

Consumer **Participation Plan**

2016-2020



Our Vision Supporting a healthy community. *Our Mission* The purpose of Benalla Health is to facilitate a healthy and resilient community through the provision of integrated, lifelong healthcare services.

Why do we have a Consumer Participation Plan?

Executive Summary

Benalla Health believes that consumer participation is fundamental to ensuring an effective and responsive health service. Furthermore Benalla Health also recognises that consumer participation is essential to providing information for improvements in individual health outcomes and health service delivery.

Benalla Health's Consumer Participation Plan outlines how Benalla Health will engage with consumers, carers and the community to help shape health services whilst keeping the community involved and informed.

Consumers can provide unique and valuable insights into health care due to their own experiences of using the health system as a patient, client or carer and as members of a community. Many consumers understand what is happening within their community and what people might value.

From Benalla Health's point of view, the participation and feedback from consumers, carers and the community is particularly important to understand:

- Are we meeting consumer needs?
- Can we do things better?

There are three levels at which people want to be engaged with Benalla Health:

- Information one way communication from Benalla Health to target groups and the broader community. The information desired is service availability, accessibility, costs and 'what is happening' updates.
- Feedback on current services and making them more appropriate and better for users. This includes specific input on levels of service, what is provided and when, how well it is provided, satisfaction, quality and new ideas. (Involvement can be at the individual level where people participate in making decisions affecting them; at the program level and at the organisational level).
- Collaboration and involvement in future service planning.

Aim

Benalla Health aims to increase active engagement and participation from consumers, carers and community members to:

- Improve the quality of health care and health outcomes for consumers;
- Ensure that current services are meeting consumer needs, and will be designed with consumers to meet future needs and
- Provide information and feedback for improving services and service delivery.

Specifically, through better engagement and participation of consumers, carers and the community, Benalla Health intends to:

- Use consumer and carer experience and feedback to improve services;
- Continue to create consumer and carer friendly access to services;

- Improve communication between all stakeholders;
- Design future services to meet the needs and preferences of the community, from the planning stage through to evaluation and monitoring;
- Engage people and design services that are responsive to diverse groups;
- Establish links with community organisations, and partner with other health and community service organisations to deliver seamless and integrated services where possible and
- Obtain feedback on system level issues regarding consumer and carer feedback and complaints.

Objectives

- Ensure that the continual practice of consumer participation in all facets of service provision at Benalla Health is part of the cultural norm, with systems and processes in place to support participation.
- Improve upon the existing practices of consumer participation at Benalla Health so that consumers enjoy increased opportunities to contribute, and know how their input has made a difference.
- Build the capacity of people to be more fully involved in participation with Benalla Health inclusive of:
 - individual consumers and carers;
 - board members and committee members and
 - volunteers and staff.

The actions contained within this Plan, cover four areas that will assist with achieving the stated aims and objectives:

- 1. Clinical governance and quality improvement systems to support partnering with consumers
- 2. Partnering with Consumers in their own care.
- 3. Health Literacy
- 4. Partnering with Consumers in Organisational Design

Strategic directions

A summary of the strategic documents that informed the Consumer Participation process is shown below:

- Benalla Health Strategic Plan 2016 2020
- State Government Policy
- "Doing it With Us Not For Us" Policy
- Equity in Participation
- National Safety and Quality Health Service Standards

Organisational Strategic Plan

Our Vision:

Supporting a healthy community.

Our Mission:

The purpose of Benalla Health is to facilitate a healthy and resilient community through the provision of integrated, lifelong healthcare services.

Relevant sections of our 2016-2020 Strategic Plan have informed the development of the Consumer Participation Plan.

Priority One - We commit to improving health outcomes for our community

We promise that we will ...

- Ensure the care we provide is transparent, responsive, inclusive and person centred.
- Improve patient flow and engagement through effective communication, education and discharge planning.
- Strengthen our capacity to recognise and respond to family violence.
- Strengthen our capacity to improve community access to mental health and drug and alcohol services.

We will deliver on our promises by

- Developing our clinical service plan to ensure we are prepared to meet the changing needs of our local and regional community in order to facilitate a more integrated experience of healthcare.
- Renewing our Community Engagement, Closing the Gap and Disability Access to Services plans.
- Improving the patient experience across the continuum of care with a particular focus on improving effective and informed discharge planning.
- Continuing to deliver preventative and community education strategies to reduce family violence in our community.
- Continuing to build an integrated service model in Community Health to deal with chronic and complex clients, disadvantaged community members and victims of family violence.
- Achieving White Ribbon Accreditation.
- Continuing to develop and strengthen our relationships with Gateway Health, Albury Wodonga Health and other stakeholders to ensure our community can access timely mental health and drug and alcohol services.

The consumer / community voice into these key areas is important to ensure that we work together more effectively to achieve better health outcomes for consumers and their significant others.

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State Government Policy

The Victorian Government is committed to involving people in decision making about health services. Participation in improving the health of a community is an essential principle of health development, clinical governance, community capacity building and the development of social capital.

Participation is valued because it is:

- an aid to improve health outcomes and the quality of healthcare
- an important democratic right and
- a mechanism to ensure accountability.

Participation occurs when consumers, carers and community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of themselves and the community. It is about having consumers having their say, thinking about why they believe in their views and listening to the views and ideas of others. In working together, health policy decisions will include a range of perspectives.

Doing it With Us Not for Us



Doing it with us not for us - Principles of participation

| Principle | Operation |
|----------------------------|---|
| 1. Trust | Participation works best where there is mutual agreement of the processes and assessment of the issues under consideration as developed through productive working relationships. |
| 2. Respect | All participants need to show consideration and value each other as equal contributors to the participation process. |
| 3. Openness | Participation must be built from the ground up and this can only be ensured if all participants are open to considering the ideas of consumers, carers and the community and are willing to accept change. |
| 4. Equal opportunity | At the earliest possible time, involve all those who will be affected by the decisions, inform them of the decision making process and ensure they have access to the information and the means to participate. |
| 5. Advocacy and Support | Participation must be supported from the top and resourced so that participation is meaningful for the consumer, carer and community member. |
| 6. Responsiveness | The capacity to undertake participation requires skilled organisations and benefits from multiple strategies and resources. |
| 7. Shared ownership | All involved share ownership of the process and decisions and are accountable and responsible for monitoring and evaluating the impact and outcomes. How the responsibility is distributed should be defined as part of the participation arrangement. |
| 8. Dissemination | The decisions made, and how consumers, carers or community members' participation influenced those decisions, should be communicated to all those involved and affected by the decisions. |
| 9. Evaluation | Lessons learnt from the participation process should be identified and communicated as widely as possible. |

Cultural responsiveness Consumer Rights participation Co-design & Health literacy co-production & information Shared Equity decision-Standards making Participation Person & Health care in healthcare family centred саге

Equity in Participation: Toward a new healthcare policy framework

National Standards Standard 2 - Partnering with Consumers



Leaders of a health service organisation implement systems to support partnering with patients, carers and other consumers to improve the safety and quality of care.

Patients, carers, consumers, clinicians and other members of the workforce use the systems for partnering with consumers.

- Governance structures are in place to form partnerships with consumers and carers.
- Consumers and carers are supported by the health service organisation to actively participate in the improvement of the patient experience and patient health outcomes.

Consumers and carers receive information on the health service organisation's performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.

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Strategies and Actions

Strategy One: Clinical Governance and Quality Improvement Systems to Support Partnering with Consumers

Systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation.

| Strategy area | | Actions | Responsibility | By When |
|--|--------|---|---|----------------------|
| 1.1. Governance | 1.1.1. | Cultural Diversity and Consumer Committee (CDCC) maintained as a Board Sub- Committee (See 4.1.1) | Board Executive | Ongoing |
| | 1.1.2. | CDCC Terms of Reference reviewed annually | Board CDCC | Annual |
| | 1.1.3. | CDCC standard agenda Item on Board agendas | Board CEO | Ongoing |
| | 1.1.4. | KPIs established for Consumer representatives on CDCC | CDCC | June 2017 |
| | 1.1.5. | Review of CDCC performance | Board Exec CDCC | Annual (November) |
| | 1.1.6. | Consumer members on Quality and Safety Committee | CEO | Ongoing |
| | 1.1.7. | Consumer members on other clinical committees | DCS | Ongoing |
| 1.2. Consumer Participation Plan | 1.2.1. | Review and update the Consumer Participation Plan | CDCC DCH | December 2017 |
| | 1.2.2. | Endorse the Consumer Participation Plan | Board | February 2017 |
| 1.3. Policies & Procedures | 1.3.1. | Review and update the Consumer, Carer and Community Participation policy (Due May 2017) | CDCC | March 2017 |
| | 1.3.2. | The Australian Health Care Charter for Victorian Health Care Services is promoted within the organisation | CEO Executive Managers Q&R Manager | Ongoing |
| 1.4. HR Processes | 1.4.1. | Benalla Health Position Descriptions are reviewed to ensure clear expectations of the value of consumer, carer and community input | HR Manager Executive and Managers | June 2017 |
| | 1.4.2. | Review Staff induction to ensure it includes a session on the value of consumer, carer and community input, how it is used, and their roles to enable participation | Education Manager HR Manager and Managers | June 2017 |

| Strategy area | | Actions | Responsibility | By When |
|----------------------------------|--------|---|--|----------|
| 1.5. Reporting and Evaluation | 1.5.1. | Review formal processes to evaluate and monitor community participation by all stakeholder groups across the organisation | CDCC Board Executive | Dec 2017 |
| | 1.5.2. | Quality of Care report contains information about stakeholder participation and how that has been used | Q&R Manager CDCC Quality and Safety Committee | Annual |
| | 1.5.3. | Complaints and compliments themes and trends are reported to the Quality and Safety committee and CDCC for discussion and input of consumers for future actions to improve services | Executive Q&R Manager Quality and Safety committee | Ongoing |

Strategy Two: Partnering with Consumers in their Own Care

Systems that are based on partnering with patients in their own care are used to support the delivery of care. Patients are partners in their own care to the extent that they choose.

| Strategy Area | | Actions | Responsibility | By When |
|---------------------------|--------|---|--|---------|
| 2.1. Feedback | 2.1.1. | Complaints and compliments themes and trends are reported to Quality and Safety committee and CDCC for discussion and input of consumers for future actions to improve services (See 1.5.3) | Executive Q&R Manager Quality and Safety committee | Ongoing |
| | 2.1.2. | (See 1.5.6) Develop regular communication and participation activities about: Services availability Other related services Changes to services News and updates Through: Traditional media: Regular, personal media articles including print, radio and TV Social Media platforms Updated website Team newsletters Community brochures Quarterly feature in Ensign Provision of summary information to schools and community groups so that they can distribute in newsletters Working with schools and community groups so that this would be a two way process between the organisation and the community | Board Executive Managers Media Manager | Ongoing |
| | 2.1.3. | Benalla Innovation IT Group (BIIG) and CDCC to review current website and update to be more current, and relevant to consumers, carers and the community | CDCC BIIG Managers Media Manager | Ongoing |
| 2.2. Healthcare Rights | 2.2.1. | CDCC to review education / media plan to ensure that all consumers are aware of the Australian Charter of Healthcare Rights | Executive Q&R Manager Quality and Safety committee | Ongoing |
| | 2.2.2. | CDCC to review informed consent process | Executive Q&R Manager Quality and Safety committee | Ongoing |
| 2.3. Shared Care Plans | 2.3.1. | Ensure consumers are partners in the formation of care plans and client centred goal setting and are able to make decisions about their current and future care | DCH DCS CH TL | Ongoing |

Strategy Three: Health Literacy

Health service organisations communicate with patients in a way that supports effective partnerships

| Strategy Area | | Actions | Responsibility | By When |
|---------------------------|--------|---|--|------------|
| 3.1. Staff training | 3.1.1. | Review current training material and opportunities for staff on consumer participation | Education and Research Unit HR Manager | June 2017 |
| | 3.1.2. | Provide opportunities for consumer input to staff training (personal experiences and feedback) | Executive | Ongoing |
| | 3.1.3. | Monitor attendance at forums and training opportunities so that staff can be identified as receiving training appropriate to the expectations of enabling participation as outlined in their Position Description | Education and Research Unit HR Manager | Ongoing |
| | 3.1.4. | Staff trained in plain language skills in written and oral communication | Education Manager HR Manager | Ongoing |
| 3.2. Consumer training | 3.2.1. | Identify consumer/client/carers health literacy needs | DCH DCS Manager Education | April 2017 |
| | 3.2.2. | Identify appropriate health literacy training programs appropriate for local consumers and carers | DCH DCS Manager Education | June 2017 |
| | 3.2.3. | Work with the Health Issues Centre (HIC) to identify the latest research on consumer participation and bring to the CDCC. | CDCC DCH | Ongoing |
| 3.3. Communication | 3.3.1. | BH uses communication mechanisms that are tailored to the diversity of the consumers who use its services | Executive Q&R Manager | Ongoing |
| | 3.3.2. | CDCC review process to ensure consumer brochures and material is reviewed by consumers prior to release to ensure it is easy to understand and use | Executive Q&R Manager | Ongoing |
| | 3.3.3. | CDCC review process for consumer brochures and information to ensure it is provided in a way that meets the needs of patients, carers, families and consumers | Executive Q&R Manager | Ongoing |
| | 3.3.4. | Review information provided to consumers at discharge | | |

Strategy Four: Partnering with Consumers in Organisational Design

Consumers are partners in the design and governance of the organisation.

| Strategy Area | | Actions | Responsibility | By When |
|---|---------|---|--|----------------|
| 4.1. Establish CDCC | 4.1.1. | CDCC is maintained and supported (see 1.1- 1.4) Membership Goals: • Numbers • Age • Background • Diversity • Skill Levels See 4.2.7 for a source of members of CDCC from those who provide feedback. | Board Executive | Ongoing |
| | 4.1.2. | All consumer members of the CDCC attend organisation orientation | DCH HR Manager | Ongoing |
| 4.2. Access to Diverse Consumer Groups | 4.2.1. | Work with the current Hospital Auxiliary, support groups, carers groups and volunteers, to determine a process for their engagement /feedback (develop process, adopt and implement). | CDCC Executive Managers | Ongoing |
| | 4.2.2. | Develop strategies to engage with the local Aboriginal community | DCH DCS | June 2017 |
| | 4.2.3. | Establish a consumer advisory group from the local LGBTI community | DCH DCS | August 2017 |
| | 4.2.4. | CDCC review progress of Disability Access Plan | CDCC DCH / DCS | Annual |
| | 4.2.5. | CDCC review progress of Cultural Responsiveness Plan | CDCC DCH / DCS | Annual |
| | 4.2.6. | Obtain feedback about aspects of quality and safety performance from support and carer groups, volunteers and CDCC. | Manager Q&R DCH DCS | Ongoing |
| | 4.2.7. | Complaints and compliments themes and trends are reported to Quality and Safety committee and CDCC for discussion and input of consumers for future actions to improve services (See 1.5.3) | CDCC Executive Managers Q&R Manager | Annual |
| | 4.2.8. | Provide opportunities for consumer input to staff training (personal experiences and feedback) | Executive | Ongoing |
| | 4.2.9. | Advocate on behalf of the community for issues affecting their health | Board | Ongoing |
| | 4.2.10. | Continue to schedule guest speaking engagements with community groups | CEO Executive Managers | Ongoing |
| | 4.2.11. | Identify targets for increased community participation, including identifying key strategies and plans requiring specific input | CDCC Board | Annual |

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