

Toolkit for partnering with consumers

A guide for staff

June 2024





This artwork is **'South Eastern Boundaries'** and depicts the lands and waterways of the Traditional Custodians of the South Eastern Sydney area.

The artwork is based on the South Eastern Sydney Local Health District boundary map and replicates the locations of the facilities from Sydney's Central Business District in the north to the Royal National Park in the south. The Meeting Places (circles within circles) represent The Sutherland Hospital, St George Hospital, Prince of Wales and Royal Hospital for Women, Sydney and Sydney Eye Hospital, Calvary Health Care and War Memorial Hospital.

The lines with dots represent the patient's journey from their homes, to and from the facilities where people access our healthcare services. The other symbols are the local Aboriginal Community Elders, Men, Women and Children who call the South Eastern Sydney area their country and home. The dark and light blue circles are the strong currents and waves which surround the beautiful coastline of the east coast. The assortment of coloured dot patterns are of the surrounding Aboriginal Nations which surround and connect all Aboriginal Nations and our people to each other in respect and harmony.

Artist: Brenden Broadbent

Acknowledgement of Country

South Eastern Sydney Local Health District would like to acknowledge the Traditional Custodians on whose land we stand, and the lands our facilities are located on: the lands of the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples.

We would like to pay our respects to the Elders past, present and those of the future.

We also acknowledge Aboriginal peoples' connection to country, culture and heritage.

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Introduction



What matters to people is central to how our health and care services are designed, delivered and improved. The South Eastern Sydney Local Health District (SESLHD) and its Board are committed to engaging with consumers and the community in decision making for planning, design, delivery, measurement and evaluation of health systems and services.

Increasing engagement through effective partnerships leads to improved health outcomes for individuals and more rewarding work environments for healthcare professionals. Engaging with our consumers adds additional expertise into the system that supports decision making and enables staff to be more confident that we are delivering services that are needed into the community. True human centered care can only be delivered if services have been developed in partnership with consumers.

Our SESLHD Exceptional Care, Healthier Lives Strategy 2022-2025 and Health Care Services Plan (2023-2033) lay the foundation for our ambition to work with consumers to transform the way we deliver care.

SESLHD's Consumer Partnership Framework 2021-2024 will drive a more consistent and coordinated partnering approach aligned with the National Safety and Quality Health Service (NSQHS) Standard 2 – Partnering with Consumers. Consumer partnership initiatives are already being undertaken in SESLHD by many services and departments. This Framework builds on these initial efforts and sets out a consistent approach to how we partner with our consumers supported by infrastructure and governance. Broader links across our consumers provide the mechanism to enable change at the population health level and assist our district to design programs to take patient care beyond the boundaries of our facilities.

We look to our consumers to partner with us, and to be the driving force to support our initiatives. I encourage all of our staff to build relationships and partner with consumers to design the best possible health service for the community we serve.

This document has been developed to provide guidance for staff wanting to engage consumers across the district. It has been co-produced by SESLHD consumers and staff.

We encourage all of our staff to partner with consumers, carers, families and where appropriate the boarder community to design the best possible health service.

Claire O'Connor

Director, Allied Health

Lisa Altman

Director Strategy, Innovation and Improvement

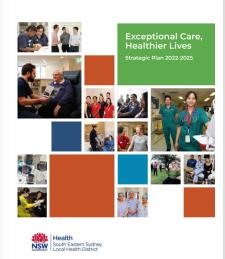
Glossary of terms

Word / Term	Definition
Carer	A carer is a person who provides ongoing unpaid support to people who are frail aged, those living with lifelong disabilities, mental health conditions, alcohol or drug dependency, dementia, terminal illness, HIV or with a chronic illness.
Co-design	Co-design is a process that enables those who deliver services and those who receive services to create improvements together. Healthcare workers and consumers are considered equal partners in the planning and decision making process.
Community	A group of people with diverse characteristics who are connected through a common location, culture, interest or attitude. In a healthcare context, community can be used to define the population of the area, a cultural group or a group of people who are all experiencing a certain health condition.
Consumer (or Patient)	Consumers are people who use, or are potential users of health organisations including their family and carers. Consumers may participate as individuals, groups, organisations of consumers, consumer representatives or communities.
Consumer Advisory Committee (CAC) Also known as a Community Advisory Group (CAG)	The role of the Consumer and/or Community Advisory Committee is to provide consumer advice, direction and advocacy for the planning and delivery of health care provided by the organisation. The Committee provides a structured partnership between consumers, carers and the health care service on safety and quality issues, patient experiences, consumer-centred care and other issues such as co-design of health and medical research, as identified in its terms of reference.
Consumer Advisory Member / Representative	A person recruited to an advisory committee by an organisation to represent and advocate for the community they serve. The representative will voice the collective perspective and take part in decision making as a representative of those consumers and communities. In the SESLHD context, this refers to a consumer, carer or community member who has been engaged through formal processes to this specific role.
Consumer and Community Engagement	Consumer and community engagement refers to the activities and processes through which consumers and their communities partner with health organisations around policy development, service design, delivery, evaluation and monitoring of their services. The most effective way for health organisations to best meet their community's needs and preferences is to work in partnership with the community to develop and plan care. Community engagement takes place with 'broader' groups of consumers and community members who are able to speak about the types of healthcare they would like and contribute to addressing issues such as access, health literacy and strategic priorities.

Engagement	 Engagement refers to a range of activities and processes that involve consumers or communities participating in health service decision making, policy development service and service design, delivery and evaluation. Effective and active partnership exists when: People are treated with respect Information is shared and explored with them Participation and collaboration in healthcare processes are encouraged and supported.
Health Literacy	A person's knowledge and skills about their health and how to access health services. Health literacy is also about health services and their ability to provide information that is easy to understand by consumers. Low health literacy is connected to poorer health.
Lived experience	A lived experience is the understanding and knowledge you get when you have lived through something. For example a person who has a lived experience of mental illness brings their understanding and knowledge gained from their direct experience living and recovering from a mental illness.
National Safety and Quality Health Standards (NSQHS)	The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. (National Safety & Quality Health Service Standards - 2nd edition, 2017).
Patient Experience	This is how a patient or client experiences the care they receive from the health service. Health services work to improve the patient or client experience so patients or clients are more engaged in their care and have better health. Health services ask patients or clients to share their stories to improve health services in the future.
Patient Centred Care	The person is placed at the centre of their care, and care responds to a person's needs. It means treating each person with dignity and respect and involving them in decisions about their care. This is also called 'shared decision making'. Person centred care also includes involving a person's family and carers as appropriate.
Peer Worker	A person who has a lived experience of a health condition and is employed by the health service. They work closely with health care professionals to provide extra support to consumers. They also support consumer, carer and community engagement. Peer workers have skills to engage with consumers and help them access the range of health services they need. Peer workers (consumer employees) are either casual employees, temporary employees or permanent employees of the health service. (<i>PaCH Framework and Best Practice Guide</i>)

NSW Health South Eastern Sydney





Population and Community Health Consumer, Carer and Community Engagement Framework and Best Practice Guide 2024-2027

Frameworks for consumer engagement

The SESLHD Consumer Partnership Framework 2021–2024 defines the overarching framework for engaging with consumers.

Consumer engagement and partnership is underpinned by the NSW Health's CORE set of values; Collaboration, Openness, Respect and Empowerment. These support the philosophy, approach, processes, priorities and structure of participation and engagement in all aspects of our work. SESLHD's Exceptional Care, Healthier Lives Strategy 2022-2025 supports the foundation for health services to partner with consumers, carers and community members.

A number of supporting frameworks support consumer and community engagement across the District. For example, Population and Community Health: Consumer, Carer and Community Engagement Framework and Best Practice Guide 2022-2024.

Responsibilities for consumer engagement

NSW

All responsibilities are in accordance with the Consumer Partnership Framework 2021–2024. To gain further understanding of the responsibilities of the Chief Executive, consumers, Consumer Advisory Committees, facilities and services, and operational and departmental services please refer to the Consumer Partnership Framework 2021–2024.

It is also our responsibility to acknowledge:

- Carers make a valuable contribution to the community
- Carers health and well-being is important
- Carers are diverse and have individual needs within and beyond their caring role
- · Carers are partners in care

When to engage consumers

When is it appropriate to engage consumers?

There are multiple ways that we can engage with consumers, carers and communities.

These may include:

- · Co-design and co-production
- Research
- Measurement and evaluation
- Policy strategy and reform
- Quality and safety
- Facility redevelopment
- Continuous improvement
- Service design and clinical redesign
- Committees and working groups
- Governance and leadership

Remember that one, two or even three consumers cannot represent all the views and diversity of your service users but they can offer insight that can help you determine further directions with broader service users.

When you are engaging consumers it is important to discuss the remuneration budget with your manager in order to ensure that your responsibility to offer remuneration to consumer representatives is able to be met by your department/site.

Is it appropriate to engage a patients' family member or carer?

Yes.

Family members/carers often support their loved ones to access health services. They offer unique perspectives and insights into how service delivery can be improved. Family members/carers are consumers in their own right and the rules around engaging them are the same as for any other health consumer.

Engaging with Aboriginal and Torres Strait Islander people

This summary guide provides information for communicating effectively and positively with Aboriginal and Torres Strait Islander people: <u>Engaging with Aboriginal and Torres Strait Islander people</u>

Patient Stories



Patient stories are not the same as consumer engagement, however can support understanding what is important to a patient. Patient stories can be powerful resources that help health care staff understand an experience from a consumer perspective. You may wish to collect patient stories to help you define your problem and explore opportunities for improvement.

The Agency for Clinical Innovation (ACI) recommends a method for capturing and analysing patient and carer experiences. Ethics approval is not required for the collection of patient and carer stories if you follow the ACI approach. Further information and resources can be found in the Co-design toolkit from the NSW ACI.

Patients may provide patient stories via conversations or emails. They may also use a platform called Care Opinion - a not-for-profit charitable organisation run for the benefit of users, carers, staff and the public. Patients share stories about care they have received, and staff can search feedback related to their hospital or health service.

Ways of working with consumers

NSW Ministry of Health, All of Us, is a guide to support working respectfully with consumers, carers and communities across NSW Health.

The six ways of working they have developed are for all levels of participation in order to ensure we include all people, their insights and ideas. The six ways of working are:

Create and maintain safety	We create physical, emotional, legal and cultural safety. We know just saying 'this is a safe space' isn't enough. We make sure everyone knows what to expect and what isn't okay. We make changes when there's not enough safety.
Ensure accessibility and welcome	We make everyone welcome. We're hospitable and caring in physical and virtual spaces. We communicate in ways we all understand. We remove barriers to consumers, carers and communities taking part.
Offer recognition	We value lived experience. We're curious about what recognition for time means to the people we're engaging. We do financial and non-financial recognition. Our payment processes are prompt and fair.
Use power in partnership	We make sure decisions that impact consumers, carers and communities are informed by them. We acknowledge historic and current power differences between organisations and communities. We partner in the planning, design, delivery, measurement and evaluation of care.
Be honest and keep people informed	We say what can be changed and how decisions will be made. We share progress so we can all improve our health system. We show consumers, carers and communities how their contributions make a difference.
Increase diversity and inclusion	We don't expect one conversation or person to represent a community. We reflect the diversity of our communities in conversations, groups and committees. We use different ways to ways to engage different people. We listen to communities on how to engage them best.

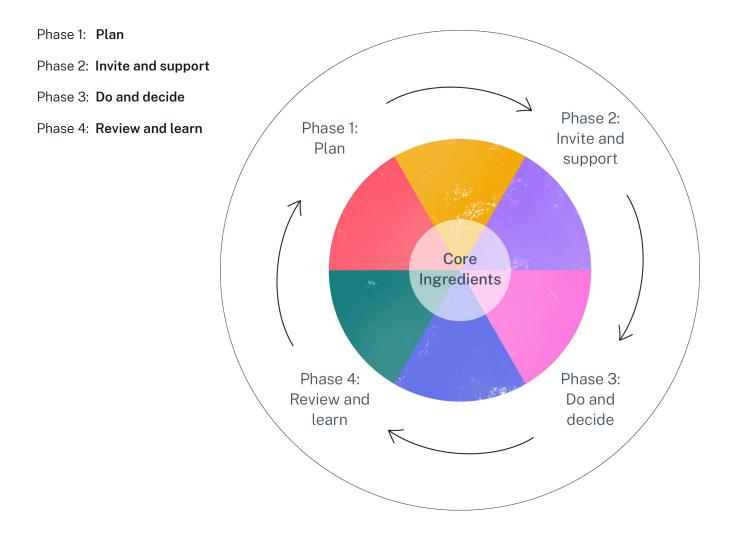
Tools and ways of working

The Ministry of Health have developed five tools to support the use of six ways of working.

These five tools are:

- Plan questions
- Essentials checklist
- Method cards
- Explore access and inclusion questions
- Explore safety activity

You can use the six ways of working across four common phases of engagement:



Further detail on the six ways of working, the five tools and the four phases of engagement can be found on pages 10-17 of **All of Us.**

Methods for recruiting / engaging consumers

The approach for engaging consumers will depend on your purpose. Engaging consumers as consumer representatives is an important step. There are a number of options that you can choose from.

There are two primary ways for consumers to participate as a representative:

1. Regular involvement as a member of a standing committee

A consumer who attends regular committees or other meetings to voice the consumer perspective.

2. Short term/occasional involvement

A consumer who participates in a short term or occasional way e.g. meeting, focus group, workshop etc. The consumer does not regularly participate. They may provide input for a specific topic based on their experience.

Recruitment

There are different ways that a consumer representative may be recruited. Please see Appendix A for an example of an Expression of Interest (EOI). EOIs and advertisements are two ways that a consumer representative may be recruited another option is via direct approach. A consumer may approach a staff member and ask if they can be involved. Alternatively, a staff member may know a consumer who they think would be a suitable consumer representative and may approach this consumer directly.

Whichever way you recruit a consumer representative the next step will be to onboard them.

Onboarding

The process for on-boarding consumers is as follows:

Step 1 – Define your requirement

Step 2 -

Obtain approval from your manager; including remuneration budget

Step 3 –

Advertise the role if this is required

Step 4 -

Select and on-board consumer; if the standard onboarding process is not able to be followed please reach out to SESLHD-PlanningandPartnerships@health.nsw.gov.au so that you can be supported with alternative onboarding options.

Step 5 -

Provide support, appropriate remuneration and feedback

For full details of the recruitment process please see Appendix B.

Ongoing support for consumers and staff

Support for consumers

Below are some suggested approaches to ensure consumers are effectively supported to participate:

- · Nominate an identified staff member as the key contact person for the consumer
- Ensure the consumer representatives is clear about their roles and responsibilities, which may evolve over time
- · Provide orientation and training opportunities
- · Try to involve more than one consumer representative in each activity
- Provide consumer representatives with a briefing (overview of the activity and what to expect) before the activity and a debriefing (discussion of what occurred) after the activity
- · Provide the consumer with clear channels for providing feedback and requesting additional support
- · Ensure consumers are appropriately introduced at the start of each meeting
- · Provide additional support for participating via teleconference / videoconference

Support for staff to engage consumers

Staff can complete the following courses on My Health Learning (HETI):

- Working with Consumers and Communities Course Code 41749567 - approximately 20 minutes to complete
- Partnering with Carers Course Code 58522287 - approximately 20 minutes to complete
- Learn about Teach-Back Course Code 409377612 - approximately 30 - 45 minutes to complete
- Health Literacy and Teach-Back Course Code 241744958 - approximately 70 minutes to complete

There is also training available via Health Consumers NSW for both staff and consumers. There may be costs involved so seek appropriate approvals prior to signing up.

Feedback

It is important for us to evaluate consumer, carer and community engagement. We value the importance of truly reflecting the diversity of consumers and the important role they play in our consumer partnership and engagement activities. This will help us improve our engagement efforts and our services.

Ways of evaluating consumer, carer and community engagement include:



Discussions, surveys or interviews with consumers / staff about their experience of consumer engagement activities.



Committee evaluations with consumers about their experience of the committee process, content and consumer engagement activity.



"The Peer Navigator has brought so much knowledge and so much awareness to everybody. I guess everyone's been so grateful because it's really enhanced our capacity to give more to consumers, which is really important."

Staff member discussing the SESLHD Peer Navigator Pilot program.

"It made me feel useful and that my contributions may help someone in the future."

Feedback from consumers who participated in the consumer walkarounds at The Sutherland Hospital.

"Consumer walkarounds provide a rich source of patient experience feedback not easily achievable otherwise."

Resources and support

Community Partnerships Website	<u>Community Partnerships/Community Relations</u> (nsw.gov.au)
National Safety and Quality Health Service Standards	National Safety and Quality Health Service Standards, Second Edition
PaCH Best Practice Guide 2022-2024	PaCH Consumer, Carer and Community Engagement Framework and Best Practice Guide 2022-2024
SESLHD Diversity, Inclusion & Belonging Strategy	SESLHD Diversity, Inclusion & Belonging Strategy Communities SESLHD work with
International Association for Public Participation	https://iap2.org.au/
Social Media Use	Business rule - SESLHD use of Social Media Social Media Policy
Plain and inclusive language	Plain and inclusive language https://www.plainenglishfoundation.com/

N.B Links were current at the time of publishing.

Each hospital and many services have Community Advisory Committees (or similar arrangements) with community representatives. They focus on issues specific to the associated site / service or group. Contact details are available <u>here</u>.

The <u>Community Partnerships/Community Relations (nsw.gov.au)</u> has information that can assist you with engagement. You will find tips, trick and many helpful documents. The <u>Community Partnerships external</u> <u>internet site</u> also provides additional information.

If you do not find what you are looking for you can email the Planning and Partnerships Team at <u>SESLHD-PlanningandPartnerships@health.nsw.gov.au.</u>

Appendix A Consumer representative EOI example

EXPRESSION OF INTEREST SESLHD Mental Health Service MHICU Seclusion Reduction QI Project Consumer Representative and Family / Carer Representative

South Eastern Sydney Local Health District (SESLHD MHS) is seeking expressions of interest from both, people with lived experience or mental health concerns, as consumers of SESLHD Mental Health Services and family members or carers of consumers to join a quality improvement project lead by the Clinical Excellence Commission in Seclusion Reduction.

Background

The Clinical Excellence Commission is facilitating a state wide quality improvement project in Seclusion Reduction in Mental Health Intensive Care Units (MHICUs). Each Local Health District is constructing a project team in order to plan, develop and action processes and actions to help reduce seclusion reduction at an LHD level. The project team currently has members ranging from the ESMHS Service director and Executive as well as MHICU staff.

Workload and Remuneration

The Seclusion Reduction project group meets weekly on Wednesdays 2-3:30pm until April and then monthly thereafter. Supporting commitments include pre-reading and postmeeting review. Representatives will be paid in accordance with the <u>South Eastern Sydney</u> <u>Local Health District Business Rule/030</u> – Consumer and Carer Representation for Mental Health Services, and appointed for a period up to 12 months with annual review.

Criteria for membership

- 1. A commitment to improving services for people who experience mental health concerns or poor mental health;
- 2. Skills, expertise and ability to translate lived experience to enhance and promote consumer and carer engagement;
- 3. Experience in working in committees or project teams, preferably with health staff and / or management;
- 4. Demonstrated excellent verbal and written communication skills;
- 5. Experience of seclusion or caring for someone who has had an experience of seclusion.
- 6. Is not employed by SESLHD MHS and does not hold any conflict of interest with the service.

How to Apply

Interested applicants should submit a written application detailing how you meet each of the criteria to the following contact by closing date.

Closing Date: Close of Business, Monday 6th February 2023

Please forward you inquires and EOI to (Include name, position, department, contact details)

Appendix B Consumer onboarding process

The process for on-boarding consumers is as follows:

Step 1 - Define your requirement	 Consider the following, which will guide your approach to advertising and selecting consumer representatives: How many consumers would you ideally like to involve? It is often helpful to have two or more consumers on your team. Not only does this enable them to support one another, it also means that you may get a different viewpoint Should the consumer have any particular experience, skills or interests? How much time would the consumer need to contribute? And over what duration?
Step 2 – Obtain approval from your manager	 Confirm approval from your manager to engage with consumers Consumer Advisory Committee (CAC/CAG) recruitment would be completed as specified in the Committee Charter or Terms or Reference Confirm budget source for remunerating consumers for their participation, based on the District policy, which is available here. Validate the approach for whether the consumer(s) will be on-boarded as a contingent worker. Contingent workers will have access to various SESLHD systems and training material. There are additional requirements, such as police checks, that need to be met before the contingent worker is on-boarded. In general, consumers engaged on an ad hoc basis are not required to be on-boarded as contingent workers. Consumers engaged in regular committees should be on-boarded as a contingent worker but there are exceptions. Please contact your manager to validate the preferred approach for the site or service you work in. Contact Position Maintenance (SESLHD-PositionMaintenance@health.nsw.gov.au) to confirm a position number is available for the consumer.
Step 3 – Advertise the role	 Recruitment of consumer representatives is generally through an 'Expression of Interest' process. This is sometimes called an 'EOI'. Advertising of the expression of interest can include: Reviewing the Consumer Database for SESLHD. Please contact: SESLHD-PlanningandPartnerships@health.nsw.gov.au - someone from the team can provide advice on whether there are consumers that can be contacted Emails to existing consumer representatives (if you are contacting members of Consumer Advisory Committees, we recommend you approach the secretariat of the committee – contact details are available here) Approaching consumers directly or through other staff / consumers Posters (e.g. for waiting areas), flyers or newsletters

	Social media posts
	 If you would like to advertise on Facebook, contact: SESLHD-Communications@ health.nsw.gov.au (at least one week in advance of when you want the post to go live, with text and photo if available)
	Existing CAC/CAGs
	 Working in partnership with community organisations and networks, such as: Health Consumers NSW SESLHD Carers Strategy Implementation Committee (District wide) Youth Organisations Targeted organisations e.g. HeadSpace Aboriginal Health Organisations Non-government organisations (including NGOs working with CALD communities) The expression of interest process involves the service providing information about:
	 The type of activity and time required of consumers An overview of the roles and responsibilities
	 If and how much the consumer will be paid Skills or experience the service is looking for Identified staff member who is the key contact person.
	 Consumers will be asked to provide: Contact details Their interest in being involved Their skills and relevant experience Their availability An application form template is available here that you may wish to use (can be tailored for your own purposes).
Step 4 - Select and on-board consumer	 Selection: Select the consumer(s) you would like to engage, based on their alignment with the requirements you defined in Step 1. If you have a large number of applicants, you may wish to run a simple selection process, particularly for roles that will require a long-term commitment.
	Consumers under 18 years old
	If you would like to involve a consumer who is under the age of 18, please contact the

If you would like to involve a consumer who is under the age of 18, please contact the Planning and Partnerships Team, who will connect you with a representative from the Population and Community Health (PaCH) directorate for further information.

On-boarding:

Contingent Workers

If you have decided to on-board the consumer as a Contingent Worker, you will need to follow the process on the Intranet: Contingent Workers Portal (nsw.gov.au)

- Contact Position Maintenance (SESLHD-PositionMaintenance@health.nsw.gov.au)
 and confirm details of the consumer that required on-boarding as a contingent worker
- Position Maintenance will send you a spreadsheet to complete including information required for police checks, code of conduct, health declarations etc.
- Once required documentation has been provided and checks are complete, the on-boarding is complete.

Code of Conduct

Depending on the nature of the consumer engagement, you may wish the consumer to complete a Code of Conduct declaration. This process is at the discretion of the site or service who is recruiting the consumer.

If a consumer is on-boarded as a contingent worker, they will sign the code of conduct as part of this process.

Orientation and Training

Appropriate orientation and training of consumer representatives will depend on the nature of the engagement. It is the responsibility of the person / team engaging the consumer to determine a suitable schedule for orientation and training.

The following areas are recommended to be considered:

- · Summary of the hospital or service
- Briefing on the relevant project / program
- Our principles of consumer engagement
- CORE values
- Cultural awareness
- Consumer engagement activities
- · Communication and support
- · If ethics approval is required
- · Coaching and mentoring opportunities
- Paid participation approach
- Technology, including MS Teams
- Evaluation of consumer engagement

Step 5 - Remuneration

Provide support, appropriate remuneration and feedback Paid participation recognises the valuable specialised and expert contributions made by people who are using our health services, or people living in our community.

Many consumers are happy to volunteer their time to participate on a time-limited project. However, it is important that you clarify this with them at the very beginning. When you recruit a consumer to your team, be very clear about what you are expecting from them so that they can make an informed decision.

SESLHD has a Paid Participation Procedure that also allows for consumers to be paid, located here. This procedure can be used if you wish to pay your consumers to work with you. The payment is not mandatory and as stated above, many people will be happy to volunteer their time. You may want to consider payment for groups with many barriers to participation, where payment may support their participation. The procedure is to be used by all SESLHD staff who will be engaging community members, consumers and carer representatives on South Eastern Sydney Local Health District (SESLHD) Committees.

SESLHD may also cover pre-approved out-of-pocket expenses for consumer representatives (e.g. travel expenses). This should be discussed in advance between the identified staff member providing support and the consumer. It is important that consumer representatives keep a proof of purchase (e.g. a receipt) so the staff member can organise reimbursement.

We pay consumers through the following ways:

- e-vouchers / gift cards (Coles)
- · Direct deposit into bank accounts

Site / service Consumer Advisory Committee secretariats will have access to a P-card to purchase vouchers.

Toolkit for partnering with consumers



South Eastern Sydney Local Health District