



# Moyne Health Services

## Consumer, Carer and Community Engagement Strategy

Our Purpose: *Best Care - Every person, every time*







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## Message from the CEO

JACKIE KELLY

Moyne Health Services' (MHS) Consumer, Carer and Community Engagement Strategy is based on the foundation belief that engagement with consumers, carers and the community in the planning, design, delivery and evaluation of services delivers better outcomes. These improved outcomes occur across a range of measures including quality, efficiency, effectiveness and safety of services as well as generating a sense of ownership, empowerment and responsibility for their own health/care.

MHS recognises that consumers and carers want to be able to access the services they need, when they need them, in their local communities. This is achieved through the delivery of an integrated and "joined up service delivery system" that is developed in partnership with consumers/carers, delivering better outcomes for the community.

### Members of Moyne Health Services (MHS) Community Participation Working Group

- Board members
- CEO
- Quality and Risk Manager
- Staff
- Consumers
- Carer
- Community Representative
- Volunteers

## Executive Summary

**Effective engagement by health service organisations with consumers and the community is integral to improved, more transparent healthcare for consumers, their families and carers. Engagement enables consumers to work actively as partners with clinicians in their healthcare, and empowers local communities to have a greater say in the planning, design, delivery and evaluation of their hospital and health services, contributing to more efficient and effective healthcare delivery.**

Included in this strategy are several principles which set out the importance of engaging consumers in the design and delivery of health services to the community, and what that looks like in practise.

The next section of the strategy discusses the benefits for consumers, carers and the community with the development of a strategy that sets out a framework, levels of empowerment and how that empowerment influences the delivery and design of health services to the community.



The strategy then discusses engagement mechanisms and how that fits in with service planning and design, monitoring and evaluation and service delivery.

The strategy sets out the structure of the consumer engagement and the implementation of the strategy. It then goes on to discuss the Moyne Health Services priorities based on the Strategic plan.

The strategy has also developed an action plan which guides the implementation of the Strategy into the organisation.

# Definitions

**In its Consumer, Carer and Community Engagement Strategy, MHS utilises the following definitions of key terms:**

## **Consumers**

Consumers are people who use, or are potential users, of bed-based services, social and community health services including their family and carers. They may participate as individuals, in groups, as consumer representatives or communities.

## **Carers**

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

## **Community**

Community refers to groups of people with a common local or regional interest in health and well-being. Not only health and wellbeing - though wellbeing covers a lot of issues. Communities may connect through a community of place such as a neighbourhood, suburb, region, a community of interest such as consumers, industrial sector, parents, profession or environment group; or a

community that forms around a specific issue such as improvements to health and well-being or through groups sharing cultural backgrounds, religions or languages.

## **Community engagement**

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

## **Consumer engagement Individuals**

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

## **Rural Health and Primary Health Services**

The scope of Hospital and Primary Health services is broad, encompassing the range of factors described as acute, aged care and Primary Health Services.

## Context

**MHS's vision is for a healthy and inclusive community. MHS recognises that inequities in health and wellbeing are caused by factors such as unemployment, insecure housing, financial insecurity, social exclusion, addiction and other social disadvantages. In response, MHS offers a wide range of programs that address determinants of health and wellbeing, aiming to support everyone to lead happier, healthier lives as valued and participating community members.**

To achieve its Vision, MHS believes consumer participation and consultation is central to the planning, implementation and evaluation of service delivery across all its services. The involvement and feedback of consumers is used in the development of the organisational strategic planning process and program and team planning across the organisation, as well as in the development of our annual Quality of Care report to the community.

Consumer participation is a key standard within national and state quality accreditation systems. The Victorian Government policy, 'Doing It With Us Not For Us', is a foundation policy statement guiding reforms for MHS within Sub Acute, Aged Care and Community Health sectors.



This framework promotes collaborative, integrated and effective engagement by MHS with consumers, carers and communities. This engagement occurs within the context of MHS's wider engagement with other community and government stakeholders including other Health Services, Non-Government Organisations (NGOs), health practitioners, private hospitals and local, State and Commonwealth governments.

## Purpose and Scope of the MHS Consumer, Carer and Community Engagement Strategy

**The purpose of MHS's Consumer, Carer and Community Engagement Strategy is to inform and embed effective consumer, carer and community engagement within the planning, structures, processes and service delivery practices across MHS.**

This includes activities which are designed to: (e.g. inform, enable, gather and monitor)

- inform the organisation about the needs of people who use our services and of people who may be potential users of our services, but who may experience barriers to access or variable quality of services;
- enable better planning, design and delivery of services to better meet the needs of people who use our services;
- gather feedback about initiatives and reforms that impact upon service delivery;
- monitor and report on the quality and safety of services delivered;

- empower consumers to work as active partners in their health and well-being, unlocking the potential available to contribute to more efficient and effective service delivery; and
- achieve better outcomes through collaboration between providers and service users.

MHS's Consumer, Carer and Community Engagement Strategy is based on a set of principles and a framework to guide and support effective engagement action. It reflects national, state, and international approaches to consumer, carer and community engagement whilst recognising that there is no 'one size fits all' approach.

Rather, the strategy supports the development of strategies that are tailored to meet the needs of local communities guided by consistent principles which underpin the MHS Consumer, Carer and Community Engagement Strategy.

The Strategy places consumers at the centre, surrounded by the community and builds on the work that has been undertaken by government and non-government stakeholders in the area of Consumer, Carer and Community Engagement.



## Carer and Community Engagement

**MHS's consumer, carer and community engagement strategy informs and supports the quality and safety of services delivered by MHS including identifying:**

- the consumers who access our services as well as potential consumers and population groups not accessing services;
- the barriers to access and /or unmet community needs;
- variation in service quality and safety; developing and monitoring strategies taken to improve quality and safety of services;
- key actions required to reach and engage appropriately with the local community and target population groups;
- processes that are effective, innovative and responsive to engagement, particularly for 'hard-to-reach' groups; and
- opportunities to work collaboratively with a broad range of consumers, carers and communities necessary and relevant to service planning, design, service delivery and service monitoring and evaluation.

## Underlying Principles

The following nine principles of Consumer, Carer and Community engagement underpin the MHS approach to enhancing the health and well-being of consumers and the community. They reflect the principles of current national and state health reforms.



## Principles of Consumer, Carer and Community Engagement

Principles	Principle statement	Principle in practice
<b>Participation</b>	Consumers and communities participate and are involved in some decision making about their health and well-being.	Consumers and communities are involved in decision making and MHS demonstrates how it uses this feedback to plan, design, deliver, monitor and evaluate services.
<b>Person – centred</b>	Engagement processes are Consumer, Carer and Community centred.	The values and the needs of consumers, their families/ carers and the community are embraced by MHS to improve the manner in which it undertakes engagement.
<b>Accessible and inclusive</b>	The needs of consumers and communities who may experience barriers to service access and engagement are considered and steps are taken to enhance the accessibility of services and inclusion.	Experiences of consumers and communities drive strategies to increase access to services and to facilitate the inclusion of people who experience poorer health outcomes.
<b>Partnership</b>	Consumers, carers, community and health services work in partnership.	Consumers, carers and the community at all levels of engagement, partner with MHS around the planning, designing, delivery, monitoring and evaluation of services.
<b>Diversity</b>	The engagement process values and supports all consumers, carers and communities.	MHS understands and embraces its different consumer demographics and communities and engages with a diverse range of individuals and groups.
<b>Mutual respect and value</b>	Engagement is undertaken with mutual respect and valuing of each other’s experiences and contributions.	MHS works with consumers, carers and communities in a respectful way to improve service planning, provision, monitoring, review and funding outcomes.
<b>Support</b>	Consumers, carers and communities are provided with the support they need to engage meaningfully with the health and community services systems.	MHS undertakes a process to understand the needs of consumers, carers and the community, and implements processes to provide them with the support that they need to engage.
<b>Influence</b>	Consumers, carers and community engagement influences policy, planning and system reform, and feedback is provided about how the engagement has influenced outcomes.	MHS uses information gained through engagement with consumers, carers and communities to improve policy, planning, service delivery and design, and provides feedback on how their input has been used.
<b>Continuous improvement</b>	Consumer, carer and community engagement is regularly reviewed and evaluated to drive continuous improvement.	MHS regularly conducts review and evaluation of its engagement activities. Results are utilised for ongoing improvement of engagement strategies and to share learnings and knowledge with staff and other stakeholders.



## Benefits for Consumers Carers and Communities

**Research shows that consumer, carer and community engagement in health services is strongly associated with good outcomes for all concerned, as demonstrated through:**

- increasing the level of satisfaction with services;
- building an environment where individuals are more likely to take responsibility for their own health and well-being; (helping make service planning decisions that reflect the needs and wishes of the community);
- increasing the sense of ownership of services;
- providing an efficient and effective means of understanding local needs and issues rather than relying on information from indirect or secondary sources;
- improving service quality and safety, particularly regarding access and service responsiveness;
- improved marketing of the service;
- helping to attract people interested in working with and supporting services;

- injecting innovation and creativity into service planning and delivery; and
- increasing the level of social capital in the community.

In engaging with consumers and communities, it is important to recognise that consumers choose how and when they will engage. This often depends on the nature of the service or activity, the consumer's perception, whether the activity will improve health outcomes and the consumer's life, health and social circumstances at the time. It is therefore important that MHS provides meaningful opportunities for consumer engagement that:

- facilitate engagement;
- recognise barriers to engagement;
- demonstrate how consumer engagement will contribute to better health outcomes for individuals, their families/carers and the broader community.

## Benefits for Moyne Health Services

**The development of structures and processes which facilitate systematic consumer/carer/community engagement across MHS underpins our shared goals of providing more efficient, effective services to the community.**

Information gained through such collaboration is used to improve service planning, design, delivery and evaluation in order to:

- better meet the needs of consumers and the community, including people from diverse backgrounds;
  - empower and support consumers as active partners in managing their own health and wellbeing;
  - ensure more efficient and effective use of services;
  - make services more accessible, responsive and tailored to meet the individual and collective needs of current and potential users of our services, including:
    - Aboriginal and Torres Strait Islander people;
    - the gay, lesbian, bisexual, trans-gender, intersex and queer (LGBTIQ) community;
    - older persons;
    - people from culturally and linguistically diverse backgrounds;
    - people with a disability; and
    - people with mental illness.
- engage and work more effectively with carers and/or family members;
  - address unmet needs of consumers who may experience increased disadvantage and poor outcomes due to barriers in accessing our services;
  - improve integration to deliver better health and wellbeing services for consumers, families and carers across our services
  - improve the responsiveness and efficiency of services/programs in relation to funding, quality, safety and consumer satisfaction;
  - identify service priorities that are based on consumer, carer and community driven needs; and
  - improve knowledge and understanding of key areas of success and opportunities for improvement based on feedback from people who use the service.

# The Strategy

MHS's Consumer, Carer and Community Engagement Strategy is delivered through three elements of an integrated framework:

## 1. Organisational Processes:

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

## 2. Levels of Organisational Structure:

- individual – one to one involvement;
- program/service – team or service level of involvement;
- organisation – across the wider systems of MHS;
- community and networks – external stakeholders and community networks.

## 3. Continuum of Empowerment, Influence & Decision-Making:

- from low levels of influence and impact through to high levels of empowerment and decision-making.



## 1. Organisational Processes

Consumer, Carer and Community engagement has impact across three key organisational processes:



### Service Planning and Design

Informing priority setting and resource allocation. Examples of this in practice may include but are not limited to:

- > MHS staff actively engage with consumers in individual planning meetings to make decisions about their individual care;
- > Staff partner with consumers to make decisions about design and delivery of their service provision;
- > MHS uses Consumer, Carer and Community engagement mechanisms to inform and influence program/team plans from a consumer/ community perspective;
- > MHS has Consumer, Carer and Community engagement mechanisms in place for services, programs and facilities when developing new initiatives and projects to ensure these reflect and incorporate Consumer, Carer and Community needs;
- > MHS has mechanisms in place to provide access to orientation and training for consumer representatives at the program and organisation levels; and
- > MHS has Consumer, Carer and Community engagement mechanisms in place to influence and have input into strategic and operational plans from a Consumer, Carer and Community perspective.

### Service Delivery

Informing recommendations for improving consumer experience and the quality and safety of service provision. Examples in practice may include but are not limited to:

- > Staff engage with the consumer in developing a treatment plan to ensure they have informed consent processes in place about their care.
- > Staff provide consumers with information about their service provision to meet their individual needs.
- > MHS has consumer engagement mechanisms in place to involve consumers, their carers and family with regards to service delivery

### Service Monitoring and Evaluation

Informing the use of evaluation and performance data to identify and drive improvement. Strategies may include but are not limited to:

- > Consumers provide feedback about their satisfaction in relation to the care they received;
- > Consumer feedback is used to review the safety and quality of services provided;
- > Staff provide consumers with information about making complaints;
- > Mechanisms and processes exist to enable Consumer, Carer and Community input into the redesign and evaluation of existing programs or services

## 2. Levels of Organisational Structure

Consumer, Carer and Community engagement operates at four different areas or levels within the organisation as shown in the following table:

Level of engagement	Where the engagement occurs	Explanation
<b>1. Individual</b>	Individual health and well-being	This level focuses on engaging with the individual consumer and/or their family/carer as partners in their own health and wellbeing, support and treatment
<b>2. Program/Service</b>	Program delivery/ Service delivery	This level focuses on engaging with consumers and the community to have input into how programs/services are delivered, structured, evaluated and improved.
<b>3. Organisation</b>	Organisational	This level focuses on how MHS engages more broadly with consumers and community to improve the quality and safety across programs and services.
<b>4. Community and Networks</b>	Local community and Networks	This level focuses on how MHS engages with its local community agencies and networks to plan and implement improved quality and safety of services and to address gaps in service delivery.



### 3. Empowerment Continuum

The Framework’s approach to effective Consumer, Carer and Community engagement recognises that there are differences in the level of influence or empowerment which will be allocated to different kinds of engagement, depending on factors such as the purpose of the engagement, accountability for outcomes, the stake MHS party holds in the outcome,

expertise, etc. These differences in influence or empowerment occur along a continuum ranging from merely informing consumers, to totally empowering consumers with full decision-making responsibility according to the participatory mechanisms and levels of empowerment shown below:



#### LEVELS OF EMPOWERMENT:

##### 1. Information

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

##### 2. Consultation

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

##### 3. Involvement

Involvement is when MHS actively seeks consumer, carer, and community views and formally takes these into account when planning, delivering and evaluating of services, programs and policies.

##### 4. Collaboration

Consumers, carers and communities work together with MHS and other stakeholders to develop solutions and initiatives. Decisions are made within specified guidelines. (Sometimes referred to as ‘co-creating’ the solution or initiative)

##### 5. Empowerment

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

## Stages and Levels of Influence/ Empowerment

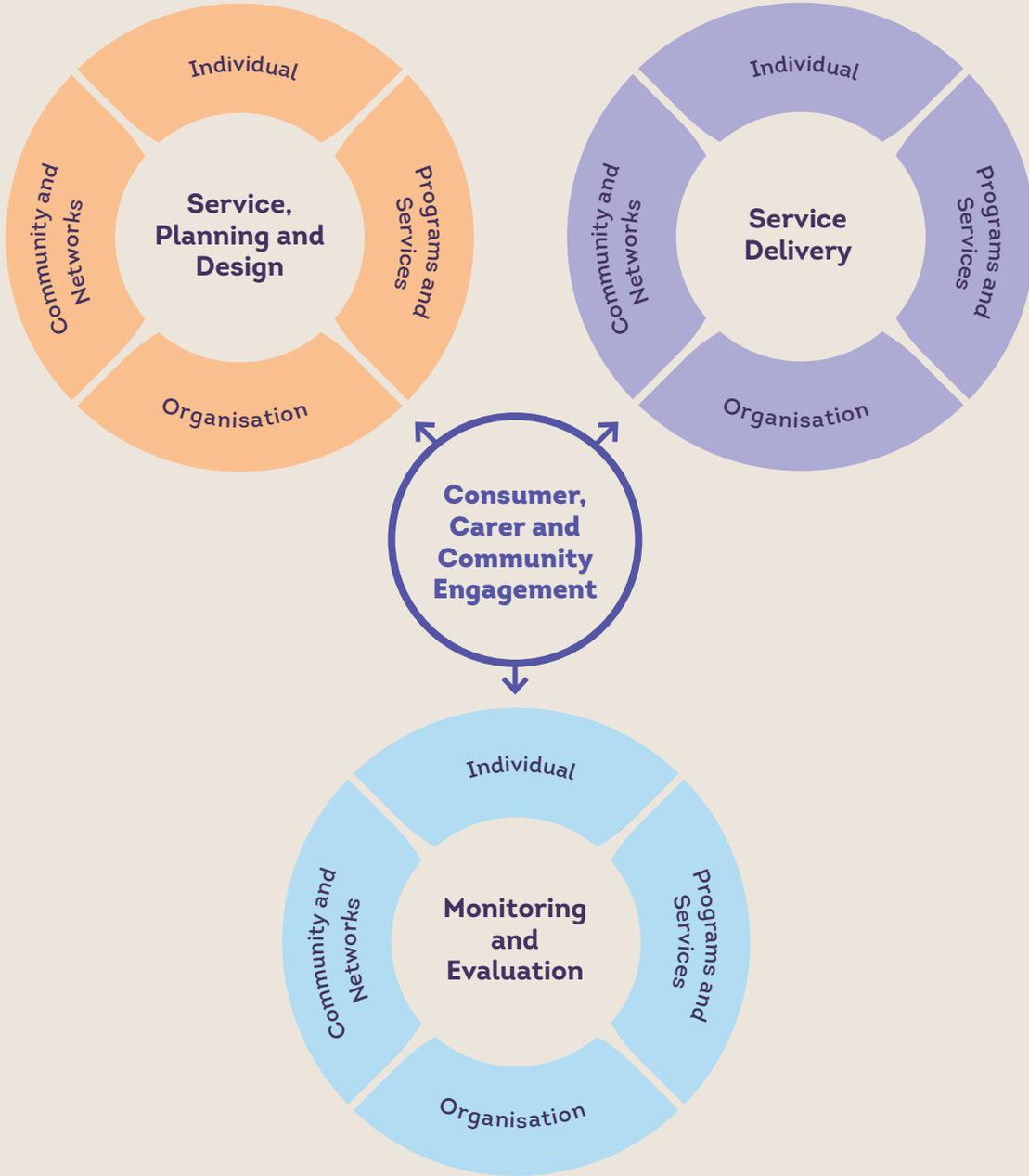
	Information	Consultation	Involvement	Collaboration	Empowerment
What is the nature of the engagement?	Information is given to consumers and communities	Information is gathered from consumers and communities	Consumers and communities participate in the process	Organisations and consumers /communities work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

### Engagement mechanisms

The following table provides some examples of different types of engagement mechanisms across the five stages.

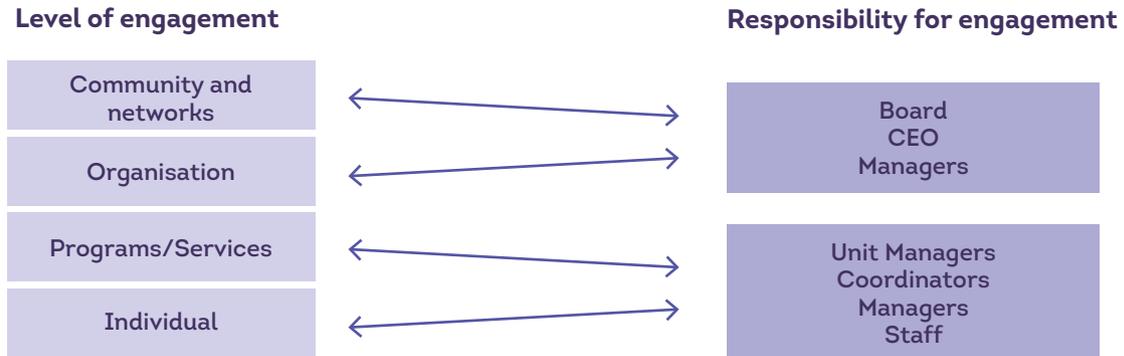
Inform	Consult	Involve	Collaborate (Co-create)	Empower
<ul style="list-style-type: none"> <li>• Websites</li> <li>• Displays</li> <li>• Media releases</li> <li>• Education programs</li> <li>• Fact sheets</li> <li>• Information delivery forums</li> </ul>	<ul style="list-style-type: none"> <li>• Care planning</li> <li>• Focus groups</li> <li>• Surveys</li> <li>• Public meetings</li> <li>• E-Consult</li> <li>• Conferences</li> <li>• Discussion papers</li> </ul>	<ul style="list-style-type: none"> <li>• Care planning</li> <li>• Workshops</li> <li>• Deliberative polling</li> <li>• Roundtables</li> <li>• Ballots</li> <li>• Conferences</li> <li>• Panels</li> <li>• Task forces</li> <li>• Working parties</li> </ul>	<ul style="list-style-type: none"> <li>• Representation on Advisory committees</li> <li>• Scenario building</li> <li>• Clinical networks</li> <li>• Representation on Planning committees</li> </ul>	<ul style="list-style-type: none"> <li>Consumer representation on</li> <li>• Multi-purpose social and community health services</li> <li>• Steering committees</li> <li>• Strategy groups</li> <li>• Quality committees</li> <li>• Boards</li> <li>• Policy councils</li> <li>• Standing strategic committees</li> </ul>

## Engagement Strategy & Structure



### Levels of responsibility

The diagram below demonstrates the levels of responsibility within MHS for implementation of Consumer, Carer and Community engagement.



### Lines of communication



## Consumer, Carer and Community Engagement Strategies

The Consumer, Carer and Community engagement strategies are linked to the MHS's Strategic Plan to provide an integrated approach across the organisation for Consumer, Carer and Community engagement. The MHS Consumer, Carer and Community engagement strategies are derived from the Victorian Department of Human Services, "Doing it with us not for us" Strategic Direction 2006 – 2009. The criterion from this strategic direction has been linked to the MHS strategic priority objectives.

### MHS Strategic Priorities are:

- 1.1** Deliver High Level Quality Services
- 1.2** Develop efficient and effective responses through innovation and adoption of new models
- 2.1** Provide accessible, person centred responses to consumer needs by coordinating and integrating services within MHS and the wider community
- 3.1** Promote the on-going development of staff skills and their engagement with the work of MHS and support sector workforce development
- 4.1** Enabling better planning, design and delivering of services to meet consumer, carer and community needs
- 5.1** Service Growth and Expansion
- 5.2** Implement effective, sustainable, targeted services
- 5.3** Financial Viability

Criterion to achieve the Strategic priority ('Doing it with us not for us')	MHS Priority Strategic Objectives
The organisation demonstrates a commitment to Consumer, Carer and Community participation appropriate to its diverse communities.	1.1.1 Deliver health services based on holistic needs assessments and coordinated service delivery for the individual
Consumers, and, where appropriate, carers are involved in informed decision-making about their treatment, care and wellbeing at all stages and with appropriate support.	4.1.2 Engage with our consumers to ensure they are active participants in the design and delivery of their care
Consumers, and, where appropriate, carers are provided with evidence-based, accessible information relevant to MHS context of practice to support key decision-making along the continuum of care.	4.1.4 Build people's health literacy and health decision making ability
Consumers, carers and community members are active participants in the planning, improvement, and evaluation of services and programs on an ongoing basis.	4.1.4 Engage with our consumers to ensure they are active participants in the design and delivery of their care
The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.	1.1.1 Deliver health services based on holistic needs assessments and coordinated service delivery for the individual 2.1.4 Develop partnerships with other services to promote collaborative action on health and wellbeing

## References

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- 2 'Doing it with us not for us' Strategy 2006-2009, Rural and Regional health and Aged care Division, Victorian Government, Department of Human Services 2006.
- 3 Adapted from Department of Communities (2005) Engaging Queenslanders: an introduction to community engagement and Health Participants Queensland, (2009). Participant Representatives Program: Participant Handbook.
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- 6 World Health, (1998). Health Promotion Glossary. Adapted from definition of health sector. Geneva. [www.who.int/hpr/NPH/docs/hp\\_glossary\\_en.pdf](http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf) Accessed on 19/1/12.
- 7 MHS Strategic Plan
- 8 MHS Policy and Procedure Consumer/Carer/Community Engagement



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