

Stakeholder Engagement Framework



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Introduction

This Stakeholder Engagement Framework outlines Central and Eastern Sydney Primary Health Network's (CESPHN) commitment to engagement with stakeholders. Primary health networks are tasked with finding regionally appropriate solutions to meet the mental and physical health needs and health service needs of the communities they serve. This is achieved through collaboration, partnership, and the commissioning of services. The stakeholder engagement framework is a core component of working towards the vision of better health and wellbeing of people who live and work in the CESPHN region.

Purpose

Meaningful engagement is essential to improving and transforming primary health care through the following ways:

- working at the system level to improve the integration of care,
- working at the service level to improve practice in primary health care, and
- commissioning local health and wellbeing services to meet identified local needs and gaps.

Stakeholders

There are over 1.5 million people living in the 587 km² area. The area stretches along Sydney's coast from the eastern suburbs to the Sutherland Shire and inland as far as Strathfield. It covers Sydney CBD and includes Lord Howe Island. The number of people living in the area is expected to reach more than 1.9 million by 2031, with the most significant increase expected to be people aged over 65 years.

The region's population is diverse. Over 16,000 Aboriginal and Torres Strait Islander people* live in the region with 40 percent of residents born overseas, 37 percent speak a language other than English at home and six percent do not speak English well or at all.

There are approximately 2,100 general practitioners (local doctors) and approximately 12,800 allied health practices working to address the health needs of the population. There are two local health districts and two specialty health networks. The region incorporates 13 local government areas.

Engagement

We define engagement as meaningful interactions. This includes connecting in meaningful ways with stakeholders by building mutually respectful and mutually beneficial relationships, collaboration, sharing and good communication.

Why engagement matters

CESPHN recognises that meaningful engagement with primary health practitioners, other health and social care services and consumers of health care services is of value for their knowledge and experience. All can assist CESPHN to assess the community's health needs and to commission appropriate services that provide appropriate person-led care effectively. Appropriate care delivers best outcomes for people and their families/carers who use services, as well as benefiting clinicians, policy makers and funders.

**The word Aboriginal will be used throughout this document to refer to Aboriginal and Torres Strait Islander people throughout this document.*

Purpose of the engagement framework

The purpose of this framework is to outline the organisation's promise to stakeholders and to provide principles and direction for CESP HN employees.

This framework aims to:

- Clearly define our engagement and why it matters
- Clearly define who are the stakeholders
- Define our methods of communication, engagement and participation
- Ensure engagement is effective and purposeful
- Link to the engagement strategies that fall under the umbrella of the framework
- Ensure consistency of approach across the organisation.

Guiding principles

This framework identifies **four guiding principles** for CESP HN's engagement:

Respect

CESP HN values stakeholders as experts. We recognise the importance of culturally appropriate and safe environments and have mechanisms in place to implement these. Building trust with stakeholders is the first step.

Mutual Benefit

Engagement should be mutually beneficial and be empowering for the individual/community as well as useful for CESP HN.

Meaningful



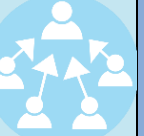




Consultation must be meaningful and efficient for stakeholders and CESP HN. Our engagement methods cross all domains of the participation spectrum as appropriate.

Transparent

CESP HN is transparent about the level of influence participants' engagement will have on the outcome. We provide feedback to stakeholders about how their contribution has influenced the organisation's work. The engagement processes will be monitored and evaluated to ensure they are efficient and effective and enable continuous improvement.

Participation model

We understand engagement to span a spectrum that relates to the decision-making power of the stakeholder. An engagement spectrum that applies to work in the mental health sector is identified in [The National Mental Health Commission's consumer and carer engagement: a practical guide](#). In this model, participation is viewed as a spectrum from passive engagement by way of receiving health information for example, to citizen-led engagement, which could be a community runs its own services. This model presents an engagement spectrum including methods such as inform, educate, consult, involve, co-design, co-produce and citizen led. Examples of CESP HN's engagement with stakeholders has been added below the model. CESP HN's work in the co-design/co-produce space is different to that outlined in the model, as explained in the paragraph below the model.

Inform	Educate	Consult	Involve	Co-design	Co-produce	Citizen led
						
Provide information to people and let them know what has been decided and what is going to happen.	Provide opportunities to learn more about plans, proposals, and processes to assist people to understand problems, alternatives, and solutions.	Obtain feedback on plans, proposals and processes that may influence current and future decisions and assist with the development of alternative solutions.	Work with people throughout a process to ensure their concerns and opinions are included in the decision-making process and in the development of alternative solutions.	Identify and create a plan, initiative, or service, that meets the needs, expectations, and requirements of all those who participate in, and are affected by the plan.	Implement, deliver, and evaluate supports, systems and services, where consumers, carers and professionals work in an equal and reciprocal relationship.	Individuals, groups, or communities lead their own decisions, solutions and activities, and may collaborate or seek support in doing so.
CESP HN website and newsletters	CPD program and social media	Annual stakeholder survey and other surveys	Annual planning day, advisory groups, Clinical and Community Councils	Co-design of commissioned services and mental health resources		Services delivered by Aboriginal community-controlled organisations

CESP HN's approach to co-design

Co-design recognises that consumers and communities know what works best for them. CESP HN uses co-design processes to develop commissioned services. Commissioning is a strategic, evidence-based approach to planning and procuring services based on local priorities and needs. Co-design seeks to meaningfully involve people in the decision-making process, such as consumers, families/carers, the community, and service providers. The process is to identify and create a plan, initiative or service in partnership with all of those who participate in and are affected by the plan that

meets their expectations and requirements. Our approach values the perspectives of all participants equally. Further details are outlined in the [Commissioning Framework](#).

Key stakeholders

Key stakeholders include:

- Community members/individuals/consumers/carers
- General practices
- Allied health professionals
- Commissioned service providers
- Other health and social care providers
- Community managed organisations
- Aboriginal controlled organisations
- Local government
- Local Health Districts and Specialty Health Networks
- Commonwealth Department of Health and Aged Care
- NSW Health
- Universities
- Australian Government and State Government departments and agencies
- Professional peak bodies
- Prospective funding partners
- Private health insurers
- Residential aged care facilities
- State and Federal MPs
- Other businesses

Engagement objectives

- Increase awareness and understanding of our work
- Build credibility and trust
- Provide an opportunity for stakeholders to influence the decisions made
- Build strong collaborative relationships
- Provide accessible health information and support primary health professionals to provide information
- Promote patient-led care
- Best meet the unique health needs through collaboration and co-design of commissioning processes
- Provide appropriate and responsive services
- Increase opportunity for ensuring continued service provision and expansion of service delivery
- Advocacy

How we engage

Engagement with stakeholders is built into organisational structures.

Governance Structure

CESPHN's governance structure incorporates representation from general practice, allied health, community services and individuals from the community.

Member companies

CESPHN has seven member networks that include five general practice companies, one allied health network and a community network. Members use their combined expertise to advocate for and support general practice, allied health, and community organisations to improve health outcomes in the region.

Clinical Council and Community Council

CESPHN has established a [Clinical Council](#) and [Community Council](#) to provide strategic advice to the EIS Health Board on clinical and community matters.

Both councils are representative of the diversity of interests in the region. The councils play a key role in identifying local health priorities and opportunities for collaboration and action. The councils refer to the member companies for wider consultation and localised information. To encourage strong linkages, the member companies have representation on both councils.

Clinical Council

The Clinical Council advises the Board on issues such as the quality, efficiency and effectiveness of care, population health planning, service commissioning and services to support local and national priorities.

Members of the Clinical Council bring together experience across general practice, allied health, community health providers, hospital, and health services. The Clinical Council makes recommendations on ways to streamline patient care, improve the quality of care and use of existing health resources efficiently to improve health outcomes. This includes pathways between hospital and general practice that influence the follow-up treatment of people using health services.

Community Council

The Community Council provides advice to the Board on the delivery of person-led care that is relevant and aligned to the experiences and expectations of consumers, families/carers, community managed organisations and specific communities.

The Community Council comprises of members with lived and living experience, from backgrounds in consumer health and carer advocacy, community managed organisations, and organisations with a focus on mental health. The Community Council plays a fundamental role in providing understanding and guidance to the work of CESPHN, identifying issues affecting primary health care, on the diverse communities, gaps in meeting community needs and consideration of local strategies to engage with consumers and communities in the region.

Consultation

Consultation is the action of engaging with relevant stakeholders to discuss, inform and share information. There are various channels in which CESPHN consults with stakeholders. These opportunities allow further understanding of local health needs, trends, what's working and what isn't. Some examples include consultation through advisory committees, distributing and analysing surveys, social media and communication channels, ongoing discussions with commissioned service providers, meetings with peak body organisations and universities.

Advisory Groups

CESPHN has several advisory committees, which provide expert advice and considered recommendations on the design and delivery of programs and projects. By establishing and operating these committees, CESPHN ensures that stakeholders are represented, involved, and engaged in decision-making processes. Typically, program advisory committees are comprised of representatives from major stakeholder groups such as general practice, allied health, consumers and carers of health services, consultants in specialised areas, local health districts and community-managed organisations. Committee reports are provided to the CESPHN Board annually and routinely reviewed.

Partnerships

CESPHN is committed to working in partnership with stakeholders. Wherever possible CESPHN will partner with local health districts and specialty health networks to undertake needs identification and planning as well as developing a service response to address major health and health systems issues.

The Central and Eastern Sydney Primary Health Care Partnership represents a commitment by the partner organisations who hold responsibility for the provision of public health to work together to improve the health and wellbeing of the central and eastern Sydney community. These partners are South Eastern Sydney Local Health District, Sydney Local Health District, St Vincent's Health Network and Sydney Children's Hospitals Network. The group meets quarterly and agrees on a joint program of work and a forum to update each other on key developments. CESPHN also has separate meetings with each of these partners on a regular basis and is a partner in the Community Partnerships Alliance developed by South Eastern Sydney Local Health District.

Building trust, brand awareness and engagement through our communication channels

- The CESPHN website provides information curated for the specific audience and spaces for online engagement.
- *Sydney Health Weekly* is a weekly newsletter highlighting key health information, upcoming training and community resources and events for primary care professionals.
- Program-specific newsletters for Immunisation, Antenatal Shared Care, Aboriginal Health and Wellbeing, Alcohol and Other Drugs, Continuing Professional Development events and Health and Disability are distributed.
- Social media platforms are used to provide health and service information and to provide two-way online engagement with stakeholders.
- The Board identifies key messages at each of its meetings for distribution to representatives providing consistent and accurate messages related to programs, initiatives, or topical issues.
- Established relationships with Members of Parliament, community services and local government are used to distribute messages directly to the community via these organisations' newsletters and social media.

GP representatives on external committees

CESPHN supports the involvement of GPs on hospital committees to foster partnerships between primary and acute health care. The Board and Chairs of member companies review the reports and recommendations for CESPHN to follow up throughout the year.

Clinical Leaders Network

The Clinical Leaders Network consists of primary health care and mental health professionals who are interested in leading system change in primary health care. The Network discusses key challenges and issues affecting primary health care and advises CESP HN on opportunities to better support primary healthcare providers. It also provides networking and professional development opportunities for its members.

Interagencies

CESP HN Disability Network is an example of a successful network that CESP HN convenes. CESP HN staff also attend various local interagency meetings to build their knowledge of local health and social issues, to contribute to addressing the social determinants of health and to communicate the work of the organisation more broadly.

Continuing Professional Development

CESP HN operates a comprehensive Continuing Professional Development (CPD) program across the region in partnership with the member companies. The program is developed by working closely with GPs and allied health professionals and identifying their learning needs. The CPD topics are determined through a collaborative approach with an Advisory Committee and evaluation and feedback from current events.

Peer Group Learning

The Peer Group Learning program is a professional development avenue for primary healthcare professionals in the region. The peer-group format promotes a more in-depth understanding of an area or topic and allows health professionals to share their own experiences and knowledge with peers in a safe setting.

Practice Support

CESP HN employs practice support officers who visit general practices and allied health practices. They offer support and advice on, but not limited to, accreditation, MBS items, clinical governance, priority health areas and software enhancements. Practice visits also provide an opportunity for feedback and evaluation of CESP HN programs and Continuing Professional Development.

Commissioning

Commissioning is a strategic, evidence-based approach to planning and purchasing services, based on local priorities and needs.

The commissioning process involves:

- understanding the needs of the local population
- prioritising and planning services to meet those needs
- working closely with stakeholders, service providers and communities to ensure that what is needed can be delivered
- purchasing or procuring new services to address gaps
- monitoring and evaluating the effectiveness of those services, to learn and improve.
- CESP HN's commissioning approach is outlined in the [Commissioning Framework](#).

Planning

Each year we invite stakeholders to participate in a strategy workshop with us to develop strategies of focus for the following year.

Joint Planning

We have a strong commitment to joint planning wherever possible and a number of joint plans exist such as the Regional Mental Health and Suicide Prevention Plan.

CESP HN prepares a [comprehensive needs assessment](#) for the region and invites stakeholder input to this document.

Engagement strategies

Specific engagement strategies have been developed for key stakeholders.



Community Engagement

Improving and increasing meaningful engagement with consumers of health care services and communities living in the CESP HN region is a priority for CESP HN's engagement. As outlined in the Community Engagement Strategy. CESP HN seeks to ensure respectful, safe and mutually beneficial engagement with community members.

GP Engagement

The GP engagement strategy aims to support GPs in their practice as per the [GP Engagement Strategy](#)

Allied Health Engagement

Allied health professionals are supported and engaged as outlined in the [Allied Health Strategy 2022- 2025](#).

Community Service Engagement

Community services include a broad range of services such as aged care, disability, community managed organisations, neighbourhood centres etc. Community Service representatives are members of the Community Council and included in our strategy day to assist CESP HN with planning.

As an organisation, CESP HN will:

- work in partnership with the community sector to address the social determinants of health where possible.
- communicate with community services and/health care services to promote consistent health and wellness messages and information about services to the community.
- support and promote community stakeholder events organised by LHDs, peak bodies, and community managed organisations.

- support and promote community wellness initiatives that are generated in the community sector on the community events section of the CESP HN website, and
- share data with community services to support the development of additional services based on local need.

Local Government Engagement

CESP HN seeks to further engagement with the 13 local governments in the CESP HN region. Local governments have common areas of interest to PHNs (e.g., public health and community services), are a source of local community information and provide an opportunity to communicate local health and service information to residents in the communities they serve. Collaboration around place-based models of care and support is possible when working with local government and other service providers that could greatly benefit people experiencing disadvantage in local communities.

CESP HN will:

- establish and maintain communication channels with local governments to share relevant information and resources with local communities.
- provide relevant health and service messaging targeted to local communities.
- offer local governments the opportunity to nominate a representative on the Community Council.
- consult and identify partnership opportunities with relevant local governments in the development and promotion of new localised services and projects.
- share data with local governments to support the development of services based on local need, and
- work collaboratively on the development of regional plans and to address the social determinants of health.

Measuring success

Evaluation

CESP HN monitors and evaluates all stakeholder engagement in a process of continuous improvement. Stakeholder engagement is evaluated in the following ways:

- Annual stakeholder survey
- Continual feedback opportunities on the website and online engagement opportunities
- Evaluation of CESP HN events
- Social media, newsletter and website analytics
- Compliments and complaints received
- Regular reporting on the advancement of engagement strategies to the Board.