

**WA HEALTH CONSUMER CARER AND COMMUNITY ENGAGEMENT
FRAMEWORK:**

FOR HEALTH SERVICES, HOSPITALS AND WA HEALTH.

Following Consultation across WA Health

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For

WA Health

Proposal to:

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EXECUTIVE SUMMARY

The WA Health Consumer, Carer and Community Engagement Framework has been developed to assist health staff, Area Health Services and WA Health in implementing meaningful and effective Consumer, Carer and Community Engagement strategies.

The Framework establishes the legitimacy of Consumer, Carer and Community Engagement as an integral part of the health system and business, and highlights the current policy and service environment it will be introduced into.

The Framework is founded on the four levels of Consumer, Carer and Community Engagement:

- Individual client or patient interaction;
- Department, program or service level;
- Area Health Service level; and
- WA Health level.

To assist health staff, the Framework provides structural support for the different levels of engagement.

WA Health will be assisted by the Consumer, Carer and Community Engagement Working Group, who will:

- Work with sections to plan, implement and evaluate engagement strategies;
- Monitor, review and revise the overall Consumer, Carer and Community Engagement Framework to maintain its relevancy.

Area Health Services will introduce the following strategies to support Consumer, Carer and Community Engagement:

- Consumer Engagement Teams;
- Partnership and Support Programs for Health Staff and Consumers and Carers.

The accountability and reporting of Consumer, Carer and Community Engagement activity is built into the current health service reporting framework, so that it is included in 'core' business reporting. Evaluation of the Framework will include this reporting activity along with formative evaluation.

The Framework includes tools to assist health staff to achieve the goals of the Framework. These tools include:

- Review and recording tools for hospitals and primary care services
- Consumer and Carer Representative Information for Health Service Managers
- How to Engage with Consumers, Carers and Communities.

SECTION 1

CONSUMER, CARER AND COMMUNITY ENGAGEMENT

1 What is Consumer, Carer and Community Engagement?


Consumer, Carer and Community Engagement is the process by which the aspirations, concerns, needs and values of citizens and communities are incorporated in government, non-government and private sector decision making, planning service delivery and evaluation. This partnership process aims to make better decisions that are supported by the community and result in better outcomes for both the community and the agencies.

Consumer, Carer and Community Engagement is, a comprehensive, responsive suite of strategies that allows the health services, consumers, carers and the community to work together in an effective manner depending on the situation at hand.

Consumer, Carer and Community Engagement in healthcare in Western Australia has the potential to occur on a scale ranging from the ubiquitous 'Suggestion Box' in a clinic waiting room to a salaried Consumer Advisor to the Director General. As with any other aspect of the health care system we should be aiming to improve the quality of Consumer, Carer and Community Engagement at every opportunity.

Consumer and carers are willing, prepared and able to be part of the policy and decision making structure at all levels of the health process; from strategic planning through to service delivery. The timing of and communication supporting engagement strategies are critical. For example, if the aim of the consumer and carer engagement strategy is to have the community participate in decision making, then engagement should take place before any decision is made. If however, it is not the intention for the community to participate in the decision-making process but to assist in defining how a change will be implemented; this should be communicated clearly at the beginning of the engagement process to ensure that the community, consumers and carers are participating in an informed manner.

The table below provides a range of consumer participation activities and ranks them according to the degree of control that the consumer, carer or Community has.

Degree of control	of Participants action	Illustrative mode
High  Low	Has control	Organisation asks community to identify the problem and to make all the key decisions on goals and means. Willing to help community at each step to accomplish goals.
	Has delegated control	Organisation identifies and presents a problem to the community, defines the limits and asks community to make a series of decisions, which can be embodied in a plan it can accept.
	Plans jointly	Organisation presents tentative plan subject to change and open to change from those affected. Expect to change plan at least slightly and perhaps more subsequently.
	Advises organisation	Organisation presents a plan and invites questions. Prepared to modify plan only if absolutely necessary.
	Is consulted	Organisation tries to promote a plan. Seeks to develop support to facilitate acceptance or give sufficient sanction to plan so that administrative compliance can be expected.
	Receives information	Organisation makes a plan and announces it. Community is convened for information purposes. Compliance is expected.
	None	Community not involved.

(Brager and Specht (1973), in Consumer Focus Collaboration (2000a))

2 Why Promote Consumer, Carer and Community Engagement?

Consumer, Carer and Community Engagement is increasingly regarded as a legitimate and valuable feature of the Australian Health system. People have the right to be included in the decision making processes that affect their health care.

The challenge is to build the capacity of the health system to accept, value and legitimise the views of the consumer, carer and community representatives and to translate their input into actions that improve the health system.

Western Australia has an ideal opportunity to both utilise and support the health reform agenda by building in Consumer, Carer and Community Engagement as core health activity. This is already being demonstrated by the development of the Clinical Networks which will include well supported consumer and carer representation.

To maintain a focus on actions, this document has purposefully not re-created the background discussion regarding the rationale supporting community consumer and carer engagement within the body of this document. References reinforcing the evidence supporting Consumer, Carer and Community Engagement are included in Appendix 1.

3 Principles of Consumer, Carer and Community Engagement

	Principle	Operation
1	Trust	Engagement 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 engagement process.
3	Openness	Engagement 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	Engagement 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 engagement requires skilled organisations and benefits from multiple strategies and resources.
7	Shared ownership and accountability	All involved share ownership of the process and decisions and are responsible for monitoring and evaluating the impact and outcomes. How the responsibility is distributed should be defined as part of the engagement plan.
8	Dissemination	The decisions made, and how consumers, carers or community member's 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.

(Rural and Regional Health and Aged Care Services Division, Victorian Government Department of Human Services, 2006)

NB. Principle 5, Advocacy and Support includes the need for resourcing Consumer, Carer and Community Engagement activities. For information on Consumer, Carer and Community payments, WA Health and Area Health Services should refer to the current Operational Instructions on the issue.

4 Glossary of Terms and Definitions

Term	
Carers	<p>People, often family and friends, who provide care or assistance to another person who is frail, has a disability, a chronic or a mental illness. The care is provided without payment apart from a pension, benefit or allowance.</p> <p>The Carers Advisory Council promotes the definition of carers used in the Carers Recognition Act 2004 (CRA):</p> <p>“an individual who provides ongoing care or assistance to:</p> <ul style="list-style-type: none"> a) a person with a disability as defined in the Disability Services Act 1993 section 3; b) a person who has a chronic illness, including a mental illness as defined in the Mental Health Act 1996 section 3 c) a person who because of frailty, requires assistance with carrying out everyday tasks; or d) a person of prescribed class.
Community	<p>May refer to a geographical grouping or a community with shared interests. Sometimes the general community rather than a group of health care consumers or carers may be the constituency for a particular health issue, for example air pollution in a local government area.</p>
Consumer	<p>Those who use, or are potential users, of health services.</p>
Consumer, Carer and Community Engagement	<p>A dynamic relationship between health services, hospitals, WA Health, consumers, carers and community groups. Consumer, Carer and Community Engagement facilitates consumers, carers and community groups providing informed, valuable input to health service, hospital and WA Health decision-making. It includes the participation of consumers, carers and community groups as partners in health</p>

	service planning, policy, research and service delivery.
Consumer and Carer representatives	People nominated by and accountable to a group of consumers or carers, bringing a consumer or carer perspective to matters under deliberation.
Health Care	The provision of services that help individuals achieve an optimal state of wellbeing, in any setting or stage in the human life cycle. For the purposes of this document health care is inclusive of Aged Care services.
Patient Centred Care	Placing patients at the centre of the system of care and developing good services that revolve around them. <i>(IAPO, 2006)</i>

SECTION 2

SCOPE OF FRAMEWORK

1 Western Australia

The Consumer, Carer and Community Engagement framework has been developed to support Area Health Services and WA Health staff and managers to effectively engage with Consumers, Carers and Communities across this vast and unique State.

Health staff and managers work in a complex, multifaceted system that demands high levels of accountability and responsibility.

Integral to this complex system are the consumers, carers and communities across the State that are serviced by these staff.

The Western Australian population accounts for approximately one tenth of the total Australian population (2,010,100 in 2005. *ABS*). However the State occupies approximately one third of the area of the island continent. The majority of the population is concentrated in the southwest corner with 71% of the population in major cities, 12% in inner regional areas and the remaining 17% distributed between outer regional, remote and very remote areas. This gives WA a population density of 0.8 persons per square kilometre.

Perth, the capital city and largest metropolitan area is also approximately 3000km from its closest state capital, Adelaide and is commonly referred to as the most isolated capital city in the world.

In addition to the challenges that State geography and demographics provide, there also exists a well documented disparity between the living conditions, health and life expectancy of Indigenous Australians and the mainstream Australian population. We also have a rural population that demonstrates higher morbidity and mortality rates than mainstream Australia. These factors highlight the additional complexities that need to be considered when endeavouring to deliver health services in Western Australia.

This Framework promotes genuine and respectful use of consumer participation to ensure that information gained from Consumer, Carer and Community Engagement processes is dealt with in an ethical manner. This Framework will be available to the community to help ensure that the community's expectations of Consumer, Carer and Community Engagement align with that of WA Health.

2 Context of Framework

The Consumer, Carer and Community Engagement Framework does not exist in isolation and is part of the overall health system in this State. This section on context highlights the current policy and service environment within which the Framework will be implemented.

Policy Context

The Consumer, Carer and Community Engagement Framework is expected to become one of a number of frameworks and policies that cover consumer and carer participation in health and community services. It is not intended to 're-invent the wheel' and other current documents and policies, such as those discussed below, have been considered in the development of this Framework.

The policy framework for Substantive Equality as published by the Equal Opportunity Commission in 2005 states that its two objectives are:

- Eliminating systemic racial discrimination in the provision of public sector services; and
- Promoting sensitivity to the different needs of clients groups.

This Consumer, Carer and Community Engagement Framework supports and promotes the objectives set out by the Equal Opportunity Commission, by providing assistance to health services to achieve these objectives with a particular focus on the different needs of client groups.

The Citizens and Civics Unit of the Department of Premier and Cabinet, include resources as one of the guiding principles of engaging citizens and states that "adequate financial, human and technical resources are needed if public information, consultation and active participation in policy making are to be effective." Therefore an integral success factor for this Framework will be the adequate resourcing of both health services and consumers and carers to work effectively together to improve health outcomes.

Cultural Respect

'The WA Health Aboriginal Cultural Respect – Implementation Framework' published by the Department of Health in 2005 aims to "improve access to health services through the recognition, appreciation and response to the impact of cultural diversity on the utilisation and provision of effective clinical care, public health and health systems administrations." The Aboriginal Cultural Respect framework and associated policies have been considered in the formulation of this framework, highlighting the need for incorporating cultural diversity.

Western Australian Health Reform Agenda

Critical to the development of the Framework is an understanding of the present health reform agenda. The Western Australian health system is undergoing a major reform process as a result of "A Healthy Future for Western Australians – The Report of the Health Reform Committee," released in March 2004. The first recommendation of the report includes a very clear recommendation that consumers of health care be placed at the centre of the process.

Recommendation 1

The health system of Western Australia should:

- Promote and protect the health of the people of Western Australia
- Reduce inequities in health status
- Provide safe, high quality, evidence-based health care
- Promote a patient centred continuum of care
- Ensure value for money
- Be transparent and accountable
- Optimise the public/private mix
- Be financially sustainable, and
- Have a sustainable workforce.

(A Healthy Future for Western Australians – The Report of the Health Reform Committee, March 2004)

The WA Health Strategic Intent 2005 – 2010, which provides the strategic direction for WA Health for the next 10 years, also clearly identifies the central position of consumers and the community in the health system.

Healthy Communities

Critical to the achievement of our vision of a healthy community is the involvement of consumers and carers in our planning, delivery and evaluation of health services.

We commit to

- Increasing the focus on the promotion of health and wellbeing through:
 - An awareness of the social determinants of health and the importance of a good start in life;
 - Health promotion to ensure adequate physical activity and good nutrition; and
 - Continuing initiatives to stop smoking and reduce the uptake of smoking
- Increasing awareness of chronic disease and long-term conditions and the importance of identifying risk factors.
- Empowering communities and individuals to self manage chronic and long-term conditions
- Increasing care in the community through non-hospital based ambulatory care.
- Improving Aboriginal Health by:
 - Working with the Australian Government Department of Health and Ageing , as well as Aboriginal communities in developing new partnerships for service provision; and
 - Developing culturally appropriate health service delivery
- Fostering and supporting community/consumer support and engagement in health system performance
- Expanding community participation in health leadership by increasing the number and enhancing the roles of the District Health Advisory Councils.

(WA Health Strategic Intent 2005 – 2010, August 2005)

The positioning of the patient/consumer at the centre of the reform agenda provides important policy support for review of the involvement of consumers and the community in the planning, delivery and evaluation of the health services they receive.

Whilst this framework has been developed for the public health system in Western Australia, private hospitals and organisations provide large volumes of services across the primary, secondary and tertiary sectors. WA Health provides some funding through private bodies such as purchasing of surgical services and primary health care programs. It is hoped that this framework will be considered by privately funded services with the aim of promoting effective Consumer, Carer and Community Engagement strategies across all health sectors in WA.

Current Consumer and Carer Activity

It is acknowledged that consumer consultation and interaction is already taking place within the WA public health system in a variety of formats and forums. Many hospitals have Consumer Advisory Committees; rural health services have District Health Advisory Committees and some Community Health Services have advisory groups. The current activity appears to be fragmented and lacking in opportunity for shared learnings.

The recent development of formal Clinical Networks across different areas of health and illness will provide new avenues for Consumer, Carer and Community Engagement.

The aim of the Framework is to provide systemic support for Consumer, Carer and Community Engagement in all areas to enhance and improve the effectiveness of this important work.

Health Consumers Council of WA

The Health Consumers Council is an independent, community based organisation, representing the consumers voice in health policy, planning, research and service delivery.

The Council advocates on behalf of consumers to government, doctors, other health professionals, hospitals and the wider health system.

The Council has been funded by the WA Health since 1994. This unique set of arrangements is not duplicated in any other state or territory in Australia and the WA Health sponsorship of this Framework continues the commitment to consumer participation.

The Health Consumers Council of WA is committed to the effective implementation of this framework. Please contact the Council on either ☎08 9221 3422 or www.hcc-wa.global.net.au for any information or assistance.

The Carers Advisory Council

The Carers Advisory council is a State government advisory body established in 2005 under the Carers Recognition Act 2004 (CRA)

It functions to promote the interests of Carers, advise the Minister on matters relating to carers and promote and report to Parliament on the compliance with the Carers Charter and part 6 of the CRA, of public sector bodies such as WA Health, public hospitals and the Disability Services Commission.

The Council comprises of 10 members who represent varying caring roles across the community. It gains executive support from the Office of Seniors Interest and Volunteers.

Please contact the Council for any information on the Council work and training on the CRA and Carers Charter, which can be accessed on the website at www.carersadvisorycouncil.wa.giv.au .

For further information contact the Executive Officer on ☎08 6217 8518 or carersac@dcd.wa.gov.au

SECTION 3

FRAMEWORK

1 Aim of Framework

This framework aims to support and assist health service staff, Area Health Services and WA Health in developing and evaluating effective and productive Consumer, Carer and Community Engagement strategies that in turn promote and improve quality and safety in health care.

Genuine, effective Consumer, Carer and Community Engagement is a necessary part of a patient centred health care system and part of 'core' health business. This framework provides clear directions and actions to assist in moving consumer engagement into mainstream healthcare activity.

Despite significant efforts to increase the responsiveness of health systems to the diversity of consumers, many groups are still not receiving appropriate services in all circumstances, and are not yet being consistently and effectively included in Consumer, Carer and Community Engagement processes. These groups include:

- Aboriginal people;
- The elderly;
- People living with a chronic illness, including mental illness;
- People with disabilities;
- People from culturally diverse backgrounds;
- Socially, economically or geographically isolated communities; and
- People with lower levels of literacy.

(NSWHealth, 2004)

Inclusion of creative strategies to effectively engage these groups will be central to the success of any Consumer, Carer and Community Engagement plan. There are many community and non-government organisations that are available to assist to make meaningful engagement with these groups achievable.

For this framework to be successful it must be a genuine part of the strategic direction and value system of WA Health and health leaders at all levels must promote and support Consumer, Carer and Community Engagement.

It is acknowledged that due to the fragmentation of our health system, consumers, carers and community members may have relationships with several health providers at the same time even during the same episode of care. This framework has been developed to guide state public health services in engaging with the community. As stated earlier in Section 2 private and not for profit

services will be encouraged to adopt the principles and philosophies of the framework.

2 Timelines for Framework Introduction

While a 'Best Practice' Consumer, Carer and Community Engagement goal would involve community representation on all committees, reference or working groups dealing with aspects of consumer's and or carers human or legal rights and/or health service provision, convened by WA Health or Area Health Services, this is not seen as practical in the short term.

To achieve this 'Best Practice' standard, effective capacity building needs to occur within both WA Health and consumer and carer groups. To support this capacity building, this Framework recommends an incremental or phased in approach.

This Framework aims to position Consumer, Carer and Community Engagement as 'core' activity for all health services and included in the cycle of planning, implementation / delivery and evaluation for all aspects of health service delivery by June 30, 2009.

It provides clear direction for the development of structural supports and expected outcomes for Consumer, Carer and Community Engagement within Phase 1 and provides the groundwork for Phases 2 and 3 to be developed locally, with relevant staff and consumers.

The recommended phases are:

Phase 1 – Calendar year ending 31 Dec 2007

Phase 1 covers the set up of structures and processes, development of plans and resources and commencement of Consumer, Carer and Community Engagement within the new Framework.

Phase 2 – Financial year ending 30 June 2008

Phase 2 is where local areas will develop local relevant plans. Phase 2 also allows for evaluation and review of the level and types of activity and allows for adaptation and refinement of strategies and processes.

Phase 3 – Financial year ending 30 June 2009

Phase 3 will provide a normalisation time where the activity will be 'bedded down' as core business.

SECTION 4

AREAS OF CONSUMER, CARER AND COMMUNITY ENGAGEMENT

For activity within the scope of this framework, Consumer, Carer and Community Engagement can occur on four levels:

- Individual client or patient interaction with individual health providers
- Department, program or service level. This includes local, district and regional services within WA Country Health Services
- Area Health Service level. This refers to the four Area Health Services, North Metropolitan, South Metropolitan, Child and Adolescent and WA Country Health Services
- WA Health level. This refers to the areas linked under Health Reform and Health System Support as illustrated in the WA Health Organisational Chart (Appendix 2)

The framework has been structured to correspond to these levels of engagement.

1 Individual Client or Patient Interaction

In its fullest sense, consumer and carer participation encompasses patient-level interaction with health care providers. However for the purposes of this document a boundary is drawn between a patient who is consulting a provider for medical care and a consumer who is representing a broader body of health or carers. Consumer and carer engagement at this individual level is not discussed.

This framework deals with participation of health consumers and carers in consumer and carer representative roles and activities. There are currently other areas of WA Health looking at supporting and improving one-on-one interactions through specific empowerment programs encouraging active patient input such as “Ask Me 3” and “Patient First”- a joint program being developed by the Health Consumers Council of WA and the Department of Health.

2 Department, Program or Service

Department, program or service level refers to the divisions that when grouped together make up an Area Health Service. How each Area Health Service chooses to organise operational units to deliver the Consumer, Carer and Community Engagement strategy will depend on its own individual needs. However, all the types of service delivery need to be included in one way or another including but not limited to:

- Departments within hospitals such as Orthopaedics, General Medicine, Rehabilitation, Physiotherapy, Pharmacy, Pathology, Patient Support Services etc
- Areas that interface directly with the public such as Emergency Departments, Outpatient Clinics, Patient Accounts etc

- Outreach programs such as Hospital in the Home, Rehabilitation in the Home, Chronic Disease Self Management etc
- Community Health
- Mental Health
- District or local areas within Country Health Services

This level of engagement will be very focused on service delivery and operational guidelines and procedures.

3 Area Health Service

The four Area Health Services that cover public sector health delivery across the State will engage with consumers, carers and the community on a broader level. This engagement will be a mix of operational and policy activity with an overall focus on service delivery.

4 WA Health

Engagement at the WA Health level will occur with strategic and policy development activity. Consumer, Carer and Community Engagement in such areas as Clinical Networks will have an impact on the formulation of clinical policy. More information on the Clinical Networks can be found at <http://www.clinicalnetworks.health.wa.gov.au/home/>

These four levels of engagement provide the basic framework within which health services can deliver effective Consumer, Carer and Community Engagement. The levels of engagement can be easily matched to the structure of WA Health Services and provide clear direction as to the boundaries of each level of responsibility.

SECTION 5

AREAS OF ENGAGEMENT FOR WA HEALTH

The areas of engagement for WA Health (listed in the tables below) centre around the following principles:

- Accountability for services provided on behalf of the people of Western Australia; and
- Consumer, Carer and Community Engagement at all levels of health activity from strategic and service planning to delivery of care.

This section of the framework provides a structural support in the form of a working group that will assist in the planning, delivery and evaluation of WA Health Consumer, Carer and Community Engagement.

1 Consumer, Carer and Community Engagement Working Group

To provide a mechanism for a dynamic model of Consumer, Carer and Community Engagement within WA Health it is recommended that a Consumer, Carer and Community Engagement Working Group be established. The role of this group will be two fold:

- 1 Work within WA Health in the area of Health Reform and Health System Support to:
 - Assist in planning and assessing their annual Consumer, Carer and Community Engagement strategies that reflect the activity and priorities of each area and the overall Department;
 - Ensure that engagement strategies are current and relevant to improving the delivery of health services;
 - To prevent consumer and carer committees, groups etc becoming staid and/ or irrelevant and focus Consumer, Carer and Community Engagement on relevant areas; and
 - Ensure that new and developmental projects include Consumer, Carer and Community Engagement plans.
- 2 Across WA Health and Area Health Services:
 - Monitor the implementation and effectiveness of this Framework;
 - Facilitate evaluation activities; and
 - Review and reissue this Framework as appropriate to reflect the changing agenda of health care in WA.

It is recommended that an independent, high profile Chairperson be appointed to reflect the importance of the work of this group, possibly comprising of representatives with expertise from the following groups:

- Consumers;
- Carers;
- Health Consumers Council;
- Carers WA Association
- Non-government organisations associated with consumer representation;
- Area Health Services; and
- WA Health.

To ensure that the Consumer, Carer and Community Engagement Working Group is effective, this Framework recommends that it is situated within and aligned to the Office of the Director General of WA Health.

2 Action Plan for WA Health

This Action Plan details the Consumer, Carer and Community Engagement actions for WA Health for Western Australia for Phase 1 (Year ending 30 June 2007). An integral part of the activity for this year is planning for the ongoing Consumer, Carer and Community Engagement Activity as part of core business.

Action Area	WA Health Actions	Comments or Suggestions
Convene Consumer, Carer and Community Engagement Working Group	<ul style="list-style-type: none"> • Situate in Office of Director General; • Provide Secretariat; • Develop Terms of Reference for working group. 	
Recruit Independent Chair	<ul style="list-style-type: none"> • Office of Director General to oversee potentially sensitive area. 	
Working Group to work with the selected areas in Phase 1 to work up Consumer, Carer and Community Engagement (CC&CE) plans and evaluation measures.	<ul style="list-style-type: none"> • Communication of new framework and related information to all areas; • Promote role of Working Group. 	Other resources to assist: <ul style="list-style-type: none"> • Health Consumers Council; • Carers WA Association • Other Consumer focused NGOs.
	<ul style="list-style-type: none"> • Office of Quality and Safety CC&CE plan developed with Working Group. 	<ul style="list-style-type: none"> • Possible area for partnership with Working Group in Phase 1.
	<ul style="list-style-type: none"> • Clinical Networks CC&CE plan developed with Working Group. 	<ul style="list-style-type: none"> • Possible area for partnership with Working Group in Phase 1; • Consumer partnerships already built into Terms of Reference.

Action Area	WA Health Actions	Comments or Suggestions
	<ul style="list-style-type: none"> Contracts Department CC&CE plan developed with Working Group. 	<ul style="list-style-type: none"> Possible area for partnership with Working Group in Phase 1; Review of NGO contracts for inclusion of CC&CE clauses and strategies.
	<ul style="list-style-type: none"> New or developmental projects CC&CE plan developed with Working Group. 	<p>The CC&CE plan for any new project or any major change process will be part of the initial planning.</p>

AREAS OF ENGAGEMENT FOR AREA HEALTH SERVICES AND DEPARTMENTS/SERVICE/ PROGRAMS

Area Health Services refer to the four Area Health Services across WA which are:

- North Metropolitan Area Health Service which includes Women and Newborn Health Services
- South Metropolitan Area Health Service
- Child and Adolescent Health Service
- WA Country Health Service

The action areas for Area Health Services are focused on three main areas:

- Development of staff, consumer and carer Partnership and Support programs, that provide information, familiarisation and a common understanding to all groups to promote effective Consumer, Carer and Community Engagement;
- Provision of core, consistent engagement mechanisms and support as a platform to review, develop, plan and evaluate the appropriate and specific engagement strategies with each service and the Area as a whole. The human resource support will be known as Consumer and Carer Engagement Teams; and
- Development of Consumer, Carer and Community Engagement plans.

1 Partnership and Support Programs for Staff, Consumers and Carers

Partnership and Support Programs aim to provide information about each group's benefits and constraints and provide the opportunity to gain familiarity with each group in a non-judgemental setting. They also provide tools for both groups to enable effective partnerships, promoting better health outcomes.

One of the barriers to effective Consumer, Carer and Community Engagement is the lack of understanding between health staff and consumers and carers, particularly in regard to the roles and responsibilities of each group, the constraints of each group and the language of each group. Formal Partnership and Support Programs will help in overcoming these barriers.

2 Consumer and Carer Engagement Teams

Consumer and Carer Engagement Teams will provide dedicated human resources within the Area Health Services to support service delivery areas in achieving and evaluating planned engagement strategies.

3 Action Plan for Area Health Services

This Action Plan details the Consumer, Carer and Community Engagement actions for the Area Health Services in Western Australia for Phase 1 (Year ending 30 June 2007)

Action Area	Area Health Services Action	Comments or Suggestions
<ul style="list-style-type: none"> Establish Consumer and Carer Engagement Team(s) for the Area. 	<ul style="list-style-type: none"> Recruit staff; Provide Support. 	<ul style="list-style-type: none"> Consumer and carer groups can assist with selection of Consumer and Carer Engagement Team(s); Consumer and carer groups can assist with education and training of Consumer and Carer Engagement Team(s).
<p>Review and recording of current Consumer, Carer and Community Engagement (CC&CE) activities across Area providing an overall picture of activity.</p>	<p>Consumer and Carer Engagement Team(s) can support this review.</p>	<ul style="list-style-type: none"> Review tools provided with this framework (Appendix 3 and 4); Consumers and carers groups can support and assist Consumer and Carer Engagement Team(s).
<p>Establish Consumer and Carer Advisory Council at Area level. (If not already in place) (See Appendix 5 for Definition).</p>	<p>Appointment of consumer and carer representatives done under the aegis of the CEO assisted by Consumer and Carer Engagement Team(s).</p>	<p>Other resources to assist: recruitment:</p> <ul style="list-style-type: none"> Health Consumers Council; Carers WA Association Other Consumer focused NGOs; Aboriginal Community Controlled Health Organisations.

Action Area	Area Health Services Action	Comments or Suggestions
Development of Area CC&CE Plan.	Plan development sponsored by CEO and Area Executive Team	
	Plan must include strategies to engage <ul style="list-style-type: none"> • Aboriginal people; • The elderly; • People living with a chronic illness, including mental illness; • People with disabilities; • People from culturally diverse backgrounds; • Socially, economically or geographically isolated communities; and • People with lower levels of literacy. 	Resources that can assist: <ul style="list-style-type: none"> • Consumer focused NGOs; • Aboriginal Community Controlled Health Organisations.
	Annual plan must also identify strategies for managing major change processes within the Area Health Service.	Need to consider overall strategic plan whilst developing Consumer, Carer and Community Engagement Plan.
	Contracts, Service Level Agreements and Performance Agreements with divisions within the Area Health Service and external contractors to include Consumer, Carer and Community Engagement clauses.	Include as part of overall CC&CE plan for Area.

Action Area	Area Health Services Action	Comments or Suggestions
<p>Development of Consumer, Carer and Community Partnership and Support modules for staff, consumer and carer representatives.</p>	<ul style="list-style-type: none"> • AHS to coordinate development and implementation plans; • Support Department /Service /Program in releasing staff to attend Consumer , Carer and Community Partnership and Support modules. 	<ul style="list-style-type: none"> • Health Consumer Council. Carers WA Association and other groups can assist in developing and delivering Consumer, Carer and Community Partnership and Support modules; • Development of 'train the trainer' approach to enable widespread training.

4 Action Plan for Department, Services or Programs

This Action Plan details the Consumer, Carer and Community Engagement actions for individual Departments, Services or Programs for Phase 1 (FYE 30 June 2007)

Action Area	Department/Service/Program Actions	Comments or Suggestions
Review and recording of current Consumer, Carer and Community Engagement activities within service divisions.	<ul style="list-style-type: none"> • Undertake review. 	<ul style="list-style-type: none"> • Review tools provided with this framework (Appendix 3 and 4); • Consumer and Carer Engagement Team(s) to support.
Allocate Consumer, Carer and Community Engagement (CC&CE) portfolio to a Senior Manager within service division.	<ul style="list-style-type: none"> • Identify Senior Manager; • Amend Position Description to include CC&CE role. 	
Identify range of Consumer, Carer and Community Engagement strategies relevant to service divisions.	<ul style="list-style-type: none"> • Consumer and Carer Engagement Team(s) to assist. 	<ul style="list-style-type: none"> • See Tools and Strategies for Consumer, Carer and Community Engagement.

Action Area	Department/Service/Program Actions	Comments or Suggestions
Development of CC&CE Plan for Department/Service/Program (This plan will be a sub section of the Area plan).	<p>Plan must include strategies to engage:</p> <ul style="list-style-type: none"> • Aboriginal people; • The elderly; • People living with a chronic illness, including mental illness; • People with disabilities; • People from culturally diverse backgrounds; • Socially economically or geographically isolated communities; and • People with lower levels of literacy. <p>Annual plan must also identify strategies for managing major change processes within the division.</p>	Linked to Departmental Business Plan.
Partnership and Support training modules.	Assist service division staff to undergo Consumer, Carer and Community Partnership and Support training including providing relief for essential staff.	
Implementation of Consumer, Carer and Community Engagement Plan for Department/Service/Program	All staff involved.	<ul style="list-style-type: none"> • Consumer and Carer Engagement Team can assist; • Evaluation will commence as part of the implementation process, ensuring that quality data is collected.

SECTION 6

EVALUATION

Evaluation of the impact and success of this framework will take two forms:

1. Reporting on Consumer, Carer and Community Engagement activity through routine health service reporting schedules.
2. Formative evaluation of the Consumer, Carer and Community Engagement Framework implementation at the end of Year 2.

1 Reporting on Evaluation Measures

Evaluation measures and reporting requirements ensuring that all health services are accountable in regards to Consumer, Carer and Community Engagement will be included in routine reporting schedules, forming an integral part of the performance expected from health services.

To assist Health Managers in incorporating new evaluation measures within the current reporting framework, the measures have been linked to the relevant sections contained in the 'WA Health Strategy Map' (Appendix 6). This map links the six "Healthy's .." with the balanced scorecard format and provides a framework that governs reporting and measures for WA Health.

This map is in draft form and still to be finalised, however in an effort to have Consumer, Carer and Community Engagement included in core business it is vital that the reporting of this activity be included with other core activity. We anticipate that by the time this framework is accepted, the final format of the WA Health Strategy Map will be available for use.

Health services will naturally report different stages of progress in regards to the development of Consumer, Carer and Community Engagement strategies. It is also acknowledged that the implementation of this kind of activity will require significant organisational and cultural change within health services. The required capacity building activity discussed earlier will require the evaluation component to be an integral part of the training and support for staff and consumers and carers.

This Framework recommends that a summary of evaluation measures for Consumer, Carer and Community Engagement activities will be included in the public reports of the Area Health Services and WA Health, either in the form of the Annual Reports or as appropriate.

Following are the evaluation measures for the three levels of engagement for Phase 1. Evaluation measures for future years will be developed by each individual area as part of the business planning cycle.

Consumer, Carer and Community Engagement Evaluation Measures for WA Health

Phase 1 - For period ending 30 June 2007

Evaluation Measures	Linked to WA Health Strategy Map	Date
Consumer, Carer and Community Engagement Working Group Terms of Reference developed and implemented.	C1, I1, I4, I7, W3	31 Dec 2007
Consumer, Carer and Community Engagement Working Group meeting regularly.	C1, F1, I4, I7, W1	31 Dec 2007
Annual Consumer, Carer and Community Engagement Plans developed for the following areas <ul style="list-style-type: none"> • Office of Quality and Safety; • Clinical Networks; • Contracts; • Any new of developmental projects. 	C1, I4, I7, W1	31 Dec 2007
Quarantined funds for Consumer, Carer and Community Engagement activities associated with Consumer, Carer and Community Engagement Plans for identified sections of WA Health, Area Health Service and non-government contracts allocated.	F1, F2	30 June 2007

Consumer, Carer and Community Engagement Evaluation Measures for Area Health Services

Phase 1 - For period ending 30 June 2007

Evaluation Measures	Linked to WA Health Strategy Map	Date
Consumer and Carer Engagement Team(s) established	F1, W1, W3	31 Dec 2007
Review and recording of current Consumer, Carer and Community Engagement activities across Area Health Service.	I1, I7, W1, W3	31 December 2007
Area Consumer and Carer Advisory Council established and meeting regularly.	C1, I4, I7	31 Dec 2007
Area Consumer, Carer and Community Engagement Plan developed.	C1, I2, I4, I7, W1	30 June 2008
Area Executive Group interacting regularly with Area Consumer and Carer Advisory Council.	W1	30 June 2008
Consumer, Carer and Community Engagement Plan for Emergency Departments developed.	C1, I2, I4, I7, W1	30 June 2008
Consumer, Carer and Community Engagement Plan for Outpatients Departments developed.	C1, I2, I4, I7, W1	30 June 2008
Consumer, Carer and Community Engagement Plan for Outreach Programs developed (HITH, Chronic Disease Management etc).	C1, I2, I4, I7, W1	30 June 2008
Consumer, Carers and Community Partnership and Support programs for community members developed and implemented.	C1, I4	30 June 2008
Consumer, Carer and Community Partnership and Support modules for area health staff members developed and implemented.	W1, W3	30 June 2008

Consumer, Carer and Community Engagement Evaluation Measures for Department /Service/ Program

Phase 1 - For period ending 30 June 2007

Evaluation Measures	Linked to WA Health Strategy Map	Date
Review and recording of current Consumer, Carer and Community Engagement activities.	I1, I7, W1, W3	31 Dec 2007
Departmental/Service/ Program Consumer, Carer and Community Engagement Plan developed.	C1, I2, I4, I7, W1	30 June 2008
Consumer, Carer and Community Engagement portfolio assigned to senior staff member.	W1, W3	31 Dec 2007
Staff attending Consumer, Carer and Community Partnership and Support modules.	W3	30 June 2008

2 Formative Evaluation

Formative evaluation is conducted during the operation of a project, generally for the purpose of providing immediate feedback about the status of project activities so that project revisions may be made. A formative evaluation by an independent evaluator is envisaged at the end of Phase 2. This will allow time for the majority of areas to be at the stage where they are implementing Consumer, Carer and Community Engagement plans. The feedback from the formative evaluation will allow review of strategies as required.

Issues that are anticipated to be assessed in the formative evaluation include:

- Are the recommended structures in place?
- Are the Senior Managers using them?
- Are consumers and carers actively participating in planning and decision making for the health services?
- Do consumers and carers feel well equipped and resourced to effectively contribute to the health service?
- Do staff feel well equipped and resourced to facilitate effective Consumer, Carer and Community Engagement?

SECTION 7

ACKNOWLEDGEMENTS

Department of Human Services Victoria

We acknowledge the Quality and Safety Branch of Rural and Regional Health and Aged care Services within the Victorian Department of Human Services for allowing us to base this framework on key sections of the *Participation in your health service system: Victorian consumers, carers, and the community working together with their health service and the Department of Human Services* series of books referred to in the reference section.

Consumer, Carer and Community Engagement Framework Reading Group

The Framework was developed using a Reading Group. The group worked by reviewing progressive drafts of the documents and providing guidance, direction and information to shape and focus the framework. We appreciate all the time that the Reading Group has contributed

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SUGGESTED READINGS

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<http://www.participateinhealth.org.au/clearinghouse/Docs/Improvingsection1.pdf>

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[http://www.participateinhealth.org.au/clearinghouse/Docs/Improvingsection3\(2\).pdf](http://www.participateinhealth.org.au/clearinghouse/Docs/Improvingsection3(2).pdf)

<http://www.participateinhealth.org.au/clearinghouse/Docs/Improvingsection4.pdf>

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APPENDICES

Appendix	Title and Reference
Appendix 1	National Resource Centre for Consumer Participation in Health <i>The evidence supporting consumer participation in health</i> Sourced January 2006 http://www.participateinhealth.org.au/clearinghouse/Docs/evidence.pdf
Appendix 2	WA Health Organisational Chart
Appendix 3	National Resource Centre for Consumer Participation in Health <i>Consumer Community Participation Self-Assessment Tool for Hospitals</i> Sourced January 2006 http://www.participateinhealth.org.au/clearinghouse/Docs/hospitalselfassesstool.pdf
Appendix 4	National Resource Centre for Consumer Participation in Health <i>Primary Care Self-Assessment Tool for Community and Consumer Participation</i> Sourced January 2006 http://www.participateinhealth.org.au/clearinghouse/Docs/pcpsselfassessmenttoolv1.0.pdf
Appendix 5	Carers Charter http://www.community.wa.gov.au/Communities/Seniors/Carers+Recognition+Act+2004/the_WA_Carers_Charter.htm
Appendix 6	Carers Recognition Act 2004, Part 2, Compliance with the Carers Charter http://www.community.wa.gov.au/Communities/Seniors/Carers+Recognition+Act+2004/Carers+Recognition+Act+2004+Part+2+Compliance+with+the+Carers+Charter.pdf
Appendix 7	Consumer Representative Information for Health Service Managers
Appendix 8	