

Flinders and Upper North Local Health Network Consumer and Community Engagement Strategic Framework 2022 – 2026



ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the Aboriginal custodians of the land and waters within the footprint of the Flinders and Upper North Region. We respect their spiritual relationship with their country and acknowledge that their culture beliefs are an important focus of their past, present and future.

Artist: Charmaine Wilson
Pitjantjatjara

Family support plays a vital role in the health journey of Aboriginal people. This artwork represents the patient, family and health professionals working together supporting the journey through the health care system. The footprints showcase walking alongside with the patients and their families striving towards better health outcomes for our community.



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MESSAGES



FROM THE FUNLHN GOVERNING BOARD CHAIR

Community and consumer engagement to assist with the design, delivery and evaluation of our health services is fundamental to the operation of the Flinders and Upper North Local Health Network (FUNLHN) Governing Board. Our aim is to develop and maintain services that meet our communities' needs and expectations, and to meet the requirements of the National Safety and Quality Health Service standards.

This Consumer and Community Engagement Strategic Framework demonstrates the Boards commitment to working with consumers, staff and key partners and sets out the process for achieving FUNLHN's aim.

I would like to thank the many volunteers and staff for their dedication in developing this strategy. It has taken some time, but the process will become the destination.

Together we can build a healthier community.

Bevan Francis

FROM THE FUNLHN CHIEF EXECUTIVE OFFICER

As the Chief Executive Officer of the Flinders and Upper North Local health Network (FUNLHN), I am extremely pleased to provide the Consumer and Community Engagement Strategic Framework.

The FUNLHN values the importance of engaging with our consumers and our communities to ensure we are always learning and evaluating our partnerships with consumers, carers, and the community to develop a culture of consumer focused care. We recognise the importance and significant contributions by consumers, carers and community members in informing our services and to develop partnerships that ensure high-quality and safe care in all aspects of the health service and improve health outcomes for all.

We have many existing partnerships with consumers groups in the FUNLHN and highly value their contribution and we particularly acknowledge the support of the Health Advisory Councils who ensure the FUNLHN are well informed by our consumers and community members.

Craig Packard





Artist: Leaha Coulthard

Adnyamathanha

The circles indicate different community groups travelling from the country areas in different surroundings to seek medical services or health support. The colours represent the arid and semi-arid grasslands and bushlands, from the hills and flat country. The blue indicates the salt lakes and the communities around the water. It explains a journey and a place of healing and coming together.

FROM THE FUNLHN ABORIGINAL EXPERTS BY EXPERIENCE MEMBERS

We the members of the Flinders and Upper North Local Health Network Aboriginal Experts by Experience group, will work in partnership with our health units, providing input and advice in planning, design, and evaluation for a culturally responsive health service. We acknowledge the good work and the need to continue to support the FUNLHN Reconciliation Journey and Partnering with Consumers initiatives. Working collaboratively is a must, listening, understanding, actioning and communicating builds on better health outcomes for Aboriginal and Torres Strait Islander people.

MESSAGES



FROM THE CHAIR, FUNLHN PARTNERING WITH CONSUMERS COMMITTEE

The Flinders and Upper North Local Health Network (FUNLHN) is committed to working in partnership with all our consumers, carers, staff, volunteers, and key stakeholders.

We acknowledge the contribution consumers and the community can make in improving health services, including planning, designing care and service evaluation.

We acknowledge that when everyone is treated with dignity and respect, and information is shared with them, participation and collaboration in healthcare processes is encouraged and can be supported to the extent that people choose.

Working collaboratively for effective partnerships is a must, and listening, understanding, and developing mutually agreed actions builds on better health outcomes for everyone.

Working closely with our Aboriginal Experts by Experience group, Mental Health Lived Experience representatives, Community Network members, volunteers, and Health Advisory Council members, ensures we are on a journey together to develop a consumer focused and culturally responsive health service for all our consumers.

The FUNLHN Partnering with Consumers Committee (National Safety and Quality Health Service Standards), inclusive of the six Aboriginal and Torres Strait Islander specific actions, provides leadership and guidance to ensure community and consumer engagement is embedded into all our organisational systems. We, therefore, commend the Flinders and Upper North Local Health Network Consumer and Community Engagement Strategic Framework as a key foundation document to assist us in this effort.

Glenise Coulthard



FROM THE FUNLHN HEALTH ADVISORY COUNCIL PRESIDING MEMBER FORUM

The concept of “Partnering with Consumers” and “Community Engagement” is all about listening to consumers telling us about the health needs and issues that impact on their health care and their experiences, both positive and negative, within the Health Services at a local, regional and state level. It is about listening to their suggestions and ideas and hearing what they are saying. It is about consumers feeling valued as partners in the management and care of their own health needs and expectations and those of their families and other members of the community.



The Combined Presiding Members of the Health Advisory Councils are strongly committed to working within this concept. The Flinders and Upper North Local Health Network Community Engagement Strategic Framework will provide a vehicle to enable the development of practices within the Flinders and Upper North Local Health Network that will culminate in effective community engagement and a collaborate approach towards achieving the best possible health care outcomes to consumers within the region.

Ann Screen



ACKNOWLEDGEMENTS

The Flinders and Upper North Local Health Network (FUNLHN) Consumer and Community Engagement Strategic Framework has been developed through an extensive process led by the FUNLHN Consumer and Community Partnership Framework Development Steering Group. This Group comprised of the following lead staff and Health Advisory Council members, representing different sectors and sites of the Local Health Network:

Carmel Daw (Chair)	FUNLHN Manager Community Engagement
Karyn Reid	FUNLHN Director Governing Board, and Chair, FUNLHN Consumer and Community Engagement Committee of the Board
Gary Misan	Deputy Presiding Member, Whyalla Hospital and Health Services Health Advisory Council
Ann Screen	Presiding Member, Port Augusta, Roxby Downs and Woomera Health Advisory Council
Caroline Walters	Presiding Member, Quorn Health Services Health Advisory Council
Trevor Byles	FUNLHN Director, Corporate Services
Janine Connell	Executive Officer/Director of Nursing/Midwifery, Roxby Downs Health Service
Glenise Coulthard	FUNLHN Director Aboriginal Health and Chair, FUNLHN Partnering with Consumers Committee
Emma Offler	Coordinator, Strengthening Our Families Program, Roxby Downs
Ashley Parkinson/ Cheryl Russ	FUNLHN Executive Director, Community and Allied Health
Lisa Taylor	FUNLHN Director, Governance and Performance
Chelsea Taylor	Project Administration Support

Development of this Strategic Framework has included consultations with consumers, communities and staff with significant support and leadership provided by the FUNLHN Health Advisory Councils, FUNLHN Community Network Register and FUNLHN Aboriginal Experts by Experience Panel.

A photograph of a desert landscape. In the foreground, there are red flowers with dark centers growing from green foliage on reddish-brown soil. In the background, there are more green bushes and a concrete wall under a sky with scattered white and grey clouds.

SETTING

1. OUR REGION

FUNLHN provides a range of health services to the people living in the Flinders Ranges, Upper Spencer Gulf and the Far North of South Australia, supporting a population of approximately 44,000. FUNLHN also at times provides services to residents of the neighboring Eyre and Far North, and Yorke and Northern LHNs.

Our network consists of five hospitals located in Port Augusta, Whyalla, Quorn, Hawker and Roxby Downs and a health service/clinic in Leigh Creek. Country Health Connect services are available throughout the Local Health Network (LHN). The FUNLHN footprint encompasses a diverse region with remote, rural and urban communities. These communities are composed of Aboriginal and Torres Strait Islander peoples, pastoralists, farmers, miners and migrant populations culminating in a range of socio-economic factors that impact upon their health care needs and health service delivery strategies. In recognition of the large proportion of Aboriginal people, all our services have developed a strong focus on Aboriginal partnerships, cultural safety and supportive systems and practices.

The region provides a range of community and allied health services, including outreach to remote sites; medical and surgical services; residential and community based aged care; and acute, residential, and community based mental health services.

2. OUR COMMITMENT

To deliver genuine consumer focused health care which places patients, consumers and communities at the centre of health service delivery in our region.

The FUNLHN Board has appointed a Board Consumer and Community Engagement Committee. This committee includes consumer representation from the Presiding Members of four Health Advisory Councils across our region and is tasked with monitoring the development, facilitation and evaluation of all consumer and community engagement activities within the organisation. This committee places consumer and community engagement at the highest level of governance in our region and works to embed partnering with consumers as an imperative across all levels of the organisation.

The Framework is specific to the people and health services of the Flinders and Upper North region and defines multiple engagement techniques to meet the specific health needs and issues of our consumers and communities.

The Framework will inform and operate alongside the FUNLHN Strategic Plan. The Framework is underpinned by national and international standards including:

- The International Association for Public Participation (IAP2, 2018)
- The Australian Charter of Health Care Rights (ACSQHC, 2017)
- National Safety and Quality Health Service Standards (ACSQHC, 2017)
- Draft State-wide Consumer and Community Engagement Strategic Framework 2020 – 2023
- CHSA Aboriginal Community and Consumer Engagement Strategy (adopted by FUNLHN 2019)
- SA Health Guide for Engaging with Aboriginal People

- Cultural Respect Framework 2016 – 2026, for Aboriginal and Torres Strait Islander People
- Health Advisory Council and Country Health SA Partnership Framework 2018 – retired document
- National Aged Care Quality Standards
- National Disability Insurance Scheme Practice Standards
- Charter for Health and Community Services Rights
- Charter of Aged Care Rights
- State Disability Inclusion Plan 2019 – 2023
- Draft State-wide Consumer, Carer and Community Feedback and Complaints Strategic Framework 2020 – 23



3. CONSUMER AND COMMUNITY ENGAGEMENT GOVERNANCE AND MANAGEMENT MODEL

In FUNLHN, consumer and community engagement is everyone's responsibility and an integrated governance and management system links the vision and commitment of the Governing Board to all operational areas of the health service.

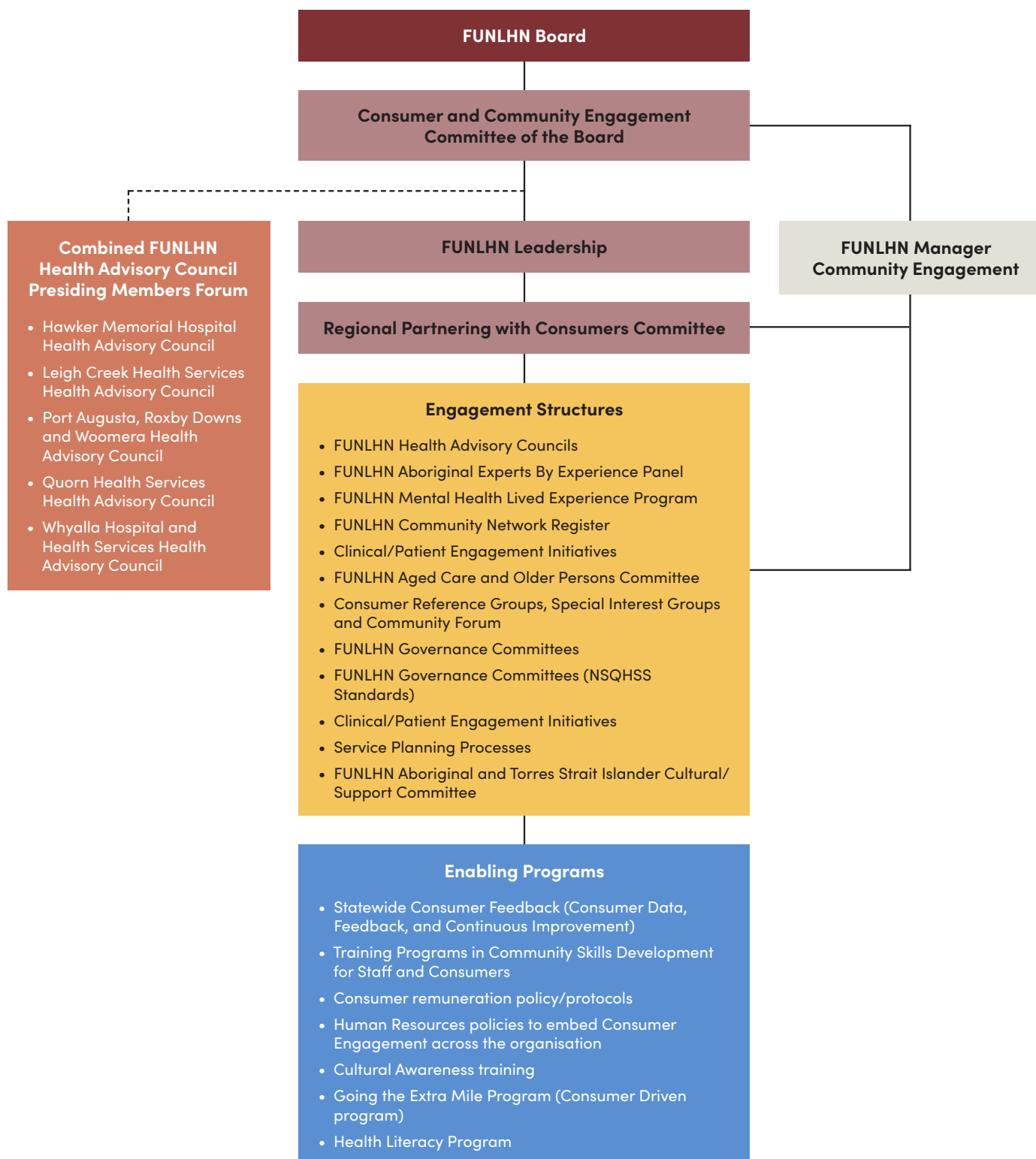


Figure 1: FUNLHN Consumer and Community Engagement Governance and Management Structure



**THE FLINDERS
AND UPPER
NORTH LOCAL
HEALTH
NETWORK
CONSUMER AND
COMMUNITY
ENGAGEMENT
STRATEGIC
FRAMEWORK**

1. PURPOSE OF THE FRAMEWORK

The FUNLHN Consumer and Community Strategic Framework (the Framework) outlines our ongoing commitment to engagement with all our consumers and communities across the region. The Framework also aligns with:

- the legislative requirements of the Health Care (Governance) (No 2) Amendments Bill 2019 and amendments to the Health Care Act 2008.
- the intentions of the National Safety and Quality Health Service Standards (ACSQHC, 2017) in relation to Standard Two, Partnering with Consumers.
- the principles expressed in the Statewide Consumer and Community Engagement Strategic Framework 2020–2023.

The Framework provides clear direction on how we will engage with our consumers and communities over the next four years.

The Framework also informs the FUNLHN Strategic Plan and highlights the importance of collaborative partnerships that maximise our opportunities to provide responsive and appropriate health services for all our consumer and communities.

The Framework aligns with the concepts and principles of the Commission on Australian Quality and Safety in Healthcare with regards to the absolute requirements to achieve best clinical practice, excellence in health consumer experience and outstanding health outcomes for the individuals and communities that we serve.

2. AIM OF THE FRAMEWORK

The aim of the FUNLHN is to be a consumer focused health service and this document is the foundation document to guide our achievements. The organisation will:

- provide a culture and systems that enable all staff working at all levels, and in all sites and departments of the organisation, to partner effectively with our consumers and communities.
- place consumers at the centre of everything we do, ensure they are enabled to participate in planning their own care and are effectively engaged in the planning, facilitation and evaluation of services within all levels of our health service operation.



3. COMMUNITY ENGAGEMENT IN THE HEALTH CARE SETTING

Consumer Engagement and Partnering with Consumers

International evidence (International Association for Public Participation (IAP2) 2018), demonstrates that consumer focused health services are best practice and result in safer, high-quality services, are more efficient and result in improved health outcomes for consumers.

The concepts of “Community Engagement” and “Partnering with Consumers” define how consumers can feel valued as partners in the management and care of their own health needs and expectations, and those of their families and other members of the community.

Community Engagement and Participation

Community engagement and participation refers to the connections between health services, communities and consumers. This can include a wide variety of interactions ranging from information sharing to community consultation and includes active participation in health service decision making. This concept also incorporates community participation, with people being empowered to contribute to decisions affecting their lives.

Consumer and Clinician Collaboration

Consumer and clinician collaboration refers to both working together to ensure that consumers have access to the best possible care that keeps the needs of patients at the forefront of care.

Consumers

Consumers are defined as individuals or their support network who have cause to use the FUNLHN health services. A consumer’s support network can include partners, carers, families, guardians and others who interact with health services in seeking the best outcomes for consumers. Consumers are sometimes also called patients and clients.

Carers

Carers are defined as individuals or organisations who provide health, social and other care services to another person or persons, and who with or on behalf of those persons may use the FUNLHN health services. In the context of Aboriginal communities and kinship systems, caring is a collaborative act with many people helping care for a single person.

Community

Community is defined as groups of people or organisations with a common cause, interest or location (including cultural groups), who work directly or indirectly to support and promote the health needs and interests of individual consumers or subgroups of consumers.







OUR ENGAGEMENT PRINCIPLES, CORE VALUES, AND KEY GOALS

Consumer engagement is underpinned by principles and core values to ensure that consumers, carers and communities are engaged within partnerships that are respectful, transparent, meaningful and empowering.

FUNLHN has adopted and endorsed the principles, core values and goals from the Statewide Consumer, Carer and Community Engagement Strategic Framework 2020-23 (Figure 2).



Figure 2: Engagement Principles, Core Values and Key Goals]
Adopted from the Statewide Consumer, Carer and Community Engagement Strategic Framework 2020-23, SA Health 2020

1. OUR CONSUMER AND COMMUNITY ENGAGEMENT PRINCIPLES

Foundation principles for consumer, carer and community engagement across our region.

Partnership

Effective partnerships exist when consumers are treated with respect and dignity, information is shared with consumers, and participation and collaboration in service processes are encouraged and supported. Robust partnerships are integral to consumer and community engagement.

Transparency

Leaders, managers and staff are transparent and openly disclose with consumers about their care and with the community about the nature of health services.

Leaders and managers facilitate appropriate decision making that is transparent, particularly in relation to performance and quality indicators, and ensure accountability to the community.

Meaningful

Achieving meaningful and effective consumer-centered care requires an organisational wide culture of continuous improvement focused on measuring consumer experiences, feedback and outcomes.

Opportunities for meaningful participation in co-design and decision making at all levels ensure the perspective and needs of consumers, carers and communities are expressed, considered and met.

This demonstrates transparency, honesty and commitment.

Respectful

Active partnering with consumers, carers and the community shows respect to their unique culture and values their insights and perspectives. It acknowledges and values their skills, knowledge, experience, time and investment in engagement and partnership activities.

Consumer, carer and community engagement recognises and respects that each person is an expert in their own health through lived experience.

Empowerment

Consumers who are engaged in their own treatment and in decision making regarding their treatment, are more likely to be and feel empowered and in control of their health. This can improve responsiveness to treatment as well as effectiveness and outcomes of treatment and health service efficiencies.

Empowering consumers, carers and communities including providing opportunities for skills development and increased health literacy, increases consumers ability to engage effectively in decisions about their treatment.

2. OUR CULTURAL RESPECT PRINCIPLES

Cultural Respect

Cultural respect acknowledges the ideas, customs, and social behaviour of a particular people or society. Within the context of this Framework, cultural respect encompasses the widely diverse range of cultures from which our consumers come. It is important for health services to understand and relate to the cultures within FUNLHN when developing treatment plans and communicating with individuals, groups and communities.

Aboriginal and Torres Strait Islander Cultural Respect Principles

Our population includes a large proportion of Aboriginal people who have a higher prevalence of many chronic health conditions and poorer health outcomes than other communities. Culturally safe, respectful and supportive health systems, practices and partnerships are vital to address this inequity.

Therefore, FUNLHN commits to an Aboriginal Cultural Respect Framework as a further key requirement as part of our community engagement activities.

Cultural respect recognises, protects and continues to advance the inherent rights, cultures and traditions of Aboriginal and Torres Strait Island peoples. FUNLHN is committed to providing services to Aboriginal and Torres Strait Islander peoples that values their culture and their connection to family and land, and ensures they feel safe and welcomed within all our services. FUNLHN will achieve this through ensuring focused effort on four critical elements (Figure 3):

- increase the knowledge and awareness of the history, experience, culture and rights of Aboriginal and Torres Strait Islander peoples e.g. our *Aboriginal Cultural Awareness Program*

- ensure strategies focus on good practice and culturally appropriate and safe behaviour, e.g. our *Aboriginal Leave Against Medical Advice Work Group*
- pursue strong customer and community relationships, e.g. our *NAIDOC celebrations*
- have systems and practices in place that support a positive outcome, e.g. our *Aboriginal Family Birthing Program*

FUNLHN will demonstrate our commitment to improving Aboriginal peoples' access to culturally safe and competent health services and programs by developing, engaging and improving relationships between staff and the customer, and staff and the community.



Figure 3: Aboriginal Cultural Respect
Adopted from Country Health SA Local Health Network
'Aboriginal Community & Consumer Engagement Strategy'

3. OUR CORE VALUES

Five core values set the standard for FUNLHN consumer and community engagement practices, and enables development of key actions to assure a values-based approach to our consumer and community engagement strategies.

Inclusive of Diversity

We recognise that all people have the right to be part of decisions that affect their lives, the lives of their carers and support network, and that of the community they belong to.

Strengthening consumer participation in our health care system requires an understanding of our unique communities and engaging effectively with them. We will include people from cultural and linguistically diverse backgrounds, those people with lived experience of disability, mental health issues, ageing and diversity, including but not limited to those who identify as Aboriginal, Torres Strait Islander, Lesbian, Gay, Bisexual, Transgender and Intersex and other groups in our communities that may have experienced challenges in engaging in the past.

We will take into account the impact of the socio-economic and geographical factors that exist across the communities in FUNLHN and acknowledge the challenges created by these and other factors that influence health and health services in remote, rural regional and peri-urban communities.

Our health services will be safe, inclusive, and responsive to the changing needs and perspectives of the diverse range of people who use the service.

Accessible and informed opportunities to participate

Promoting engagement opportunities and inviting the broadest and most diverse range of consumers, carers and community groups will encourage meaningful participation and partnerships.

Engagement techniques and structures that are tailored to our people will engage and empower individuals and groups to contribute across the whole spectrum of participation opportunities.

Partnering in design, planning and evaluation

Partnering with consumers, carers and communities in co-design, planning and evaluation of our health service acknowledges them as equal and expert partners highly invested in their own health outcomes and those of their community.

Consumers and carers have insights into the process of care through direct experience and can articulate their experiences, needs, barriers and enablers to health and health service access in their communities.

Systems, strategies and mechanisms for active engagement

Health services influence and encourage diverse community participation when they provide systems and processes that enable active engagement.

To be meaningful the FUNLHN will provide systems that enable community engagement that improves safety and quality and develops shared goals with staff. Such systems will:

- Bring the consumer experience into organisational planning, priorities and service review
- Support consumers to identify safety risks, and contribute to remediation measures
- Cultivate a learning environment that connects service staff and consumers in collaborative learning. Including supporting staff with consumer engagement education initiatives
- Provide mechanisms to measure, analyse and report consumer experience feedback
- Provide consumer access to governance and decision making across the organisation
- Implement consistent, tailored and effective communication with consumers, carers and communities
- Implement initiatives to enhance consumer and carer health literacy and to understand the important role they play in achieving safe and high-quality services.

Person-centred best practice

The concept of consumer-centred care and community engagement in health services is widely recognised as a foundation for achieving safe, high-quality and value-based health care, and contributing to better health outcomes and experiences for consumers, carers and families.

We commit to genuine community engagement underpinned by best practice principles and methods.



4. OUR KEY GOALS

The following four key goals describe and define areas and outcomes to work towards and the necessary actions to ensure positive results are achieved and measured.



Person Centred Comprehensive Care

1

What this looks like

FUNLHN provides comprehensive individualised care to consumers aligned with their personal needs, values, culture and goals.

How we do it?

- We provide care to consumers, appropriate to their individual health issues and the impact on their life and wellbeing
- We respect and value the voices of carers and support persons to advocate for consumers who cannot speak for themselves
- Consumers and their support persons partner in making decisions about their care, which are aligned to their individual healthcare goals and needs
- We respect the needs, values, culture and goals of each individual consumer, including those with a lived experience of diversity, including but not limited to those who identify as Aboriginal, Torres Strait Islander, Lesbian, Gay, Bisexual, Transgender, Intersex, and culturally and linguistically diverse and to those faced with mental and physical health challenges
- Care is coordinated across multiple teams and referral pathways for seamless transition, guided by the consumer's healthcare goals and choices

How will we know we have achieved it?

- We have empowered consumers who identify their healthcare goals and feel comfortable to speak up and ask questions if their goals are not being met
- We respond quickly and accurately to concerns raised by consumers about their care
- Care plans are individualised to each consumer and made readily available to the consumer and their support network
- We provide and report on best practice clinical care to meet our consumers healthcare requirements and individual goals

2

Consumer and Community Centred Communication



What this looks like

FUNLHN will provide clear, accessible and appropriate health information to support consumers, carers and community members to understand, make decisions and ask questions about their care.

How we do it?

- Clear health information, including culturally appropriate, is readily accessible to consumers, carers and the community and will have been reviewed by consumer representatives with support from the Health Literacy sub-group of the FUNLHN Partnering with Consumers committee
- All health information and communications with consumers, carers and the community is tailored to meet the diverse needs of the audience and will be culturally appropriate
- We provide clear and accessible information to the community on the services available within our region and how to access them
- We provide options for consumers with reading and hearing difficulties to access and interpret health information and communications
- We provide options and support for consumers with language requirements/preferences to access and interpret health information and communications
- Consumers, carers and community members will be aware of, and encouraged, to provide their input and feedback through a variety of methods
- Training on consumer focused communication strategies and cultural considerations, are made available to all staff

How will we know we have achieved it?

- FUNLHN information resources are developed and reviewed by consumers and made available online and in hard copy at all points of care. A logo will show it has had consumer review
- We provide opportunities for consumers, carers and the community to provide feedback and input to our health services. We monitor this feedback and respond in a timely manner
- Staff use effective consumer focused culturally appropriate communication strategies and plain language in every interaction with consumers, their families and carers
- All members of our Flinders and Upper North communities understand what our health services can provide for them



Partnering in Governance and Shared Decision Making

3

What this looks like

FUNLHN consumers, carers, communities and staff working together through the planning, delivery and evaluation of services.

How we do it?

- Consumers, carers and the community directly influence experience and benefit from the co-design of health services
- We provide formal systems for consumers to partner in health service governance and shared decision making
- We acknowledge and respect the lived experience of consumers and carers, and utilise their knowledge to better design our health services
- We respect and value the benefits of partnering with consumers, carers and community to enhance shared decision making
- Staff are trained in community engagement principles and processes

How will we know we have achieved it?

- Consumer representation on committees, interview panels and in staff training is frequent, consistent and part of ongoing culture
- We have expanded the number of 'Lived Experience' consumer groups and seek their input and advice regarding the planning, delivery and review of health services
- We report regularly on consumer involvement and consumers are able to recognise how their feedback contributes to health services
- We promote training opportunities for consumers, carers and community members to expand their knowledge and support their confidence and participation in the planning and decision making of FUNLHN health services



4

Evaluation for Safety and Quality



What this looks like

FUNLHN continually evaluate our health services and the experiences of consumers, carers and community members to ensure the safety and quality of our services.

How we do it?

- We collect and report safety and quality data for all aspects of our health service performance
- We provide many and varied opportunities for consumers and carers to provide feedback and input on their experience in our health services
- We utilise consumer feedback against requirements in the National Safety and Quality Health Standards, to identify gaps and shortfalls in our health services

How will we know we have achieved it?

- Safety and quality performance data of all health services is readily available to consumers and the community, and informs us of areas and issues requiring improvement
- We provide development and training opportunities through the shared experiences of consumers, carers and community
- We regularly report the progress and outcomes of consumer engagement to the SA Department of Health and Wellbeing

5. ACCOUNTABILITY AND RESPONSIBILITY FOR KEY GOALS

The FUNLHN Governing Board is accountable to lead the organisation in achieving effective partnerships with our consumers and communities; the Executive Leadership are responsible for the implementation, monitoring and evaluation of appropriate consumer and community engagement plans and activities; and all staff have a responsibility to act to ensure our health service is genuinely consumer focused (Table 1).





Key Goals	All Staff	Managers	Board and Executive Leadership
 Person Centred Comprehensive Care 1	Be respectful of and responsive to the preferences, needs, cultures and values of consumers, their families and the wider community.	Model and reinforce the culture of person and family-centered care and consumer engagement for improved service outcomes.	Lead and reinforce the importance of person and family-centered care culture within FUNLHN to drive the consumers experience as a continuous quality process.
 Consumer and Community Centred Communication 2	Participate in development of effective communication skills and use these skills in all interactions.	Build capacity of front line staff and create opportunities for individual staff and team to work collaboratively and communicate effectively with consumers and other service areas.	Commit to a culture of continuous quality improvement that is underpinned by effective communication. Provide support, leadership and resources to achieve results.
 Partnering in Governance and Shared Decision Making 3	Build relationships to empower consumers to be involved in decision making and developing pathways required to meet their health care needs. Participate in consumer engagement plans/activities and FUNLHN Continuous Improvement Program.	Understand, support and enable the implementation of the National Safety and Quality in Health Care Standards and how they link with Partnering with Consumers. Provide input into the organisations Consumer and Community Engagement Plans and support implementation.	Provide leadership, direction and resources to ensure consumer engagement is core in organisational planning and behaviour.
 Evaluation for Safety and Quality 4	Manage consumer feedback empathetically and in a timely manner. Participate in safety and Quality activities.	Support staff to recognise importance of consumer experience actions and use identified issues to formulate quality improvement using Continuous Improvement Methodology.	Drive organisational cultural change to deliver high levels of consumer satisfaction and improved safety and quality outcomes across FUNLHN.

Table 1: Accountability and Responsibility for Key Goals

6. OUR LEVELS OF ENGAGEMENT

FUNLHN supports the use of widely recognised International Association for Public Participation (IAP2) Public Participation Spectrum (2018) in the determination of appropriate levels of consumer and community engagement for varying activities, purposes and stages.

This spectrum as shown below, details the increasing level of consumer influence on decisions and outcomes. It sets out the promise made by the health organisation to consumers, carers and communities at each participation level (Table 2).

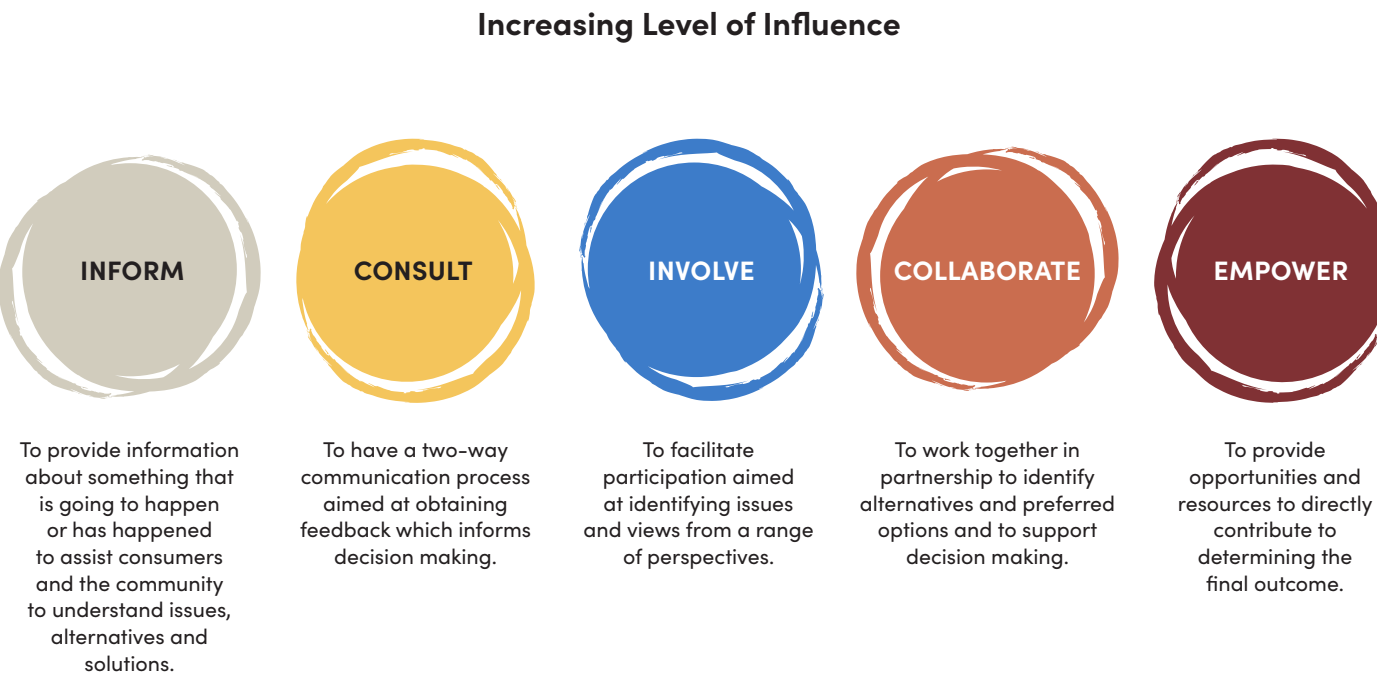


Table 2: Increasing Level of Influence
IAP2 Spectrum of Public Participation

7. OUR TECHNIQUES OF ENGAGEMENT

Recognising the importance of listening to the opinions of all our consumers, communities and staff in the development of this Framework, a range of innovative and varied engagement mechanisms were utilised together with a wide array of engagement resources.

It is clear from the number of responses received that our communities are eager to participate in partnerships with their health service.

These responses now make up a unique set of engagement techniques that can be further tailored to inform and engage with our diverse communities including for age and gender specific groups, cultural and linguistically diverse groups, disability groups, and health specific interest groups, among others. The following table highlights some examples. Each row heading represents the increasing degree of engagement with consumers and communities, in accordance with the recognised IAP2 Public Participation Spectrum (2018) in the determination of appropriate levels of consumer and community engagement for varying activities, purposes and stages.

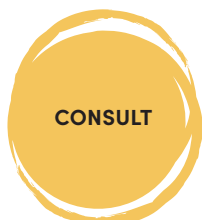


Method of Engagement

Examples



- Communication through existing local Council networks or community newsletters, local newspapers and radio
- Regular written Health Service communications including newsletters and pamphlets
- Dissemination of information on FUNLHN Facebook page and other social media platforms i.e. Twitter, chat groups, Instagram
- Rolling screens in health sites
- Disseminate information via direct delivery to inpatients
- Communication via partnership with geographically remote mail systems and service providers
- Information booths at shopping centres/events



- Easily accessible telephone, email, hard copy, online and in-person feedback systems and processes
- Systems to receive feedback via Health Advisory Council members and health professionals and other services
- Systems to accept feedback at community information booths/events
- FUNLHN consumer forums with established FUNLHN consumer partnerships and groups
- Small focus groups
- Feedback via social media – Telephone apps



- Surveys – both electronic and postal
- Regular partnerships and communication with community groups and external health services
- Active feedback from stakeholders such as Nursing Homes and Aboriginal Community Controlled Health Organisations
- Reference groups and working parties
- Health Advisory Councils as key conduits for communications between FUNLHN and consumers and communities
- Consumer focus groups
- Care planning and shared discussions on continuing care with patient
- Patient and clinical staff shared communication boards



- Consumer participation in FUNLHN governance committees, program workgroups and reference groups
- Aboriginal Women's group communicating FUNLHN messages, in language via video on FUNLHN social media
- FUNLHN staff supporting information dissemination and feedback in home visit environments
- Co-facilitation of staff training i.e.– Service Matters, Going the Extra Mile
- FUNLHN Health Advisory Councils
- FUNLHN Aboriginal Experts by Experience Panel
- FUNLHN Mental Health Lived Experience Program
- FUNLHN Community Network



- Increased visibility of FUNLHN in the community and enhanced processes for genuine consumer engagement
- Health Advisory Council Presiding Members representation on CCE Committee of the Board
- FUNLHN Regional Health Advisory Councils Presiding Members Forum
- Consumer representation on Standards Committees and other organisational committees
- Health Advisory Council and other consumer representation on formal and informal service planning committees and groups

Table 3: Techniques of Engagement

IMPLEMENTING OUR STRATEGIC FRAMEWORK

The FUNLHN Consumer and Community Engagement Strategic Framework outlines a comprehensive system wide approach to embedding effective consumer engagement within the regions core business.

The Framework provides the underpinning principles, values and key goals that will enable the further establishment of operational plans and activities across our health service.

These plans will be:

- developed and evaluated in partnership with consumers,
- endorsed by the Executive Leadership,
- coordinated by the Regional Partnering with Consumers Committee, and
- reviewed by the Consumer and Community Engagement Committee of the Board on a quarterly basis.

This process will assure the Governing Board of compliance with the Framework and other regulatory and legislative requirements. It is anticipated that these plans for engagement activity will be developed and operational within 12 months of the release of the Framework. Implementation plans and processes will be monitored progressively and reviewed annually, over the four-year life of the Framework.





MONITORING THE PROGRESS OF THE FRAMEWORK

Everything we plan and implement will be driven by consumer experience data and underpinned by the FUNLHN Quality and Safety Continuous Improvement methodology. Evaluation processes will be embedded in the plan or activity to ensure effective review and monitoring can occur.

The FUNLHN is committed to a process of continuous quality improvement (CQI) in all areas of activity including for the implementation of this Framework. CQI is a management philosophy used by organisations to improve their processes, products, programs, or services.

CQI refers to a cyclic process of problem identification, measurement, analysis, planning for change and implementing those plans, with the aim of continuing improvement for the benefit of the organisation and the consumer.

Monitoring

Monitoring allows identification of the aspects of any problem, gathers data for analysis or establishes a baseline. Monitoring can be undertaken through surveys, audits, observations, record reviews, extracting data from databases etc.

Assessment

An assessment of the current situation needs to be made by analysing the data from the monitoring phase of the cycle.

Action

Actions should be prioritised and then taken according to the assessment decisions.

Evaluation

Evaluation ensures the required result is achieved.

- did the action achieve the required result/outcome?
- is there anymore that can be done for this activity/initiative/project? Is it complete?
- is the best possible care and service being provided?

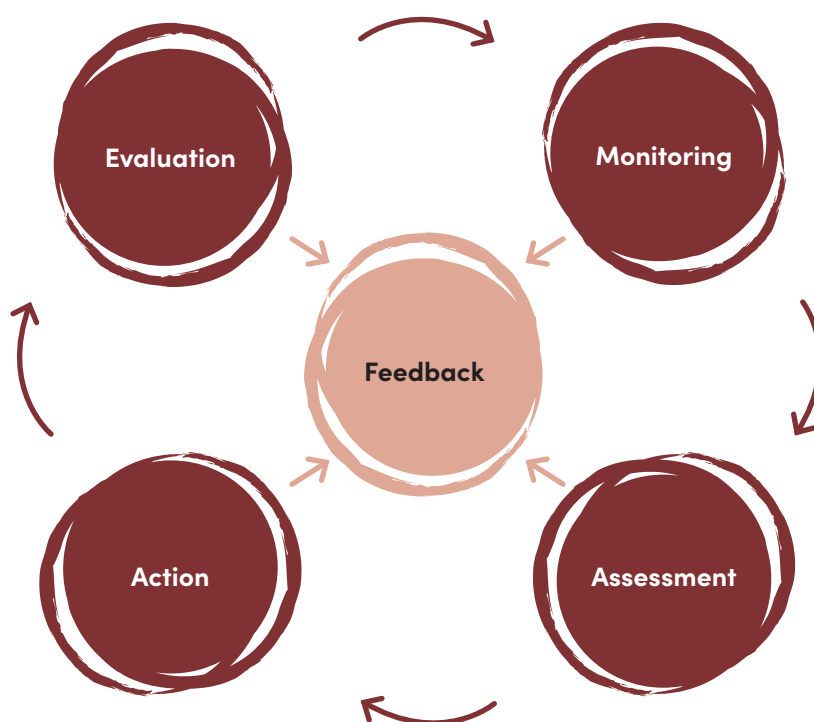


Figure 4: Graphical representation of the Continuous Quality Improvement (CQI) Cycle

Feedback

Feedback needs to occur at all phases as it keeps all relevant parties informed of progress, allows them to have input and makes them aware of the outcome and changes in the organisation.

These processes of problem identification, measurement and planning for improvements will be integrated into the engagement process. Input, process, output, outcome, and impact indicators will be developed (Table 5), including descriptions of the indicators to be measured, the targets for those indicators, the frequency at which they are measured, the source of the data, and the persons responsible for collecting and reporting the data.

Indicator type	Examples
Input	<ul style="list-style-type: none">• Staff education, e.g. Aboriginal Cultural Awareness and Service Matters Going the Extra Mile programs• Consumer education, e.g. admission processes• Community education, e.g. services available and access pathways
Process	<ul style="list-style-type: none">• Were the intended interventions implemented?• Were intended target groups contacted?• To what extent did target groups engage with interventions?
Outputs	<ul style="list-style-type: none">• Improved open disclosure statistics• Improved reporting• Regular information dissemination to community
Outcomes	<ul style="list-style-type: none">• Improved processes, e.g. more timely discharge summaries• Additional or improved services, e.g. reduced surgery waiting lists• Improved service accessibility, e.g. for consumers without transport• Increased consumer representation on committees
Impact	<ul style="list-style-type: none">• Changes in patient satisfaction• Health outcome changes<ul style="list-style-type: none">• Individual, group, public health• Health literacy

Table 4: Examples of input, process, output and outcome indicators

Regular consumer and health service staff input will also be sought (Table 6) in order to improve the effectiveness and relevance of the Framework during its life cycle and for future iterations of the Framework.

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- Accessible feedback opportunities, e.g.
 - telephone, email
 - letter
 - postcards, feedback cards
 - FUNLHN Facebook page
 - Consumer Surveys available at key areas within all sites of FUNLHN
 - Consumer Surveys available at key external health services and community groups
 - Information booths at key community events and or spaces
 - Consumer forums
 - Consumer representation/participation in committees and working groups
 - Health Advisory Councils
 - Safety Learning System
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Table 5: Examples of feedback mechanism for consumer and staff input

Through this CQI process, we will assess the extent to which our consumer, community and staff engagement and partnership activities comply with the principles that govern this Framework, and how well it delivers on the intended goals and objectives.

Informed by these CQI processes the FUNLHN Governing Board will assure formal review of the Consumer and Community Engagement Strategic Framework every four years.

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Country Health SA Local Health Network, Aboriginal Community and Consumer Engagement Strategy

SA Health Guide for Engaging with Aboriginal People

Cultural Respect Framework 2016–2026, for Aboriginal and Torres Strait Islander People

Health Advisory Council and Country Health SA Partnership Framework 2018 – retired document

National Aged Care Quality Standards

National Disability Insurance Scheme Practice Standards

Charter for Health and Community Services Rights

Charter of Aged Care Rights

State Disability Inclusion Plan 2019–2023

Draft Statewide Consumer, Carer and Community Feedback and Complaints Strategic Framework 2020–2023

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FOR MORE INFORMATION

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