

Community Engagement Strategy



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Introduction

This strategy outlines Central and Eastern Sydney Primary Health Network's (CESPHN) commitment to engagement with community members. 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 served. This is achieved through collaboration, partnership, and the commissioning of services. The community engagement strategy is a core component of working towards the vision of better health and wellbeing of people who live and work in the CESPHN region.

This strategy has developed from the previous community engagement strategy and shows an organisation maturing in engagement with members of the community, including people who use primary health care services.

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

This three-year strategy sits under the umbrella of CESPHN's Stakeholder Engagement Framework which outlines the broader approach and goals of engagement with all stakeholders.

The community and CESPHN's engagement

There are over 1.5 million people living in the 626 km² area. The region 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 will reach more than 1.9 million by 2031, with the most significant increase being the number of people aged over 65 years. There are two local health districts and two specialty health networks. The region incorporates 13 local government areas.

Over 16,000 Aboriginal and Torres Strait Islander people live in the region. First nations people living in the CESPHN region are a priority for our community engagement. CESPHN is committed to reconciliation with Aboriginal and Torres Strait Islander peoples as outlined in the Central and Eastern Sydney PHN Innovate Reconciliation Action Plan January 2021 - February 2023.

In the region over 40 per cent of the population were born in a country outside of Australia, 42 percent speak a language other than English at home and six percent do not speak English well or at all. An internal document, a Cultural Responsiveness Action Plan has been developed for CESPHN to engage with the diverse language and cultural groups in our region. People from culturally and linguistically diverse backgrounds in the CESPHN region are priority communities for our engagement.

Individuals and communities experiencing disadvantage are also a priority for our community engagement due to the differentials of access to health services and health outcomes.

Definitions

For ease, this document uses the word community as shorthand for individuals who bring a unique expertise as individuals who use or have used services or have a first-hand perspective on certain health issues or needs of a community. They are stakeholders who are not engaged with CESPHN as health or community care professionals.

Lived experience

Lived experience refers to having first-hand experience with a disease or mental health condition, substance use, domestic violence or other relevant experience. The word “lived” is used to differentiate those who have personally lived through those challenges. The expertise that individuals can offer is important to developing services that are effective.

Community Group or community group representative

Groups of people or organisations with a common interest. Communities may connect through a shared place, ethnicity, interest, or issue.

Carers

A carer is a person who tends to the needs or concerns of a person with short or long-term limitations due to illness, injury or disability. They may be individuals who care for members of their family of origin, or who care for their family of choice. Carers play a significant role in health care, as are often the main source of valuable information. In this context carers are not paid employees of an agency.

Why community engagement matters

CESPHN defines our engagement as meaningful interactions. This includes connecting in meaningful ways by building mutually respectful and mutually beneficial relationships, collaboration, sharing and good communication.

Although CESPHN rarely provides services directly, it assesses the community’s health needs and advocates on their behalf, it commissions other organisations to provide services and provides education for primary health professionals. CESPHN understands that meaningful engagement with consumers of health care services and their families/carers is of value for their knowledge and experience. All can assist CESPHN to assess the community’s health needs, provide appropriate services and person-led care effectively. This should be empowering for the community individuals involved. Appropriate care delivers best outcomes for people and their families/carers who use services, as well as benefiting clinicians, policy makers and funders.

Effective community engagement exists when people are treated with dignity and respect, information is shared with them, and participation and collaboration in healthcare processes are encouraged and supported to the extent that people choose.

Policy environment

Engaging with individuals and community stakeholders is a sensible and ethical approach. It can create a positive experience for consumers, high-quality health care and improved safety and outcomes.

The World Health Organisation

The World Health Organisation declares that “People have the right and duty to participate individually and collectively in the planning and implementation of their health care.” Declaration of Alma-Ata [8] 1978

National Preventive Health Strategy 2021-2030

The National Preventive Health Strategy 2021-2030 aims to create a sustainable system for preventing health problems for all Australians, with a particular focus on the social determinants of health (such as education level, housing, income), reducing health inequity (e.g. access to healthcare, racial and language barriers) and addressing the increasing burden of disease.

Seven key enablers for enhancing Australia's prevention system were identified in the strategy, and the Department of Health has initiated two major projects for two of these enablers:

- the development of the National Consumer Engagement Strategy for Preventive Health, and
- the National Health Literacy Strategy

The Health Literacy strategy places an onus on the service provider to communicate information, whether it be about preventative health care, or a medical condition in a way the person receiving the service can understand.

Although not a direct health provider, CESP HN commits to this by ensuring health communication that is easy to understand and in appropriate languages and by resourcing primary service providers with health communication that is clear and easy to understand for the individuals who need it.

National Safety and Quality Health Service Standards

Developed by the Australian Commission on Safety and Quality in Health Care, [the standards](#) provide a nationally consistent statement about the level of care consumers can expect from health service organisations. It recognises the importance of involving patients in their own care and providing clear communication to people.

Standard 1 Clinical Governance and Standard 2 Partnering with Consumers underpins all other standards. The Partnering with Consumers standard aims to create health service organisations in which there are mutually beneficial outcomes by having:

- consumers as partners in planning, design, delivery, measurement and evaluation of systems and services
- patients as partners in their own care, to the extent that they choose.

CESP HN commits to this by established governance structures, advisory groups and co-design of commissioned services that facilitate partnerships with consumers and/or carers.

National Safety and Quality Primary and Community Healthcare Standards

[The Partnering with Consumers Standard](#) published in 2021 and developed by the Australian Commission on Safety and Quality in Healthcare, recognises the importance of working with consumers in the planning and delivery of their own health care and providing clear communication to minimise risks of harm. This standard, together with the Clinical Governance Standard, form a comprehensive clinical governance framework.

CESP HN commits to this by promoting person-centered or person-led care models to primary care professionals and co-designing services and resources for primary care professionals to assist patients with management and treatment.

CESP HN Strategic Plan

[CESP HN strategic plan 2022-2024](#) identifies the engagement priorities to be to:

- Develop clearer messaging around the strategic priorities so that key partners and communities better understand the role that the PHN plays in primary health care.

- Improve engagement with allied health professionals
- Increase the focus on community engagement, particularly to engage more effectively with Aboriginal and CALD communities and people with lived experience.

Goals

The community engagement strategy outlines three key goals with several activities under each:

Goal 1: Embed community representation into CESPHN's work.

Activities

- Embed community consultation and engagement activities that are planned and appropriately resourced into the annual operational plan.
- Prepare an annual budget for the training, development and resourcing of community members as well as reimbursement for their time as appropriate.
- Ensure feedback from consultations is collated, shared across the organisation and reported to the Councils, or board as appropriate.
- Maintain a permanent position for an Aboriginal identified community member on the board.
- Ensure diverse representation at all levels of CESPHN's engagement and governance, particularly of people from backgrounds of disadvantage, representation that is culturally and linguistically diverse and Aboriginal representation.
- Involve community stakeholders on tender evaluation panels where appropriate.
- Offer and fund advocacy training opportunities to support people with lived experience in CESPHN engagement groups.
- Provide a buddy system for community stakeholders involved with Community Council.
- Seek consumer input on new strategies.
- Maintain a lived experience mailing list to promote opportunities for consultation, feedback, and applications for engagement groups and work with community stakeholders who have ongoing relationships with individuals with lived experience.
- Include patient reported measures in commissioned service provider KPIs (such as the Your Experience of Service surveys) and address opportunities for improvement.
- Involve community stakeholders in the annual strategy workshop.
- Ensure commissioned services have consumer representation built into their organisational structures.
- Incorporate person-centred care approaches and training into updated GP strategy.
- Ensure community representatives reflect the geographic spread and diversity of the communities in the region, particularly communities identified with poorer health outcomes or less access to health services, Aboriginal community members and members from culturally and linguistically diverse backgrounds.

Measuring success

- Evaluations from community members at strategy workshop and stakeholder survey.
- Number of community members and diversity of representation on CESP HN committees and Councils.
- Buddy system established for Community Council members.
- Annual expenditure for community engagement.
- Commissioned services have consumer representation built into their organisational structures.
- Patient reported measures are included in commissioned service provider KPIs (such as the Your Experience of Service surveys) and address opportunities for improvement.
- GP strategy endorses a person-centered care approach.
- Mailing list of potential community stakeholders maintained.

Goal 2: Improve opportunities for members of the community to contribute to planning and delivery of health services and to provide ongoing feedback.

Activities

- Build and maintain meaningful connections with community stakeholders to obtain feedback on local health needs to be incorporated into the CESP HN Needs Assessment.
- Keep central records of past consultation results so as not to waste community members time and not exhaust over-consulted communities.
- Work in partnership with community stakeholders in the co-design process throughout the commissioning cycle.
- Provide a digital consultation area on the website for consultations with community stakeholders.
- Seek input when planning a new initiative, project, service, or event from the relevant stakeholders.
- Provide engagement resources and upskill staff in engagement concepts and strategies.
- Promote lived experience and CESP HN staff understanding of people with lived experience through training, guest speakers and other relevant training or events.
- Include stories and experiences of people with lived experience in CESP HN publications, where appropriate.
- Work with community stakeholders when advocating on behalf of a population group or providing strategic and policy advice to the commonwealth and state governments.

- Work in partnership with people with lived experience and representatives of communities on joint regional plans.
- Offer primary health care professionals cultural awareness training and other opportunities to increase their understanding of community.

Measuring success

- Number of completed surveys with satisfaction levels.
- Ongoing feedback from advisory groups.
- Continual feedback opportunities on our website and online engagement opportunities.
- Compliments and complaints.
- Include patient reported measures in commissioned service provider KPIs (such as the Your Experience of Service surveys) and address opportunities for improvement.
- Number of primary health care professionals attending cultural awareness training and other opportunities to increase their understanding of community.
- Staff upskilled in engagement theory and methods.
- Community stakeholders who have benefitted from attending training and development.
- A digital engagement element is incorporated into the website.
- Number of services that are co-designed with community stakeholders.

Goal 3: Keep the community informed of relevant health and wellness messages and health and community services that are available.

The purpose of this goal is to assist in prevention and early intervention of ill health by increasing communication to members of the community about preventative health, primary health and CESP HN services, as well as to assist members of the community to navigate the health system and to understand CESP HN and its work.

Activities:

- Share community health resources and news regularly via social media channels.
- Produce Eora Health Messenger for the Aboriginal community and service providers.
- Promote service navigation tools, such as Headstart and national 1800 number.
- Engage community stakeholders in the development of community publications via the Communications Advisory Committee.
- Create a simple animated video to outline who CESP HN is and what it does for the general community to sit on the community portal of CESP HN's website.

- Create resources that help to empower the community to understand how to navigate the health system.
- Provide health messages monthly for newsletter items and social media to Councils, Members of Parliament, and community publications in the region.
- Promote CESP HN-funded services at community events.

Measuring success

We will measure success in relation to goal three by analysing and regular reporting of analytics, including:

Publications

The number of opened publications:

- click throughs of publications
- views of publications
- unsubscribes of publications

Out of total of stakeholders who received a CESP HN publication.

Social media data extracted quarterly and reported to the board quarterly:

The number of social media followers by channel:

- unsubscribers of publications
- posts by channel
- engagement levels by channel (looks, reactions, shares, comments)
- New animated simple video created and uploaded to website, social media and used when speaking at community events.
- Website engagement on the community portal of the analytics.