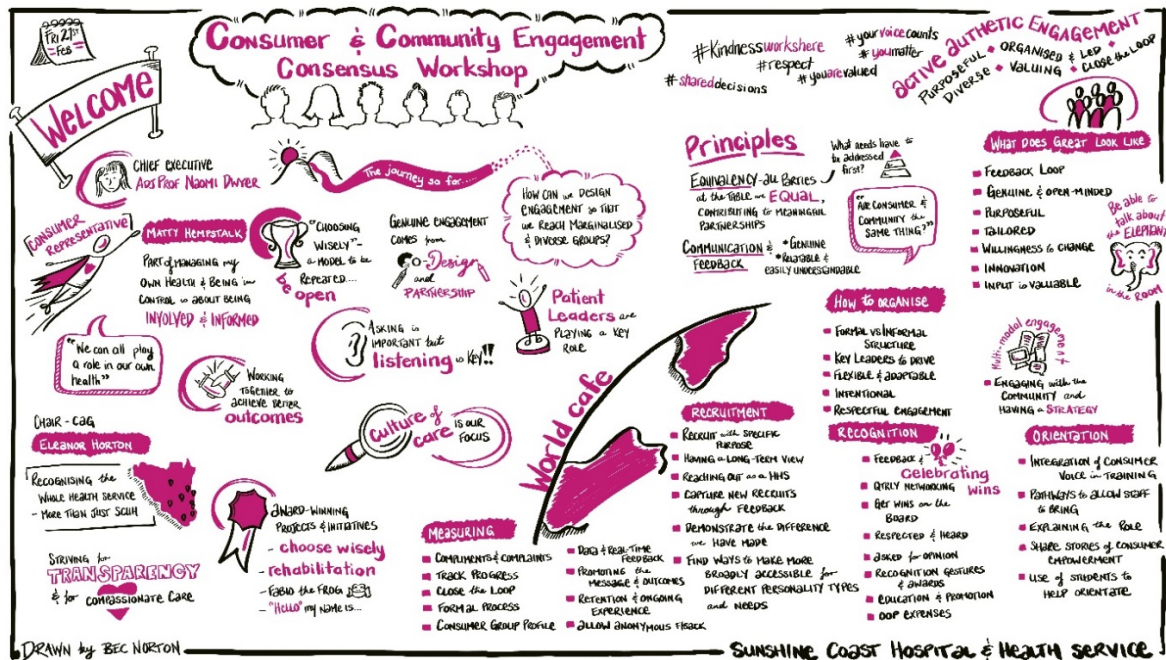


Figure 2: Summary of consumer and community engagement consensus workshop February 2020

Principles of engagement

A set of robust principles assists to articulate the values of engagement. The workshop participants discussed options and agreed that the principles outlined in Health Consumers Queensland (HCQ) Consumer and Community Engagement Framework, 2017, are suitable for our purposes:

Partnership

Working relationships between engagement partners are built on transparent and accountable processes. The purpose of consumer and community engagement is to shape service delivery to better meet consumer and community needs. Engagement takes place at all levels of the service: planning, design, delivery, evaluation and monitoring.

Respect and dignity

Engagement partners value each other's perspectives, knowledge and beliefs and develop relationships based on clear and open communication and shared goals. Partnerships focus on solutions and support the participation of consumers and community.

Inclusivity

Engagement processes are accessible, flexible and designed to promote partnerships with populations that reflect the diversity of their communities and identified health needs. The health service engages through outreach and is respectful of existing community resources and expertise.

Improvement

All engagement activities are evaluated by health staff and consumers and findings implemented for continuous improvement. Ongoing training and development opportunities are provided to support the capability building of all engagement partners.

Workshop findings

Statements around the practice of consumer and community engagement were developed and are summarised below.

Together, the HCQ principles and these statements provide an important foundation to the way the health service conducts engagement.

1. Engagement should be purposeful, innovative, flexible, genuine, tailored to the diversity of our communities. Provide feedback after activities.
2. Include both formal and informal activities, not just meetings at health service facilities.
3. Purposeful partnering opportunities should be available in all communities.
4. Recruit more consumer and community representatives by promoting our successes and reaching out to networks.
5. No one should be financially disadvantaged by supporting the health service. The health service should use a variety of ways to show the value of engagement.
6. Incorporate the consumer voice into training and to measure the effectiveness of this.
7. Utilise community networks to inform the community.
8. Measure engagement outcomes using a formal process to track progress, close the loop and inform improvements.

How we engage

The health service commits to engage on matters relevant to our communities. To support this all staff have responsibilities for consumer engagement, from clinical and non-clinical staffs direct interaction with patients, families and carers, through to leadership and direction from Executive Directors (see Table 2).

The Patient Experience and Consumer Engagement (PEACE) and Communications and Corporate Affairs (CaCA) teams support health service staff, consumers and community representatives to partner with purpose. This includes:

- developing policy for engagement as well as participating and influencing other health service policy and practice to support engagement
- recruiting, orienting and advocating for consumer and community representatives
- educating both staff and consumer and community representatives on relevant matters.

Table 2 - Staff responsibilities for consumer and community engagement

	PEACE and CaCA Teams	All staff	Managers	Executive
Partnering with community and consumers	<p>Support staff and consumers and community representatives to partner with purpose.</p> <p>Develop policy.</p> <p>Recruit, orientate and educate consumer and community representatives.</p>	<p>Build relationships to empower consumers to be involved in decision making and developing the care pathways required to meet their needs.</p>	<p>Understand and support the implementation of the ACHS Partnering with Consumers National Standard.</p>	<p>Provide leadership, direction and resources to ensure community and consumer engagement is core in organisational planning.</p>

Forms of engagement

The health service conducts a wide range of engagement activities. They can be classified by the level of influence that consumer and community representatives have, as well as their relative formality.

The International Association for Public Participation's (IAP2) spectrum of public participation identifies the level of participation/influence the public has in any given engagement activity and assists in planning. The spectrum has been adapted for use in healthcare by Health Consumers Queensland as below.⁷ The health service will use this spectrum to communicate the level of influence consumers have in future engagement activities.

⁷ For further detail, see Health Consumers Queensland Consumer and Community Engagement Framework (2017) <http://www.hcq.org.au/wp-content/uploads/2017/03/Hcq-CCE-Framework-2017.pdf>



Figure 3 - IAP2 Spectrum as applied to healthcare

Consumer and community representatives asked that we consider both formal and informal activities for engagement. Table 3 outlines some of the typical engagement opportunities, including some new structures, and the relative formality of each.

Engagement activity	Formality	Typical level of influence
Consumer and Community Consultative Panel	Formal meeting with minutes circulated	Collaborate
Representation at Health Service Committees	Formal meeting with minutes circulated	Consult / Involve
Working groups, Quality Improvement projects	Semi-formal with meeting notes circulated	Involve / Collaborate
Sunshine Coast Health Consumer Network	Less formal gathering with notes circulated	Collaborate / Consumer-led
Informal activities	Less formal, multi-modal, with notes circulated	Collaborate / Consumer-led

Table 3 - Engagement structure

Engagement Structure

In collaboration with consumer and community representatives the health service has developed a structure of engagement activities intended to provide opportunities for a broad range of representatives depending on their preferred way of interacting. These are outlined briefly below and in Table 3.

The PEACE team maintains a central register of consumers that have expressed interest in participating in consumer engagement activities. All staff are encouraged to recruit to the consumer register by inviting consumers to complete a registration form (located on QHEPS). The CaCA team maintains a register of all consumer and community engagement activities undertaken within the health service.

Consumer and Community Consultative Panel

The Panel is a strategic advisory committee reporting to the Sunshine Coast Hospital and Health Board and the Strategic Executive Committee. The Panel:

- develops and contributes to the health service Patient Experience and Consumer and Community Engagement Strategy
- oversees the review of results from patient experience surveys / feedback and suggests strategies for improvement
- provides advice in relation to service planning and other relevant strategic issues
- reports consumer and community engagement activities from the broader network of consumer groups to health service senior management
- identifies and advocates for consumer perspectives in strategic decision-making.

Consumer representation at Health Service Committees

Relevant health service committees include consumer representative members who provide the essential perspective of those for whom the service is designed, voicing consumer views and taking part in the strategic decision-making process on behalf of consumers.

Working groups, Quality Improvement projects

There are numerous opportunities for partnering with purpose through consumer engagement in health service working groups and Quality Improvement (QI) projects. All health service staff are encouraged to work with consumer and community representatives to ensure their perspectives are integrated within projects. Support and education is provided to support for both staff and consumer and community representatives.

Sunshine Coast Health Consumer Network

The consumer network is a regular collaborative meeting to provide support to health service consumer representatives. The network serves to connect members, encourage their continued activity and provide a forum for education/information and sharing of ideas and activities.

Informal engagement activities

There is a range of less formal approaches to engagement available, including but not limited to, consumer representatives assisting with educating health service staff, kitchen table conversations, surveys and engaging at community events. These approaches can assist in capturing feedback from the broader community and individuals who many not wish to register as consumer representatives. Increasingly, these activities allow for multiple modalities to suit the preferences of those engaged.

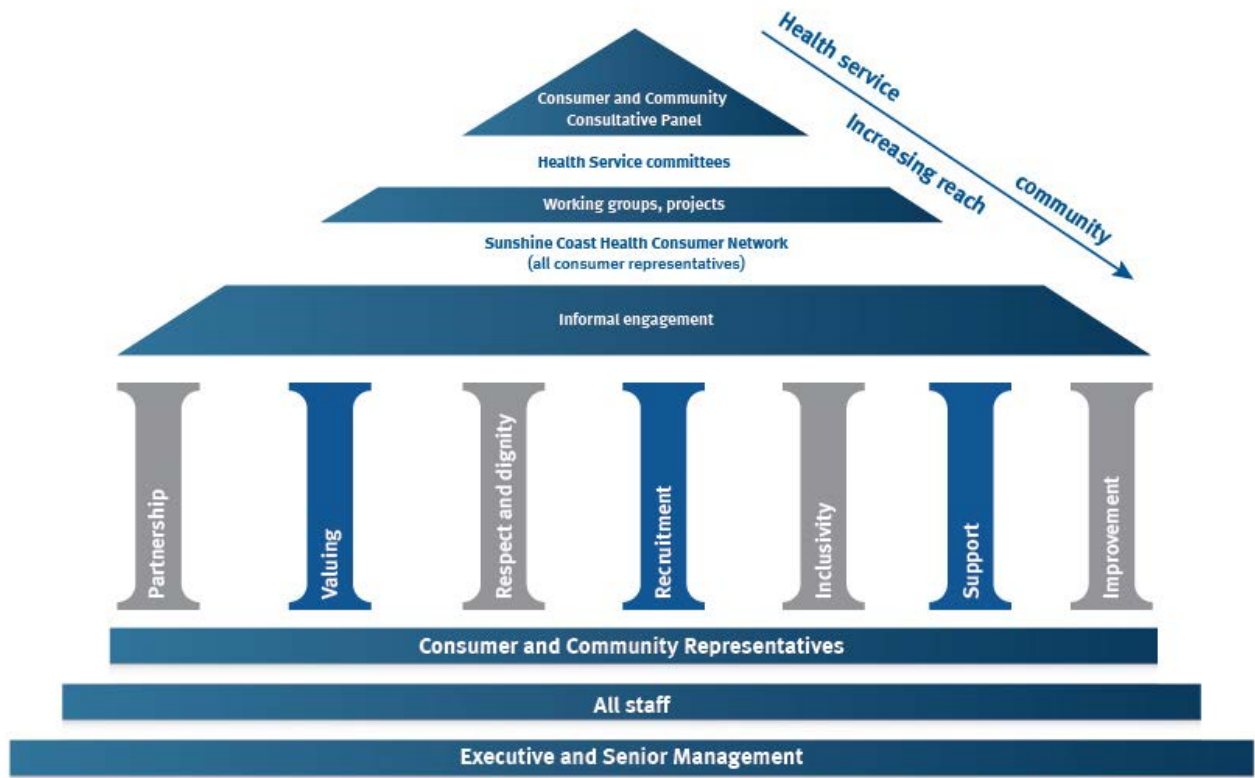


Figure 4 - Consumer and community engagement structure

Valuing engagement

The health service believes no one should be disadvantaged by partnering with us and uses a variety of ways to recognise the value of engagement.

Consumer representatives are not bound to accept any offer of contribution for undertaking activities, and some consumers may elect to donate or waive an offer of contribution. Specific details regarding contribution options are detailed in the health service's procedure for valuing consumer representatives.

Recruitment

As our range of engagement activities increase the health service needs to ensure it continues to recruit new consumer and community representatives. The PEACE team has worked together with representatives to develop the following table of ideas and strategies to improve recruitment.

Table 4 - Recruitment ideas and strategies

Idea	Strategy
Targeted engagement Representation should reflect the geographical and demographic diversity of our communities.	Identify target demographics and geography for engagement. Ensure engagement activities are tailored for each targeted group to ensure purposeful engagement. Approach through relevant bodies – e.g. Men's Shed, schools, P&Cs, kindergartens, community groups. Utilise the reach of the existing network to attract and engage with more consumer and community representatives.
Increased marketing Marketing efforts should be more frequent and span a broader range of media.	Develop new marketing material to appeal to a wider diversity of consumers Include consumer representative's testimony of previous engagement activities. Increase frequency of social media posts. Participate in more community events
Diversify and reinvigorate engagement activities Introduce a wider range of engagement activities to support the other strategies.	Introduce new consumer-led engagement activities such as Kitchen Table Conversations that enable consumer and community representatives to lead less formal activities offsite and involve community members who may not normally be involved in consumer engagement activities. Provide consumer and community representatives with activities that give them contact with consumers to better enable them to understand the workings of the health service and represent the range of consumers – e.g. walkarounds

Supporting engagement

The PEACE and CaCA teams provide support to both consumer and community representatives as well as staff to help them partner with purpose. A range of modules has been developed – some of which bring representatives and staff together in an approach that has mutual benefits.

Education for consumer and community representatives includes the option to attend the health service orientation program at Sunshine Coast University Hospital, as well as a session specific to assist in becoming an effective representative for informal and formal engagement activity. To assist in their role, all consumer and community representatives joining committees and working groups are inducted by the relevant chairperson or a nominated ‘buddy’ – a staff contact that assists with pre- and post-meeting discussions and can answer any questions that arise.

Training for health service staff on consumer engagement includes instruction on ensuring relevant staff schedule regular discussions with their consumer representatives to get feedback on processes.

A staff education program has been prepared to align with the health service Safe Care Framework. Modules can be combined to suit staff at all levels of the organisation.

Table 5 - Consumer Engagement education modules

Module	Consumer and community representatives	Everyone	Managers	Senior Leaders	Strategic Leaders
Why engage?					
How to be an effective consumer representative					
Working with consumer representatives					
Customer service					
Workshop – incorporating consumer engagement in your project					
How to co-design					
Standard 2 overview					
Standard 2 – detail					

Module	Consumer and community representatives	Everyone	Managers	Senior Leaders	Strategic Leaders
Assessing the patient experience					

Monitoring and evaluation

The PEACE team adopts the Plan Do Study Act approach (PDSA approach) supported by the Safety Quality and Innovation Unit.

All active consumer and community representatives are surveyed annually to identify areas of positive engagement, concerns and opportunities for future growth. This starts with collecting feedback on the health service orientation when they join. Additional targeted feedback may be sought throughout the year in response to education or activities.

Consumer representatives are provided with the results and consulted on the outcomes of these surveys.

Staff working with consumer and community representatives will schedule regular times to ascertain feedback on the activities their representatives are engaged in.

Definitions

Term	Definition / explanation / details
Consumers	people who use, have used, or are potential users of health services including family and carers. Consumers may participate as individuals, groups, organisations of consumers, consumer representatives or communities.
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 or 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.
Engagement	used in this document to encompass activities that involve consumers or communities participating (even initiating) health service decision making, policy development, service design, delivery and evaluation.

Consultation

Key stakeholders who contributed to and/or reviewed this version include:

- Attendees of Consumer and Community Engagement Workshop
- Health Service Chief Executive
- Executive Director Legal, Commercial & Governance
- Executive Director Allied Health
- Director Safety, Quality & Innovation
- Consumer and Community Engagement Framework Steering Group (including nine consumer and community representatives)
- Director of Communications and Corporate Affairs
- General Manager Mental Health and Addiction Services
- Manager, Communications and Community Engagement
- Nurse Manager, Patient Experience.