PENINSULA HEALTH
CONSUMER AND COMMUNITY ENGAGEMENT FRAMEWORK

Peninsula Health

Peninsula Care
every person, every time

ACKNOWLEDGEMENTS

A number of people have collaborated on the development of this document. The review process began in February 2021 with a workshop with the Consumer Advisory Committee based on the co-design principles and subsequent workshops occurred throughout 2021. Further consultation continued with the wider consumer group and we would like to thank all of those that have contributed to the document including consumers, consumer organisations and health organisation staff.

Front cover image: *Peninsula Health staff and consumers at a workshop.*

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1 Introduction

WELCOME FROM THE CHIEF EXECUTIVE

Partnering with consumers on the planning, delivery and implementation of services is key to delivering care that is safe, personal, effective and connected.

As a health service, consumers are at the centre of everything we do. To ensure we continue to provide the best person-centred care to every person, every time, we need to consistently engage with our community.

Consumers are involved in a vast array of areas at Peninsula Health. This includes advisory groups and committees, research, education and training of staff, formulation of action plans, case reviews and consulting on major projects - such as the redevelopment of Frankston Hospital.

The Consumer and Community Engagement Framework outlines how Peninsula Health will continue to build and strengthen its consumer engagement program. Consumers are already involved in many areas of the organisation, and this framework demonstrates our commitment to further embed consumer engagement, participation and consultation into everything we do.

On behalf of the Executive and all the staff at Peninsula Health, I would like to take this opportunity to thank all of the consumers who continue to make an enormous contribution to our health service. I look forward to continuing to work alongside consumers, to achieve Peninsula Health's strategic goals, and deliver world class care for our community.

Felicity Topp
Chief Executive

A MESSAGE FROM OUR COMMUNITY ADVISORY COMMITTEE CHAIR

When I reflected on my lived experience, where four generations of my family have been so well cared for from the cradle to the grave by Peninsula Health, I wanted to "give back" whatever I could to support Peninsula Health.

Initially, in 2016, I became a consumer representative on the Mental Health Community Advisory Group. I found this experience so enriching personally while so valued by Peninsula Health staff that my involvement expanded to include many roles including Chair of the Community Advisory Committee, and, more recently a member of the Frankston Hospital Redevelopment Service Users Group.

What I have learned is that Peninsula Health is an exemplar in consumer engagement amongst health services demonstrating an extraordinary culture of trust, openness, genuine listening and deep connection to its diverse community.

With the uncertainty generated in the pandemic, the community benefited from the stability and certainty with which Peninsula Health steadfastly offered services in the face of isolation, illness and loss.

While we were unable to meet face to face, consumer representatives and staff adapted to work productively through online meetings and innovative workshops. Importantly we were also able to express gratitude, encouragement and support to leadership and the workforce in the most stressful times for the service. Together we faced unprecedented challenges yet our relationships strengthened.

While we may tread cautiously because our world has changed, I believe our Consumer and Community Engagement Framework will provide us with a firm footing in understanding the opportunities we have to codesign services and solutions as partners in improving the quality and safety of our service. Ambitious plans are in place for the future development of Peninsula Health's facilities and services. We invite you to read the Framework and please consider joining us.

"Who can open the door who doesn't reach for the latch?"

Pauline D'Astoli

Chair
Community Advisory Committee


Image: Consumers at a Peninsula Health workshop.

PURPOSE OF THE FRAMEWORK

The Consumer and Community Engagement Framework is designed to orient Peninsula Health to what underpins successful consumer and community engagement.

The goal of this Framework is to encourage Peninsula Health staff to embed consumer and community engagement in their work. This requires staff thinking beyond accreditation against the National Safety and Quality Health Service Standards – meaningful engagement connects staff to the people they support, the purpose of their work and enables them to deliver care that leads to better outcomes.

The Framework can be used across the health system from all service areas such as hospital services, community services and partnership services. It will support the health service to develop strong consumer and community partnerships that drive changes, delivers better outcomes and provide healthcare the community wants and needs.

Although the Framework was developed for Peninsula Health, it is hoped that the Framework will also assist consumers to understand what they can expect from the health network that they engage with, and support them to develop effective partnerships and a common understanding of their possible roles.

The Framework is not a *'how to'* guide. The Framework provides Peninsula Health with an understanding of what engagement is, when and where it can take place and why we are engaging our consumers. When these solid foundations are present, typically, effective and meaningful engagement processes occur.

HISTORY OF CONSUMER ENGAGEMENT FRAMEWORK VICTORIA

The Victorian Government developed a Participation Policy called ***Doing it with us not for us in 2006*** which was underpinned by the Growing Victoria Together policies, 2001 and 2005.

These documents reflected the existing participation policies that were in the mental health, primary and community health areas and the work that was undertaken by disability services on active participation at the time.

The Doing it with us and not for us: Strategic Direction 2010-2013 and the Cultural Responsiveness Framework: Guidelines for Victorian health services replaced these two reforms.

In 2019 the ***Partnering in healthcare: A framework for better care and outcomes*** was developed which has a clear and specific purpose: To support practical strategies and partnerships including people partnering in their own healthcare, in order to deliver higher quality care that is safe, person and family-centred, equitable and clinically effective.

CURRENT CONTEXT

Health services are obliged to meet key requirements for partnering with consumers under the Australian Commission on Safety and Quality in Health Care (ACSQHC) Standards. Achieving accreditation is the baseline measure for Partnering in healthcare. The Partnering in healthcare framework is designed for health services that want to go beyond what is required.

It describes suggested priorities and actions health services can take and what Safer Care Victoria and the Department of Health will do, to deliver outstanding healthcare for Victorians. Health organisations have deepened their knowledge and experience in consumer and community engagement and concurrently, the community sector is witnessing a significant shift to consumer directed care.

2 What is consumer engagement?

Consumer engagement refers to processes through which consumers and carers actively partner with health organisations in their own healthcare and in health policy, service delivery and evaluation at all levels of the health system.

Consumer engagement in health occurs in activities where consumers partnering with health organisations have a lived experience of the service and/or the health issue in focus or are a part of a 'group' that share a particular collective experience of healthcare e.g. refugees or Aboriginal and Torres Strait Islanders.

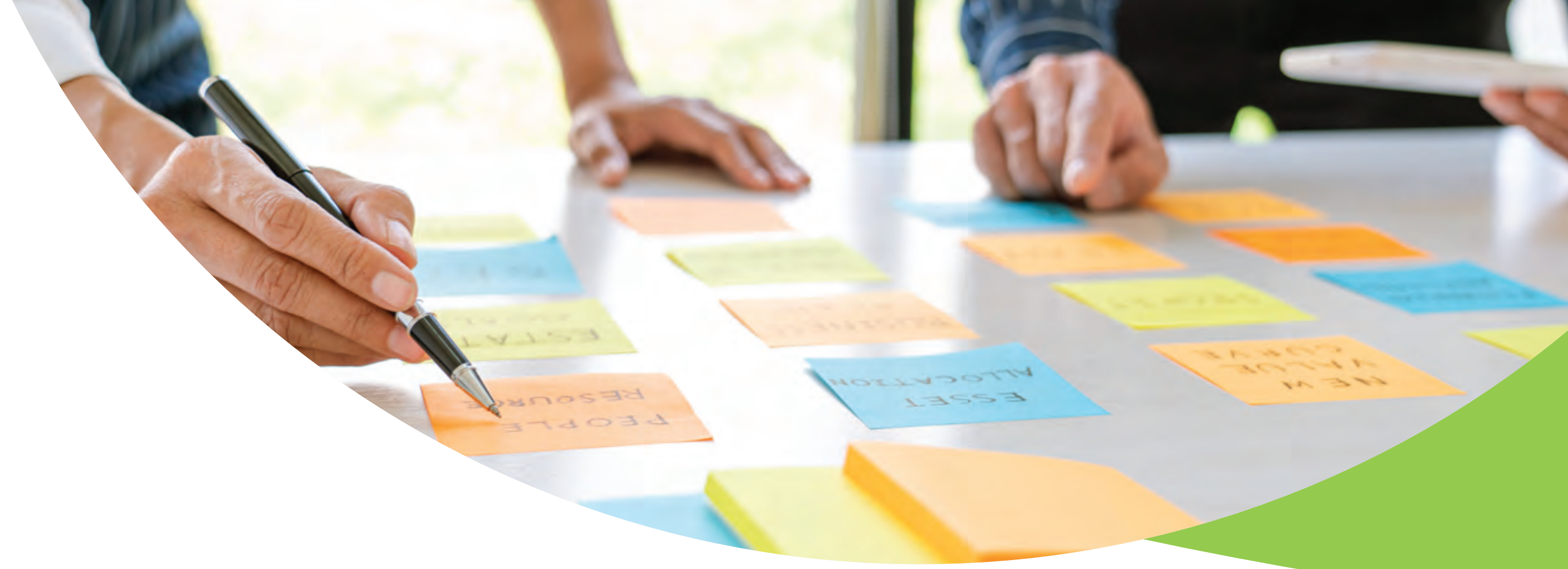
There are diverse ways in which engagement can occur. A health organisation that has embedded engagement as an essential way of doing business will be continuously partnering with consumers in multiple ways and phases of projects, across the organisation.

Person-centred care can be viewed as the individual level of consumer engagement and may contribute to the design, delivery, monitoring and evaluation of services if feedback is acted upon to inform patient experience and shared decision making in clinical practice.

The purpose of consumer engagement is to achieve meaningful improvement in the quality and safety of services being delivered and in order to achieve consumer engagement, must have a broader focus than individual clinical care.

Please refer to glossary definitions on page 31 for more information.

Image: Chief Executive Felicity Topp in discussion with consumers at a workshop at Frankston Hospital.



3 Consumer Roles

A diversity of roles, expectations and terminology exist around the concept of a 'consumer' in the health sector context. While all people can be considered consumers through their use or potential use of health services, in a consumer engagement setting, there are additional expectations.

Consumers participating in engagement activities in the health sector are recruited for specific experience and strengths. Consumers can have a lived experience of using health services and networks and also represent a group, network or consumer organisation and the ability to present perspectives other than their own (consumer advisor).

Peninsula Health needs to be clear about the experience, strengths and networks we are seeking from consumers for engagement opportunities. In many cases, it will be appropriate to have multiple consumers with a variety of abilities.

Consumers may have an in-depth knowledge of health conditions and evidence for treatment and models of care, but they should not be expected to have a technical or clinical background. They may have a legitimate and personal interest in a health subject and they are at the table to share their lived experience of receiving clinical care.

It is Peninsula Health's responsibility to ensure that consumers have clinical information explained to them where it is necessary in order to be able to partner effectively.

EVIDENCE FOR CONSUMER ENGAGEMENT

There is a growing base of evidence on the benefits of consumer engagement within health organisations. Consumer engagement is designed to improve services and generate new and innovative ideas. People working within health services who have led and participated in engagement with consumers and community have witnessed and can articulate how these partnerships have resulted in outcomes such as more appropriate, safer and higher quality care, and more efficient and cost effective services.

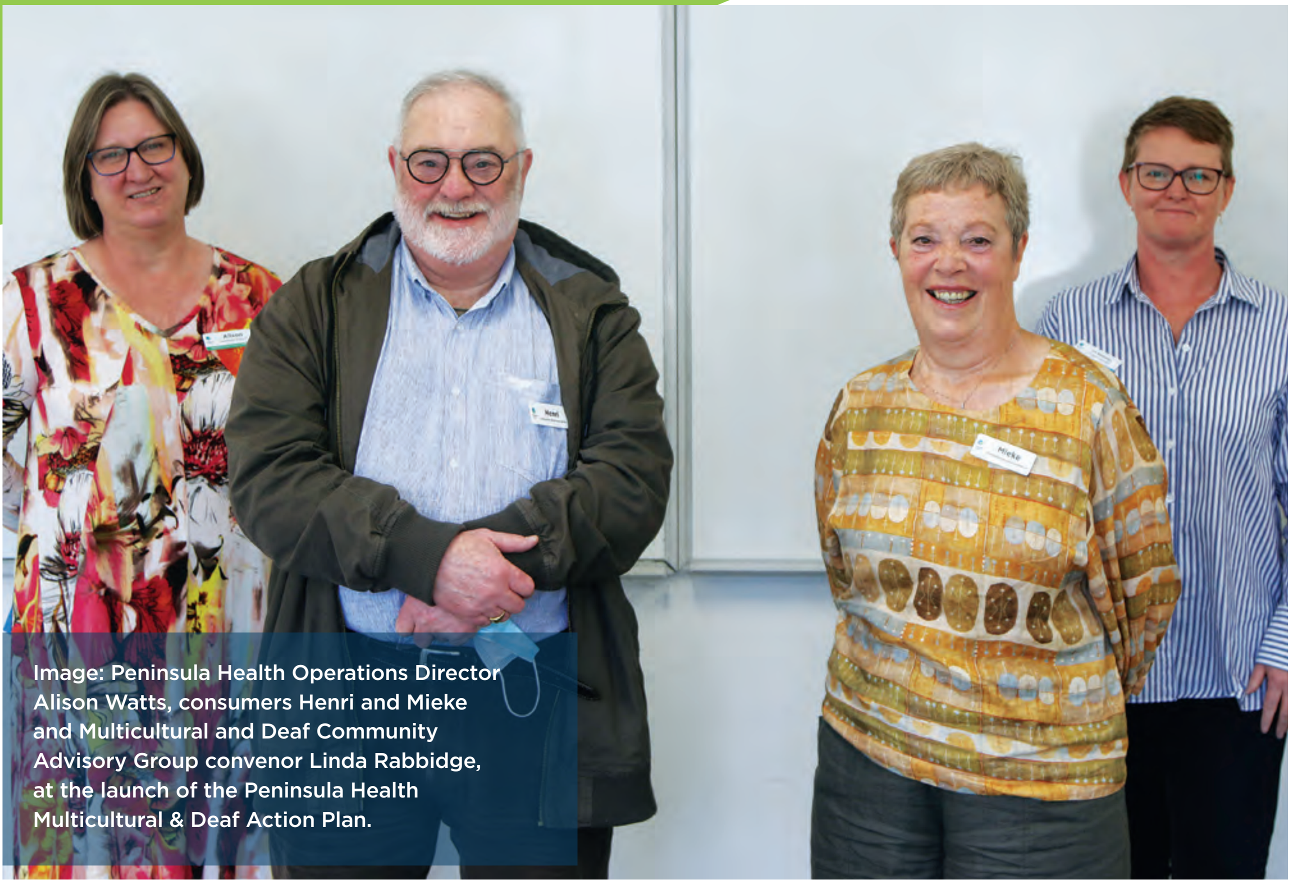


Image: Peninsula Health Operations Director Alison Watts, consumers Henri and Mieke and Multicultural and Deaf Community Advisory Group convenor Linda Rabbidge, at the launch of the Peninsula Health Multicultural & Deaf Action Plan.

A challenge for the health sector is to turn this anecdotal knowledge gained through experience into knowledge that is evidence based and empirical. Further empirical evidence is emerging that indicates consumer and community engagement has been shown to:

- Improve experiences of care which is known to be associated with improved health outcomes
- Ensure more accessible services (e.g. transport, appointment processes)
- Result in attitudes and cultures of health organisations being more open to involving consumers
- Produce health information that is understandable and meets the needs of consumers
- Increase quality of services
- Create more responsive services and better outcomes
- Low risks of post-treatment complications and reduced hospital and medical visits

THE DRIVERS OF ENGAGEMENT

Most people choose to work in health services so they can contribute to the wellbeing of their community. Consumer engagement reconnects health staff to their values and reasons for working in health, to the people they support, and enables them to deliver care that leads to better outcomes. Following are some quotes from consumers, which illustrate the far-reaching impact consumer involvement has.

"Not all consumers are the same. We have different abilities and skills. A health service that actively seeks, involves, and supports its consumers, making best use of their past and present experiences, is one that really understands the benefits of partnerships. Everybody wins."

"I can bring the voice of the Consumer into a high level of management and confident it will be addressed and make a difference"

BROADER CONTEXT

The Australian Charter of Healthcare Rights articulates that ‘consumers have the right to have our say and to be heard not only about our own healthcare journey, but in shaping the health system’.

International charters and treaties, such as the Alma Ata Declaration (1978), Ottawa Charter for Health Promotion (1986) and Jakarta Declaration on Leading Health Promotion into the 21st Century (1997) while not enforceable in law, are relevant as they recognise the principles and actions on which governments and services should develop health policy and services. All these documents highlight the importance of the participation of consumers in their own healthcare and in health systems.

THE LEGISLATIVE AND POLICY CONTEXT OF ENGAGEMENT

There are a number of drivers of consumer engagement at state, national and international levels, the majority of which articulate the need for participation of consumers and community in their health systems.
We should be aware of these not only for the purposes of accreditation and meeting legislative requirements, but because they outline the aspirations and expectations of consumers for Peninsula Health to meet their needs.

NATIONAL SAFETY AND QUALITY HEALTH SERVICE STANDARDS

The National Safety and Quality Health Service Standards *(National Safety and Quality Health Services NSQHS Standards)* were developed by the Australian Commission on Safety and Quality in Health Care with the Australian Government, state and territory partners, consumers and the private sector.
The Standard ‘Partnering with Consumers’ aims to create health service organisations in which there are mutually beneficial outcomes by having:

- Consumers as partners in planning, design, delivery, measurement and evaluation of systems and services
- Patients as partners in their own care, to the extent that they choose

The Partnering with Consumers Standard recognises the importance of involving consumers in their own care and providing clear communication to patients.

Together with the Clinical Governance Standard, this Standard underpins all the other standards. It outlines the core actions of:

- Clinical Governance and quality improvement systems to support partnering with consumers
- Partnering with consumers in their own care
- Health literacy
- Partnering with consumers in organisational design, measurement and evaluation

Partnering with consumers is a State strategic priority *(Safer Care Victoria Strategic Plan 2020-2023)* and informs the Peninsula Health Framework to aim for consumer-defined outcome measures, improvement goals, and demonstrable improvement in patient experience.

SAFER CARE VICTORIA PARTNERING IN HEALTHCARE FRAMEWORK

4 Local Engagement

PENINSULA HEALTH STRATEGIC PLAN 2019 – 2023

OUR VISION

To provide exceptional health and community care

OUR PURPOSE

We work together to build a healthy community

OUR STRATEGIC PRIORITIES

OUR CARE

We will create an inspiring and supportive culture that fosters high-quality care which is safe, personal, effective and connected, and has a strong focus on the consumer experience.

OUR PEOPLE

We will create remarkable opportunities for the development and wellbeing of our people who together contribute to improving the health of our community.

OUR WORKPLACE

We will design and build contemporary facilities, which integrate the use of technology and data to support the provision of high-quality, connected care.

OUR COMMUNITY

We will work together with our community and partners to become the leader for integrated healthcare.

OUR IDEAS

We will harness the great ideas from our people to help us to learn, improve, innovate and deliver exceptional care.

OUR VALUES

BE THE BEST

We strive for excellence in all that we do.

BE A ROLE MODEL

Together, our behaviours build our culture.

BE OPEN AND HONEST

We are transparent, accountable and innovative.

BE COLLABORATIVE

Our impact is better and stronger when we are inclusive and engaging of a broad network of people.

BE COMPASSIONATE AND RESPECTFUL

We embrace diversity, advocate and care for our consumers, support our peers and grow our teams in a safe, kind and meaningful way.

PENINSULA CARE CLINICAL GOVERNANCE FRAMEWORK

The Peninsula Care clinical governance framework is informed by State and National Health priorities.

SAFE CARE	**We provide a physically and emotionally safe service**
EFFECTIVE CARE	**We work together to build a healthy community**
PERSONAL CARE	**Our care and services are focused on consumers’ needs and preferences**
CONNECTED CARE	**We provide a smooth, integrated care pathway**

Our goals of Peninsula Care are safe, personal, effective and connected care for every person every time, and underpin this Consumer Engagement Framework. The Framework supports continuous improvement for delivery of safe, personal, effective and connected care for every person every time.

This Framework was developed using co-design principles with the Community Advisory Committee and staff through facilitated workshops in its meetings throughout 2018.

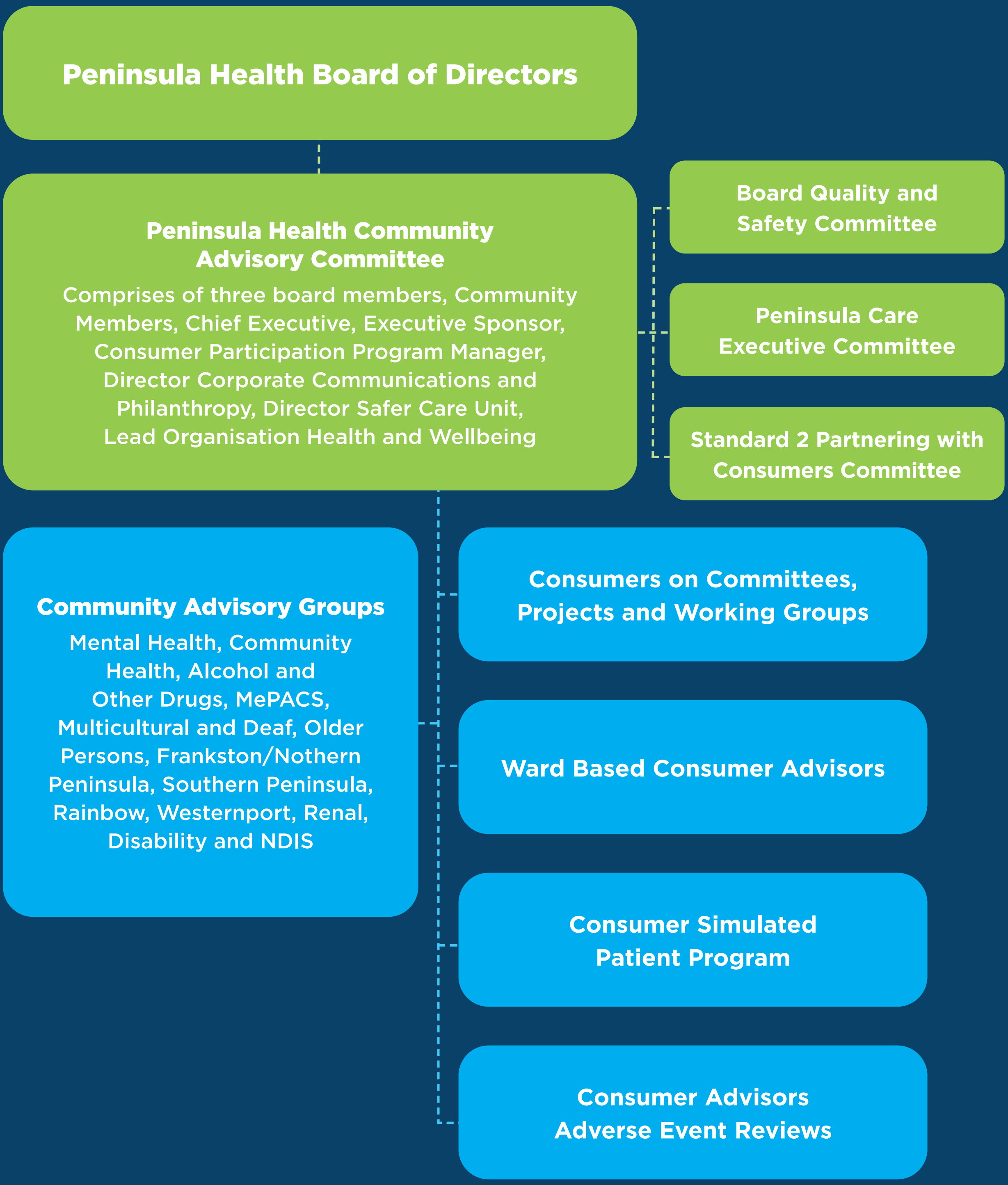
Peninsula Health has a long-held commitment to partnering with consumers and the community to improve services and healthcare outcomes.

The Peninsula Health Framework outlines the organisation’s expectations of meaningful engagement of consumers and carers in all aspects of individual care and healthcare planning, design, implementation, measurement and evaluation of services at all levels throughout the health service.

5

Consumer Engagement Reporting

REPORTING STRUCTURE



Peninsula Health Board of Directors

Peninsula Health Community Advisory Committee

Comprises of three board members, Community Members, Chief Executive, Executive Sponsor, Consumer Participation Program Manager, Director Corporate Communications and Philanthropy, Director Safer Care Unit, Lead Organisation Health and Wellbeing

Board Quality and Safety Committee

Peninsula Care Executive Committee

Standard 2 Partnering with Consumers Committee

Community Advisory Groups

Mental Health, Community Health, Alcohol and Other Drugs, MePACS, Multicultural and Deaf, Older Persons, Frankston/Nothern Peninsula, Southern Peninsula, Rainbow, Westernport, Renal, Disability and NDIS

Consumers on Committees, Projects and Working Groups

Ward Based Consumer Advisors

Consumer Simulated Patient Program

Consumer Advisors Adverse Event Reviews

EXAMPLES OF BARRIERS

Time and budget	• Timelines too tight for effective engagement process • No budget allocated
Resources	• Consumers not remunerated or reimbursed and unable to participate due to specific assistance required but support is not available • Accessing consumers who are interested in participating • Lack of non-clinical time for senior clinicians to manage, develop and support engagement
Understanding and attitudes	• Clinician/health staff and consumer professional divide • Fear of change and accountability • Lack of understanding of the benefits of engagement
Training and support	• Staff don't know how to engage • No policies and procedures in place • No orientation, training or professional development
Lack of leadership	• Engagement not a priority and often tokenistic • Lack of Board, Executive and management leadership and support • Lack of clarity around who is responsible for engagement, or the belief that it is the responsibility of only one person across the organisation

EXAMPLES OF ENABLERS

Leadership	• Led from the top down – genuine buy in from Executive and Board levels • It is a strategic priority with a budget and resources
Commitment	• Genuine commitment to partnerships to achieve improvement – processes are not tokenistic and demonstrate shared influence over outcomes • Culture of Peninsula Health is that engagement is valuable and everyone's responsibility
Values based	• Activities are clearly based on values and principles
Processes and support	• Standardised processes are established to support engagement • Documentation, evaluation and networking opportunities are in place • Training is provided for consumers and staff • Strategies are in place to engage with Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse people • Provide and communicate mechanisms for consumers and community to bring ideas to the services and processes are in place to close the feedback loop on the impact of these ideas.

CONSUMER AND COMMUNITY ENGAGEMENT IS NOT...

ONE-WAY — the health service is only informing the community, not listening or learning from it and involving consumers in meaningful partnerships.

ONLY COMPLETED WITH PEOPLE WHO ARE EASY TO REACH — health services must deliver services that are appropriate for their entire population. This cannot be done without engaging with the diversity of people in the organisation's community.

USING THE SAME FEW VOICES TO REPRESENT THE ENTIRE COMMUNITY — the Frankston and Mornington Peninsula communities are diverse and we must work to engage with people from a variety of backgrounds with varied opinions and ideas through activities throughout the region.

TOKENISTIC — not about seeing agreement to pre-determined decisions.

A SINGLE PROCESS — organising annual online surveys to hear from the community or involving a consumer or two on a high-level patient safety and quality governance, strategic projects or capital works is not enough. Engagement needs to occur in multiple ways and places at multiple times.

SECTION SUMMARY

- Consumer and community engagement is the most effective way for Peninsula Health to understand how to best meet the healthcare needs of our community
- Consumer engagement utilises the lived experience of consumers of a service or health issue
- Consumer engagement can inform issues such as access, health literacy and strategic priorities
- Engagement can take place in a variety of ways across a health service and is only limited by willingness and imagination
- Consumers are recruited for specific experience and strengths including their networks and lived experience
- Evidence exists that shows consumer and community engagement in health services results in better access, increased quality and better outcomes.
- There are legislative and policy drivers of consumer and community engagement, however for many health workers, they understand its importance and value beyond the formal requirements

6 Consumer & Community Engagement Framework

WHERE DOES ENGAGEMENT TAKE PLACE?

Consumer and community engagement can occur in all facets of health. From priority setting for strategic planning of a statewide service or an entire health region, to developing health literate information, and to making decisions about their own care, consumers should be involved. These activities can be broken down into: Individual, service, network, and system areas.

AREA OF ENGAGEMENT	WHERE THE ENGAGEMENT OCCURS	EXPLANATION
Individual	• Individual healthcare delivery	Engagement in individual care sees consumers as partners in their own (or loved ones) healthcare and treatment.
Service	• Program and service delivery • Facility/hospital	Service level engagement is focused on partnerships that impact on the planning, delivery, evaluation and monitoring of programs and services at a facility level.
Network	• Health and Hospital Services • Primary Health Networks • Non-government and other community stakeholders	Regional engagement processes as health organisations seek input into boarder plans across their service area.
System	• Local government • State government • Commonwealth government	Engagement on health policy, reform and legislation influence and change the health system across local, state and Commonwealth jurisdictions.

WHEN DOES ENGAGEMENT TAKE PLACE?

Engagement should take place across planning, implementation, monitoring, evaluation and review as an integral part of continuous improvement processes. Good engagement occurs early; at priory setting and planning phase, which should continue through to evaluation and review.

A range of engagement processes can be utilised at different phases of a project, ensuring that a broad range of consumers have been involved. For example, a forum may be held to involve a number of consumers to identify priorities. Out of this, a steering committee that includes consumer advisors may be set up to implement some key recommendations. Additional consumers may be engaged in focus groups to ensure inclusive models of care are developed.

WHAT ROLE CAN CONSUMERS PLAY?

Consumer and community engagement activities vary according to the level of influence that consumers have over the processes and any outcomes.
The International Association of Public Participation (IAP2) spectrum is useful to define the consumer role in engagement processes. As such, it is widely used in engagement activities internationally and across industry, government and community.

Each 'level' on the spectrum from inform to consumer-led indicates the greater involvement of consumers in defining the issue/area that needs to be addressed, decision-making and the outcome.
It is important to recognise that one end of the spectrum is not 'bad' or the other fundamentally 'good'. In fact, all engagement activities rely on the effective use of the inform level. Information empowers people to make decisions. Consumers can work most effectively with health organisations when they are provided with information that supports them to partner to the fullest extent possible. Consumers should be involved in processes from as early as possible regardless of the level of engagement.

In order to partner at the collaborative and consumer led levels consumers must be engaged at the planning and design phases as it is at these levels consumers play a role in defining the issue(s) to be addressed.

Health organisations should ensure that they are engaging with consumers at the 'involve, collaborative and consumer-led levels' of the spectrum wherever possible. These levels indicate a genuine partnership with consumers and will result in services that deliver care that the community wants and that respond to community need.

HOW CAN PENINSULA HEALTH USE THE SPECTRUM IN PRACTICE?

When planning engagement activities, health staff can use the spectrum to establish the level of impact that the consumers they partner with will have over the proposed process and outcome. We must be clear with consumers about their level of influence in a project. Consumers who understand their roles and how their input will be used, are able to approach their roles effectively and we need to ensure we have established trust which is essential for building productive partnerships.

Consumer Julian speaks at the flag raising event at Frankston Hospital on International Day Against Homophobia, Biphobia, Intersexism and Transphobia.

7

Fundamentals of good engagement

PRINCIPLES	PRINCIPLES IN PRACTICE
Partnership **Working relationships between engagement partners are built on transparent and accountable processes. The purpose of consumer and community engagement is to shape services delivery to better meet consumer and community needs. Engagement takes place at all levels of the service; planning, design, delivery, evaluation and monitoring.**	• Guidelines, policies and procedures are in place to guide transparent accountable and creative processes that support staff to create meaningful and equal partnerships within Peninsula Health and the community. • Consumers and the community are engaged at the planning phase of projects to maximise their opportunity to contribute to and shape the outcome. • Consumers and staff are provided with clear information about the engagement activities they participate in, including the scope and responsibilities of their roles, and the outcomes and progress of their partnerships.
Respect and Dignity **Engagement partners value each other's perspective, 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.**	• All staff and consumers are provided with training on consumer and community engagement, how to partner effectively, and effective communication and facilitation. • Engagement partners have opportunities for professional development e.g attending conferences, forums and external training.

Consumer and community engagement must be underpinned by principles. Engagement is relationship based work. The principles below reflect the values that have been articulated as desirable by consumers and staff who have participated in the development of this Framework.

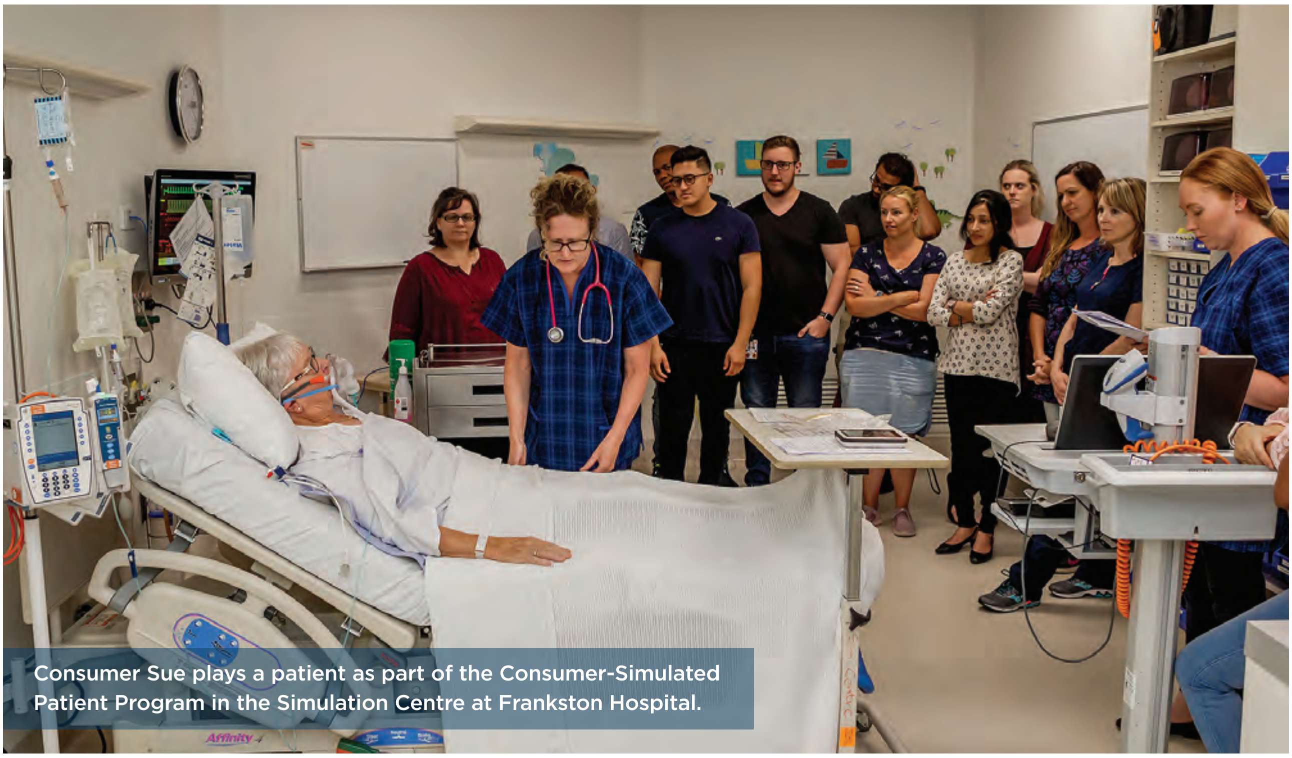
PRINCIPLES	PRINCIPLES IN PRACTICE
Inclusive **Engagement processes are accessible, flexible and designed to promote partnerships with populations that reflect the diversity of their communities and identified health needs. The health service engages through outreach and is respectful of existing community resources and expertise**	• Evaluation of engagement activities is built into all project plans and undertaken to assess the quality of the partnerships and encourage continuous improvement. Both health staff and consumer feedback on activities is sought. • Reimbursement processes are in place to ensure consumers are not out of pocket. • Engagement activities are held external to the health organisation in local communities and are scheduled at a variety of times and days to respect the needs of consumers with work and family responsibilities.
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.**	• Health organisations partner with external agencies (e.g. multicultural, youth agencies) and where appropriate external staff lead culturally appropriate processes. • Creative engagement methods are explored to ensure that activities are appropriate for all parts of the community (e.g people with low literacy, children and young people).

OUTCOMES

Principles are an important foundation to the engagement process, but are only relevant if they are evident in the policies, processes, and activities completed every day. The principles below demonstrate the key outcomes of engagement.

WHAT WE WILL SEE HAPPENING

KEY OUTCOME AREAS	OUTCOME THEME
Peninsula Health staff feel confident and supported to engage with consumers and community to achieve outcomes	**Growing capability**
The work that is done in partnership with the community, will reflect their needs, deliver appropriate care to all sections of the community and lead better health outcomes.	
A growing number of consumers are partnering with Peninsula Health with the confidence that they share goals, they will be heard and have influence over outcomes within Peninsula Health.	**Organisational capacitiy**
Peninsula Health has a broad range of identified partners in the community.	
Peninsula Health is an integral part of the community and participates in community events.	
A transparent continuous improvement cycle is in place for engagement and partners share Peninsula Health's learnings and successes.	**Consumer and community participation**
An ongoing allocation for consumer and community engagement is required in budgets in all areas and at all levels of the organisation.	



Consumer Sue plays a patient as part of the Consumer-Simulated Patient Program in the Simulation Centre at Frankston Hospital.

Peninsula Health must ensure that our reach to consumers extends to population groups who face barriers to accessing healthcare and are less likely to volunteer to engage in activities through commonly used engagement methods *(e.g. call for volunteer advertisements)*. The people who respond to general calls for consumers to participate are those who are familiar with the health system, do not see it as intimidating and have enough confidence to believe they may be able to contribute. These harder to reach groups may include:

- Socially and economically marginalised
- People with a disability
- People who are homeless
- Culturally and linguistically diverse peoples and refugees
- Aboriginal and Torres Strait Islanders
- Lesbian, gay, bisexual, transgender, intersex, queer and asexual people (LGBTIQA+)
- Young people

It is important that Peninsula Health partners with the many associations and organisations that support these harder to reach groups in order to support the engagement work.

8 Evaluation and measurement

There are two elements to evaluation and measurement that need to be considered by Peninsula Health when engaging with consumers and community.

HOW TO EVALUATE

1 THE QUALITY OF THE ENGAGEMENT PROCESS UNDERTAKEN

In order to measure that Peninsula Health is improving their partnerships with consumers, evaluations of the process of engagement should be undertaken. This can include examining the experience of consumers. For example did they think:

- The purpose of the activity was well defined
- Their role was clear
- Their ideas were listened to
- Communication was respectful and they were kept up to date with progress and the impact of their engagement
- The issues that matter to the consumers are being addressed.

2 WHAT OUTCOMES WERE ACHIEVED FOR PENINSULA HEALTH AND/OR CONSUMERS

The purpose of engagement is to improve the health and wellbeing and care experience of consumers and the community through the development of services and policies. Peninsula Health must ensure evaluation processes associated with engagement should be built into projects and other bodies of work. For example linking consumers with existing quality improvement initiatives or research agendas.

Regular evaluation surveys are undertaken with Community Advisory Committee (CAC), Community Advisory Group (CAG) and Committee consumer advisors as well as other roles including ward based consumer advisors and Consumer Simulated Patients that help us make improvements to the program.

Joanne Renzella, Patient Services Assistant, speaks with patient at Frankston Hospital.

SECTION SUMMARY

- Consumer and community engagement can take place on the individual, service, network and system levels
- Engagement can be completed at any stage of a project cycle but it is best for consumers to be involved in early planning stages
- Different engagement processes can be used within and across projects
- Consumer engagement is underpinned by principles which must be built in to all policies, processes, and activities. These principles are partnership, respect and dignity, inclusive and improvement.
- Peninsula Health must engage with groups who experience barriers to accessing healthcare through community engagement to ensure they hear the voices and opinions of the diverse groups within our service area
- Evaluation and measurement should be incorporated into all consumer and community engagement activities. This includes understanding the experience of the consumers involved in engagement and the impact of engagement is having on outcomes.

9 Case Examples

CONSUMER ENGAGEMENT ACTIVITIES AT PENINSULA HEALTH

Consumers will be actively engaged in all aspects of care, including assessment, care planning, treatment options, referral options and discharge planning. We will inform our consumers of the outcomes of all assessments and provide complete, timely, unbiased and useful information regarding specific health status and needs that is provided in a variety of formats and aligns with the consumer's ability to understand. We will engage the consumer in a process of shared decision making to develop agreed goals of care. Involvement of consumers in their care is to be documented in their medical record.

Peninsula Health staff will:

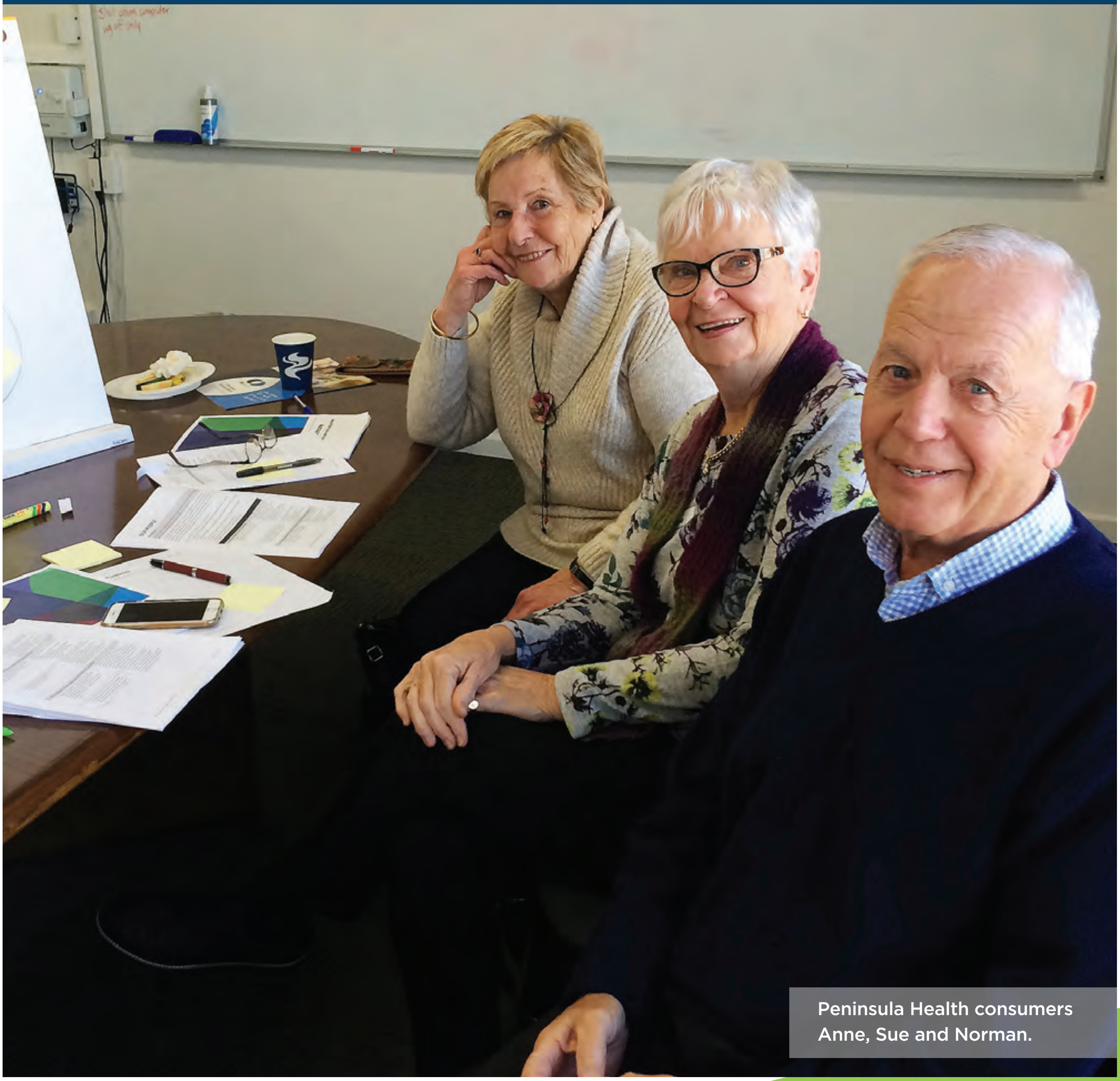
- Promote the healthcare rights of consumers and carers
- Communicate with consumer, carers and families clearly and respectfully
- Consider the capacity of the consumer to make decisions about their own care and involve an appropriate substitute decision-maker if they are unable to make decisions themselves
- Provide information about healthcare and treatment in an accessible format that has been developed with consumers
- Use interpreters if English is not the primary preferred language
- Listen to and implement the decisions the consumer or carer makes about their preferred care and treatment using a shared decision making process
- Consider the different skills, experiences, interests and social determinants

Consumer involvement in individual care may include but not limited to involvement in:

- Bedside Ward Rounds that include the patient and carers
- Bedside Clinical Handover that includes the patient and carers
- Rounding
- Patient/carer initiated rapid response (CARE Call)
- Family presence during emergency codes/resuscitation
- Shared development of care plans
- Parental involvement in the care of their child
- Fathers/partners being present during an emergency caesarean section birth of their child.

CONSUMER STORIES

Stories and experiences of consumers are a powerful tool to help inform and educate staff. Through hearing their stories, we gain a true understanding of the care we deliver and how we can improve to ensure we provide safe, personal, effective and connected care. Consumers who are interested in sharing their story are offered the opportunity to participate and are supported to do so by the Consumer Engagement Program and Corporate Communications Team. Consumer stories can be shared in many staff forums including, staff orientation and education, committee meetings and local team meetings.



Peninsula Health consumers Anne, Sue and Norman.

1 CONSUMER ENGAGEMENT

Some examples of consumer engagement include:

- **helping design and deliver the projects**
- **improving the content and readability of participant information**
- **helping design and deliver further involvement/engagement activities**

Consumer Engagement in action:

- Improvement projects – local, service and organisation-wide
- Projects and working groups such as:
  - Comprehensive Care Project
  - Better at Home
  - Timely Care
  - Cancer Service
  - Maternity service
- Major projects:
  - Frankston Hospital Redevelopment
  - Rosebud Hospital service planning
- Strategic Plan and Peninsula Care Plan development
- Consumers on In-depth Case Review (IDCR) and Root Cause Analysis (RCA) review panels
- Disability, Multicultural and Deaf, Lesbian, Gay, Bisexual, Transgender, Intersex and Queer + Action Plan development
- Quality and Safety and Governance Committees
- Research and Community Advisory Groups

2 CONSUMER PARTICIPATION

Some examples of consumer participation include:

- **being recruited to take part in a project**
- **completing a questionnaire or attending a discussion group as part of a project or research study**
- **providing data or tissue that is analysed as part of a research study**

Consumer Participation in action:

- Consumer simulated patients
- Staff education – consumer stories
- Research project participants
- Review of written information for consumers
- Consumer participation in audits:
  - Quality of Care Audit consumer questions
  - Safe and Welcoming Environment Audit

3 CONSUMER CONSULTATION

Some examples of consumer engagement include:

- sharing findings
- consumer training on product or protocol development
- sharing information through public talks and lectures
- using social media to highlight trials/topics

Consumer Consultation in action:

- Information sharing through relevant Community Advisory Groups
- Social media posts (Facebook, Instagram & Twitter)
- Publications (e.g. strategic plans and Quality Report)
- Website

RELATED POLICIES AND GUIDELINES

Peninsula Care Clinical Governance Framework

Volunteers

Diversity

Patient Confidentiality/Privacy

Consumer Feedback

Comprehensive Care

Consumer Participation Procedure

Written Information for Consumers Procedure

Research

Glossary

Carers — a carer refers to a person who provides care, support and assistance for a family member or friend as part of a kinship system. This includes someone who is frail, aged, has a disability, a medical condition, including terminal or chronic illness or who has a mental illness. Carers include children caring for parents and guardians.

Co-design — is a focused service improvement approach of consumer-centred planning, decision-making, production and design, where new services or service reviews are determined in partnership with consumers who use them and may be affected by them.

Community — refers to any collective group of people generally or that represents or brings a collective voice of the interests of health consumers or specific affected communities. In the health context, it can be used to describe the population of the area services by an organisation, a cultural group or a group of people who all experience a particular health condition.

Community Engagement — refers to activities and processes where the opinions, concerns, needs and aspirations of community members are sought by government, non-government, not-for-profit services and are incorporated into the planning, design and delivery of health organisations. Community engagement is based on relationship building, partnership and the principal that community has resources and expertise.

Consumer — is a person who has used, or may potentially use health services and includes family and carers. A healthcare consumer may also act as consumer advocate or representative to provide a consumer perspective, contribute to consumer experiences, advocate for the interested of current and potential health service users and take part in decision—making processes.

Consumer Advisory Committee (CAC) — is an advisory group established under the Health Services Act 1988 and is a sub-committee of the Board, which comprises consumers, community members and carers, including those from diverse and hard-to-reach groups who use Peninsula Health's Services. The primary role of the Community Advisory Committee is to provide strategic advice and viewpoints on issues referred to Peninsula Health from a consumer, carer and community perspective.

Community Advisory Group (CAG) — Peninsula Health has a number of CAGs that represent geographical areas, diverse needs and service specific health needs. The CAGs provide Peninsula Health with the ability to communicate with and respond to the needs of people who live within Frankston and the Mornington Peninsula, providing a conduit for the flow of information between the community and Peninsula Health.

Consumer Advisor — is a member of the community who voices collective perspectives and takes part in decision making as a representative of those consumers and communities. The Consumer Advisor has responsibility to remain informed by and informing the organisation on issues arising from the representation.

Consumer Advisors on Wards — Each ward across the network at Peninsula Health is expected to have a consumer advisor as part of the ward team. This role supports patients and their carers/families to provide feedback on their healthcare experience and to raise awareness on issues such as healthcare rights and Care Call.

Consumer Advocate — a consumer advocate is a person with lived experience who supports, promotes and defends the interests of consumers, carers and/or the community. They may support an individual or stand up for a just cause or specific position. A consumer advocate is independent of the health services and is able to provide a unique perspective and experience of the needs, goals and expectations of the person or cause for which they advocate.

Consumer Engagement — consumer engagement refers to health consumers, their family and carers, actively participating in:

- their own individual care
- healthcare planning and decision making
- evaluating policy governance and safety and quality processes
- healthcare monitoring and evaluation

Consumer Representative — is a health consumer who has taken up a specific role to advocate on behalf of consumers, with the overall aim of improving healthcare. A consumer representative is someone who voices consumer perspectives other than their own and takes part in decision making on behalf of consumers. A health consumer representative may be nominated, supported by, and accountable to, a consumer organisation.

Diversity — In the context of this framework, diversity means ensuring inclusion of the voices and experiences of the broadest range of individuals, groups and circumstances including but not limited to:

- Aboriginal and Torres Strait Islander Peoples and communities
- People of Culturally and Linguistically Diverse backgrounds
- People living with disability
- People who have a lived experience of mental illness
- LGBTIQ+ communities
- Older Australians
- Children and Young people
- Emerging communities (such as new migrant communities, including refugees including those who have experiences torture, trauma, grief and loss)
- People experiencing homelessness
- Trauma affected persons

Engagement — engagement within the health context refers to an active and sharing relationship between health services, consumers, carers and community groups, which can become a partnership. Consumer engagement is expected in all organisation-wide improvement activities and projects and is actively encouraged at department/ward level. This ensures that the consumer perspective is integrated throughout the organisation and embedded in Peninsula Health culture. Co-design methodology should be considered and implemented where possible. Effective and active participation exits when:

- people are treated with respect
- information is shared and explored with them
- participation and collaboration in healthcare processes are encouraged and supported to the extent consumers choose

Glossary

Health literacy — is the extent to which consumers can obtain, process and understand information about health care, services and the health system. It also refers to a consumer's capacity to use that information to make decisions about their health care. This means additional measures are needed to ensure equity in health literacy outcomes are enabled for consumers with limited English and proficiency or capacity to access information, which may especially include those form an Aboriginal and Torres Strait Islander background, a person with a disability or a culturally or linguistically diverse background or children and young people.

Lived Experience — refers to the subjective perception of a person's experience of health or illness and is the representation of the experiences and choices that person and the knowledge that they gain from these experiences and choices.

Partnership — a partnership occurs when two or more individuals or groups work together collaboratively and inclusively sharing the responsibility of decisions and collectively owning outcomes.

Patient Reported Experience Measures (PREMS) — Patient Reported Experience Measures (PREMS) are standardised tools that enable consumers to provide feedback about their views and observations, on aspects of health services they have received, and their experience of the service at a point of time.

Patient Reported Experience Measures (PROMS) — Patient Reported Outcome Measures (PROMS) are questionnaires, which consumers complete. PROMS gather feedback from consumers of how health services and interventions have, over time, affected their quality of life, daily functioning, symptom severity and other dimensions of health of which consumers have experience.

Peer Support Staff — Peer support staff are employed by some health services who have life experiences and may better relate and consequently may offer more authentic empathy and validation to consumers and their families.

Consumer and Carer Consultants — staff who work individually with consumers and carers of consumers with a mental health diagnosis to provide support and educate them about mental health and the mental health system through written or verbal information and their own experience.

Shared decision-making — is a consultation process in which a clinician and a consumer jointly participate in making a health decision, having discussed the options, their benefits and any risk factors. Through this process the patient's values, preferences and circumstances are considered.

Participation — a partnership occurs when two or more individuals or groups work together collaboratively and inclusively sharing the responsibility of decisions and collecting owning outcomes.

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