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**Title:** Consumer & Community Participation Framework

**Department:** Corporate: Consumer Engagement

**Approved by:** Senior Management

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**Purpose:** To provide a framework to guide Consumer and Community participation

**Scope:** Kyabram District Health Service and community members

### **Definitions:**

#### **Community:**

Defines a geographical group 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.

#### **Consumer:**

Anyone who uses, or has the potential to use the health service. This also includes; patients, residents and clients

#### **Community Feedback:**

These are processes conducted by the health service to support consumer and carers to make comments on their care, on areas for improvement or service development

#### **Consumer and Community participation:**

A relationship between the health service, consumer, carer and community groups providing informed, valuable input into the health service and decision making at all priority action levels. It includes participation of consumers, carers and community as partners in health service planning, policy, research and service delivery

#### **Consumer and Community representatives:**

People registered as interested consumers whether nominated by other consumers, self-nominated or by a group of consumers, carers or community members who bringing a consumer or carer perspective to matters under deliberation.

### **Introduction**

Kyabram District Health Service (KDHS) Strategic Plan 2013-2017 identifies the organisation's commitment to working in partnership with consumers, carers and the broader community. Consumer and community participation is central to improving health outcomes and maintaining high quality and effective healthcare.

Participation in its broadest sense refers to the opportunities, processes and mechanisms that are available to all members of the KDHS catchment, regardless of status, culture, gender, sexuality or age and ensures they are involved and engaged in the development, delivery, planning and evaluation of health services and health system priorities. In working together, decisions may include a range of perspectives.

The success of consumer and community participation will rely on fostering both an organisational and a cultural change. While there is a wealth of good work occurring throughout the organisation, the Consumer and Community Participation Framework promotes an opportunity to fully integrate and consolidate consumer and community participation at all levels of Kyabram District Health Service.

**Background**

The Department of Health’s ‘Doing it with us not for us’ Strategic Direction 2010 – 2013 has provided the foundation for the development of this document. The framework aligns with the 2013 – 2017 strategic direction and provides for the health experience and wellbeing of our consumer, carers and community.

**“Doing it with us, not for us”**

**National Context**

The Australian Safety and Quality Framework for Health Care developed by the Australian Commission on Safety and Quality in Health Care describes a vision for consumer centred care for all Australians and sets out the actions needed to achieve this vision.

Consumer centred means	What it means for a consumer or patient	Areas for action by service providers
<p>Providing care that is easy for patients to get when they need it</p> <p>Making sure that health care staff respect and respond to patient choices, needs and values</p> <p>Forming partnerships between patients, their family, carers and health care providers</p> <p>Ensuring that patients and carers report positive experience of health care</p>	<p>Receiving high quality care when needed</p> <p>Having information they can understand to help make decisions about their health care</p> <p>Helping to make their health care safe Knowing their healthcare rights</p> <p>If something goes wrong, receiving an apology and a full explanation of what happened</p>	<p>Developing new models of care</p> <p>Increasing health literacy</p> <p>Partnering with consumers, patients, families and carers to share decision making about their care</p> <p>Providing care that is respectful of and sensitive to different cultures</p> <p>Involving consumers, patients and carers in planning for safety and quality</p> <p>Promoting healthcare rights</p>

**State Context**

Building consumer and community partnerships is vital for effective participation. A series of broader policies, guidelines and the legislative framework of the Victorian Government drive the participation policy and support the three key reasons why participation is valued: improvement, democratic right and accountability.

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These policies and guidelines are:

- *A vision for Victoria to 2010 and beyond, Growing Victorian together*; (Victorian Government 2005)
- *Cultural diversity guide: multicultural strategy* (Policy and Strategic Project Division 2004)
- *Victorian women's health and wellbeing strategy; policy statement and implementation framework 2002-2006* (Policy and Strategic Project Division 2002)
- *Partnership agreement; Department of Human Services / Health, Housing and Community sector* (Department of Human Services 2002)
- *Guidelines for Department of Human Services advisory committees* (Department of Human Services 2004)
- *Department for Victorian Communities corporate plan 2003-2006* (Department of Human Services 2003)
- *Improving Care for Aboriginal and Torres Strait Islander Patients – ICAP* (Department of Health 2009)

The Department of Health – *Doing it with us not for us* – participation policy links to and has been informed by policies and guidelines specific to acute, subacute, mental health, primary and community health services. These include:

- *Cultural Responsiveness Framework – guidelines for Victorian health services* (Department of Health 2009)
- *Primary care partnership strategic direction 2004-2006* (Primary and Community Health Branch 2004)
- *Community health services – creating a healthier Victoria* (Primary and Community Health Branch 2004)
- *Community advisory committee guidelines: non-statutory guidelines for metropolitan health services* (Department of Human Services 2000)

The policy's Strategic direction for 2010 – 2013 targets Victorian public health service systems including acute, subacute, mental health, community health and residential aged care facilities. Importantly it introduces a new comprehensive suite of participation standards and indicators to facilitate the monitoring of the on-going implementation of '*Doing it with us not for us*'. The Department operates within the policy and legislative framework of the Victorian Government and is obliged to report to the Victorian Multicultural Commission as part of its multicultural reporting.

The key legislative frameworks governing the work of the Department in relation to cultural diversity include:

- [Equal Opportunity Act 1995](#) (amended to [Equality Opportunity Act 2010](#))
- [Racial and Religious Tolerance Act 2001](#)
- [Multicultural Victorian Amendment Act 2008](#)
- [Charter of Human Rights and Responsibilities Act 2006](#)

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In addition to the legislative requirements the Department currently has six policy frameworks which require reporting on cultural diversity responsiveness. These are:

- *All of us*
- *Cultural diversity guide*
- *Health service cultural diversity plans*
- *Disability services cultural and linguistic diversity strategy*
- *Home and Community Care (HACC) Cultural planning strategy*
- *Cultural Diversity Plan for Victoria's Specialist Mental Health Services*
- *Aged Care Accreditation Standards as set out in the Quality of Care Principles*

The [Victorian Indigenous Affairs Framework \(2010-2013\)](#) comprises the following four elements which are designed to achieve the Government's overarching goal to raise the life expectancy and quality of life for Indigenous Victorians:

- *Principles for reform*
- *Strategic policy framework*
- *Performance framework, and*
- *Partnership co-ordination and management framework*

The [Disability Act 2006](#) (the Act) Act provides the framework for a whole-of-government and whole-of-community approach to enable people with a disability to actively participate in the life of the community. The Act is guided by the principles of human rights and citizenship. The related policies, procedures and legislation include:

- *Victorian State Disability Plan 2002 – 2012*
- *Planning Policy*
- *Information and Policy Manual*
- *Provision of Information Policy (to be included in Information and Policy Manual above)*
- *Complaints Policy (to be included in Information and Policy Manual above)*
- *Legislation Implementation Guide for Restrictive Interventions*
- *Legislation Implementation Guide for Supervised Treatment Orders*
- *Legislation Implementation Guide for Residential Treatment Facilities*
- *Better services, better outcomes, stronger communities - The Quality Framework for Disability Services in Victoria*
- *The Standards for Disability Services in Victoria*
- *Registration of Disability Service Providers*
- *Strengthening Rights in Residential Services Policy*

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Partnering with consumers is also a focus of the National Safety and Quality Health Service Standards. Standard 2 provides the framework for a patient focused service culture by involving consumers in the review, design and implementation of services. The standard requires that systems are in place to ensure health service organisations work in partnership with consumers to facilitate their input into policy and processes to improve safety and quality of care. The intention of the standard is to create a health service that is responsive to consumer input and needs.

Criteria for the standards are:

1. Consumer partnership in service planning  
Clinical leaders and senior managers ensure governance structures are in place to form partnerships with consumers and/or carers
2. Consumer partnership in designing care  
Consumers and/or carers are supported by the health service organisation to actively participate in the improvement of the patient experience and patient health outcomes
3. Consumer partnership in service measurement and evaluation  
Consumers and/or carers receive information on the health service organisation's safety and quality performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement

### Organisational Context

Consumer and Community Participation Plan 2014 – 2017 objectives within Kyabram District Health Services Strategic Direction as outlined in the KDHS Strategic Plan 2013 – 2017:

Priority 1: Developing a health service that is responsive to people's needs	
Intent	Strategy
The community is engaged in the activity, direction and performance of the health service	Implement a sustainable, community driven, primary health model to enhance the health and wellbeing of the Kyabram, Tongala and Stanhope communities.  Community & Stakeholder Engagement is embedded in the planning and delivery of safe and appropriate health services.  Partnerships with local groups are identified and strengthened through collaboration and support.  The need of culturally diverse and minority groups who are marginalised or vulnerable to poor health are addressed.

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KDHS is responsive to the needs of the rural catchment.	Identify and respond to community needs through service innovation and re-design.  Implement strategies that address the issue of rural isolation and service inaccessibility.  Work and plan with key partners and service providers to respond to local issues.  Configure and distribute services to address the health needs of the local population
<b>Priority 2: Improve the Community's health status and experience</b>	
<b>Intent</b>	<b>Strategy</b>
Improve the capacity of KDHS to promote a healthy community	A model of Health and Wellbeing Planning is developed in collaboration with the local community and local service providers
Improve the health outcomes of the marginalised or vulnerable community	Develop initiatives that ensure a greater focus on cultural competency of marginalised patients / clients to the service.

Implementation of the Consumer and Community Participation Framework within KDHS will be a progressive process. Implementation involves an approach to service development based on a series of structured phases which inform decision making in ongoing service enhancement. Individual service areas are responsible for alignment of practice to the recognized levels of consumer and Community Participation (below). Each service area is responsible to ensure their practice aligns with these participation levels and KDHS policies and procedures for Consumer and Community participation.

### Level of Consumer and Community Participation

The levels of participation are described as a continuum from a low level of participation to high level of participation through which consumers and community are given significant control in decision making with the organisation. This continuum is described in the following diagram:



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### Consumer and Community Participation Framework Implementation Phases

Phase	Outcome	Due Date
1	<ul style="list-style-type: none"><li>Consumer and Community Participation Framework 2014-2016 endorsed and approved by Community and Stakeholder Governance Committee</li></ul>	Oct 2014
2	<ul style="list-style-type: none"><li>Development of supporting policy, procedures and guidelines for consumer and community participation</li></ul>	Oct 2014
3	<ul style="list-style-type: none"><li>Development and implementation of a Consumer Register</li></ul>	Oct 2015
3	<ul style="list-style-type: none"><li>Communication and education plan for Consumer and Community Participation Framework developed</li><li>Consumer and Community Participation action areas and indicators determined within the Consumer and Community Participation Plan (Appendix 1)</li><li>Consumer and Community Participation Plan report submitted to the Department of Health (Quality of Care Report) and annually</li></ul>	Dec 2014  Oct 2014  Annually
4	<ul style="list-style-type: none"><li>Recommendations completed against NSQHS accreditation survey "Partnering with Consumers" Standard 2</li></ul>	Jun 2015
5	<ul style="list-style-type: none"><li>Evaluation of Consumer and Community Participation Framework</li><li>Consumer and Community Participation Framework review completed against agreed performance indicators</li><li>Review of Consumer and Community Participation Plan against "Doing it with us not for us" Department of Health objectives</li></ul>	Jan 2016  Mar 2016  Jun 2016

### Key Aligned Documents

N/A

### Key Legislation, Acts & Standards

Australian Commission on Safety and Quality in HealthCare 2008, *Australian Charter of Healthcare Rights*. Retrieved August 18, 2014 from <http://www.health.gov.au/internet/safety/publishing.nsf/Content/PriorityProgram-01>

Charter of Human Rights and Responsibilities Act 2006 No. 43 of 2006 Version incorporating amendments as at 1 August 2011. Retrieved August 18, 2014 from [http://www.austlii.org/au/legis/vic/consol\\_act/cohrara2006433/](http://www.austlii.org/au/legis/vic/consol_act/cohrara2006433/)

Department of Human Services (2006), Consumer, carer and community participation and information. Retrieved August 19, 2014 from <http://www.health.vic.gov.au/consumer/>

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HACC (1999) Community advisory committee guidelines: non-statutory guidelines for metropolitan health services *Victorian Home and Community Care (HACC) Program Manual*. (3rd ed.). The Home and Community Care National Standards Instruments and Guidelines (Section 239 of the Victorian Health Services Act 1988).

National safety and quality health service standards (2012, September).

<http://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf>

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Australian Commission on Safety and Quality in Healthcare 2010, *Consultative paper on the: National Safety and Quality Health Service Standards*, Canberra: Commonwealth of Australia.

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Department of Human Services Victoria 2006, *Doing it with us not for us – participation in your health service system: Victorian consumers, carers, and the community working together with their health service and the Department of Human Services*. Retrieved August 18 from [http://www.health.vic.gov.au/consumer/downloads/do\\_it\\_with\\_us.pdf](http://www.health.vic.gov.au/consumer/downloads/do_it_with_us.pdf)

Department of Human Services 2004, *Guidelines and minimum reporting requirements for quality of care reports 2003-04*, Clinical Governance Unit, Victorian Government, Melbourne: Department of Human Services.

Department of Human Services. (2003). a. *Victorian home and community care (HACC) program manual*. (3rd ed.). Melbourne: Department of Human Services.

Disability Act 2006, No. 23 of 2006 Version incorporating amendments as at 22 June 2011 (VIC). Retrieved August 18, 2014 from [http://www.austlii.edu.au/au/legis/vic/consol\\_act/da2006121/](http://www.austlii.edu.au/au/legis/vic/consol_act/da2006121/)

Health Services Act 1988, No. 49 of 1988 Version incorporating amendments as at 24 August 2011 (VIC). Retrieved October 17, 2011 from [http://www.austlii.edu.au/au/legis/vic/consol\\_act/hsa1988161/](http://www.austlii.edu.au/au/legis/vic/consol_act/hsa1988161/)

Policy and Strategic project Division (2004) *Cultural diversity guide; multicultural strategy*, Melbourne: Victorian Government Department of Human Services.

Victorian Quality Council (2003). *Better quality, better health care*, Melbourne: Victorian Government Department of Human Services.

Victorian Quality Council (2004). *Enabling the consumer role in clinical governance; a guide for health services*, Melbourne: Victorian Government Department of Human Services.

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**Author / Contributors:**

	<b>Date</b>	<b>Name</b>	<b>Position</b>
Author	August 2014	B McLaine	Quality/Safety
		Community Governance	