Developing a consumer and community engagement strategy:
a toolkit for Hospital and Health Services

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Queensland
Government

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a toolkit for Hospital and Health Services

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Contents

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Members include:
* Australian Government Department of Health and Ageing
* Carers Queensland
* Council on the Ageing Queensland
* Department of Communities, Child Safety and Disability Services
* Ethnic Communities Council of Queensland
* General Practice Queensland
* Health and Community Services Workforce Council
* Health Consumers of Rural and Remote Australia
* Local Government Association of Queensland
* Maternity Coalition
* Queensland Voice for Mental Health Inc.
* National Disability Services
* Private Hospitals' Association of Queensland
* Queensland Aboriginal and Islander Health Council
* Queensland Association of Healthy Communities
* Queensland Council of Social Services
* Queensland Health, Central West Health Service District
* Queensland Health, Integrated Communications Branch
* Queensland Health, Metro North Health Service District
* Queensland Health, Reform Transition Office.

Executive summary

Effective engagement by health service organisations with consumers and the community is integral to better, more transparent healthcare for consumers, their families and carers. Engagement enables consumers to work actively as partners with clinicians in their healthcare, and empowers local communities to have a greater say in the planning, design, delivery and evaluation of their hospital and health services, contributing to more efficient and effective healthcare delivery.

Health Consumers Queensland (HCQ) has produced *Developing a consumer and community engagement strategy: toolkit for Hospital and Health Services* (the Toolkit) to support the development of effective consumer and community engagement strategies by Hospital and Health Services (HHSs), as required under the *Hospital and Health Boards Act 2011* (the Act) section 40 and Hospital and Health Boards Regulation, 2012 (the Regulation).

The Toolkit is a companion document to Health Consumers Queensland's Consumer and Community Engagement Framework (the Framework). It supports the practical application of HCQ's Framework and contains information, tools and tip sheets to support the stages and steps health service organisations may undertake to develop effective engagement strategies.

Recognising that there is no one size fits all approach, the Toolkit and Framework promote collaborative and integrated approaches to engagement by HHSs with consumers, clinicians and the community. It also assists HHSs' work towards more seamless and efficient healthcare delivery with Medicare Locals, local councils, state and commonwealth departments, and health and community sector organisations.

The Toolkit supports the development of strategies tailored to meet the purpose of the engagement, and the needs of the consumers and communities within the local area. While it has been developed to specifically support HHSs, the Toolkit also has application across public and private health service organisations delivering health promotion, prevention, primary, acute, subacute and community health services.

The Toolkit's overall content and structure has been developed in consultation with the 17 Hospital and Health Services, the Queensland Health Reform Transition Office and HCQ's consumer and community engagement project advisory group.

In addition to the Act and Regulation, the Toolkit's content has also been informed by the National Safety and Quality Health Services Standards, in particular Standard 2: Partnering with Consumers.

The Toolkit outlines four stages – scope, plan, engage and review, and 11 steps in developing an effective consumer and community engagement strategy. It is divided into three sections to provide a comprehensive resource. The tip sheets and resources in Section 3 have been designed for use as independent resources.

The Toolkit consists of:
• Section 1: Introduction
• Section 2: Steps to developing a consumer and community engagement strategy
• Section 3: Tools and resources.

Section 1

Introduction

Purpose, scope and audience

Consumer and community engagement is an integral part of state and national health reform and a mechanism that empowers local consumers and communities to have a greater say in their hospital and health services. Effective engagement is embedded in an organisation's culture and practice. There is no 'one size fits all' approach to engagement as it requires localised planning and responses tailored to meet the needs of consumers and local communities. Understanding and listening to the needs of patients, their families and carers improves health service planning, design, delivery, monitoring and evaluation, and contributes to a more robust health system.

*Developing a consumer and community engagement strategy: toolkit for Hospital and Health Services (*the Toolkit) is a companion document to Health Consumers Queensland's (HCQ) Consumer and Community Engagement Framework (the Framework).

The Toolkit supports the practical application of HCQ's Framework. It provides a suite of information, tools and tip sheets to support the steps and processes that health service organisations may undertake to develop effective engagement strategies. The Toolkit can be used to review current consumer and community engagement initiatives, so that organisations can build upon what is working well and identify gaps and opportunities for engagement at the individual, service, network and system levels.

The Toolkit and Framework promote integrated and collaborative engagement by HHSs with consumers and communities within the context of wider engagement with Medicare Locals, community services, private hospitals and Local, State and Commonwealth Governments.

The Toolkit is specifically developed to support HHSs, and reference is made to HHSs throughout the document. However, the Toolkit also has broad application to public and private health service organisations delivering health promotion, prevention, primary, acute, sub-acute and community health services.

Background

Legislative and policy context

The *Hospital and Health Boards Act 2011* (the Act) requires each HHS to develop and publish a consumer and community engagement strategy to promote consultation with consumers and members of the community about the provision of health services. The Hospital and Health Boards Regulation 2012 (the Regulation) prescribes the minimum requirements for this strategy. The Act and Regulation can be accessed at www.legislation.qld.gov.au

Hospital and Health Boards (the Board) are accountable for the overall performance of each HHS, including governing and managing resources to purchase and provide health services that meet local priorities and national standards. The Board has responsibility to oversee the operation of the HHS, including the development and implementation of a consumer and community engagement strategy.

Other provisions in the Act that potentially impact on the development and implementation of HHSs' consumer and community engagement strategies include:
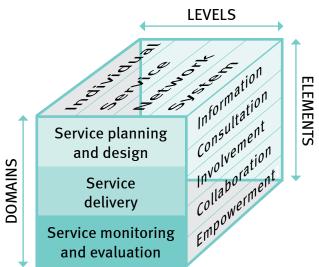
- the requirement to establish an executive committee to support the Board in its role, which may include supporting the development, monitoring and implementation of the consumer and community engagement strategy

- authority for the minister to establish Hospital and Health Ancillary Boards in consultation with the relevant HHS Board and local communities. The principal role of ancillary boards is to provide advice to the HHS Board relevant to their scope, which could be in relation to an individual health facility, service or geographic area within the HHS. Ancillary boards are considered to be an important part of providing local communities with a voice in health service planning and delivery, and building local capacity for further engagement

- a requirement that HHSs use their best endeavours to develop protocols with Medicare Locals to promote cooperation between the HHS and Medicare Locals in the planning and delivery of health services. Joint consumer and community engagement has been identified as a potential strategy for inclusion in these protocols with a view to strengthening knowledge about improving the patient experience of the care continuum.

In addition to the Act and Regulation, the National Safety and Quality Health Service Standards (the National Standards) in particular Standard 2: Partnering with consumers act as a further mechanism to drive more robust engagement with consumers at hospitals, day surgeries, community health services and dental practices. These standards can be accessed at www.safetyandquality.gov.au/

The National Standards and Regulation reference the Australian Charter of Healthcare Rights (the Charter). The Charter covers Queensland public and private health facilities and details the key rights of patients and consumers when seeking or receiving healthcare services. This can be accessed at www.safetyandquality.gov.au/

HCQ Consumer and Community Engagement Framework

To support HCQ's work with former Health Service Districts, HCQ developed the 2012 Consumer and Community Engagement Framework (the Framework) to provide a consistent and overarching structure to support the development of effective consumer and community engagement strategies by HHSs.

Diagram 1: *HCQ Consumer and Community Engagement Framework*

Please note: The network level includes HHSs, Medicare Locals and statewide consumer and community health service organisations or networks.

The Toolkit reflects the principles, domains, levels and elements of the Framework, which can be accessed at www.health.qld.gov.au/hcq/publications/publications.asp

In regards to engagement within the current health reform environment in relation to consumers, the community and clinicians please refer to Appendix 1.

Section 2

Steps to developing a consumer and community engagement strategy

Strategy development and planning that is underpinned by collaboration, engagement and partnerships with key stakeholders facilitates strong local ownership and support.

Section 2 outlines the key stages of an engagement planning process. The four stages are divided into 11 steps, which reflect good practice, legislative and regulatory requirements (see Diagram 2). Specific tip sheets are provided for a number of the steps and are in section 3 of this Toolkit.

When commencing strategy development, some overarching issues to consider include:
- governance and leadership
- capacity and resources
- communication with the HHS workforce and external stakeholders
- accountability and transparency.

At the operational level, consideration should be given to:
- the involvement and engagement of consumers and the community throughout the four stages of strategy development
- how to facilitate consumer and community-driven engagement that is embedded in organisational culture and practice in an ongoing way
- opportunities to work in partnership with Medicare Locals on shared consumer and community engagement mechanisms and approaches
- opportunities for partnerships with consumer and community organisations, and other government agencies with common client groups. For example:
  — Department of Communities, Child Safety and Disability Services
  — Local Government authorities
  — private hospitals
  — community service networks.

Diagram 2: *Steps to developing a consumer and community engagement strategy*

Stage 1: **Scope**

Step 1: Define purpose and objectives

Scoping the purpose and objectives with reference to legislation, regulation, reporting frameworks, and strategic and operational planning will provide the HHS with clear direction on how the consumer and community engagement strategy will contribute to improved health services and outcomes.

Key actions:

- Define the purpose, aims and objectives of the consumer and community engagement strategy, including how it will inform service planning and design, service delivery, service monitoring and evaluation (the Framework's three domains).

- Identify how the strategy links with the HHS strategic and operational plans.

- Ensure the strategy includes the legislative requirements of the Act and the accompanying regulation.

- Identify state and national strategies, policies, agreements and standards relevant to promoting consultation with health consumers and the community about the provision of health services.

- Define the responsibilities of staff at all levels of the HHS in regard to the consumer and community engagement strategy, including how engagement activities will be documented and reported on to support evaluation and meet statutory reporting requirements.

- Identify how the activities and outcomes of consumer and community engagement, clinician engagement and joint engagement activities with the Medicare Local will complement each other and provide direction to the Board and the planning and delivery of services.

- Identify how information and feedback from engagement activities will be provided to the Board and HHS to inform decisions and activities.

- Identify the principles that underpin the strategy to ensure effective consumer and community engagement is undertaken at the individual, service and HHS level.

HCQ toolkit resources

- Tool 2: consumer and community engagement strategy checklist

  — Step 1: Define purpose and objectives.

Other resources

- HCQ's Consumer and Community Engagement Framework www.health.qld.gov.au/hcq

- *Hospital and Health Boards Act 2011* and Regulation www.legislation.qld.gov.au

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Step 2: Understand local consumer and community profile

Understanding who the consumers and communities are who access HHS, including those who experience barriers accessing services within the local area to allow HHSs to deliver more locally responsive services that better meet patient needs.

Key actions:

- Review HHS data and service profile information used to inform health service planning processes.

- Link with Medicare Locals, Local Government and State Government departments, such as the Department of Communities, Child Safety and Disability services, which have developed whole of region needs assessments that include consumer and community profile information.

- Link with organisations and agencies that work with and/or represent consumers or community groups who are at risk of experiencing poor health outcomes or who may have difficulty accessing health services, such as marginalised groups.

HCQ toolkit resources

- Tip sheet 1: Preparing a consumer and community engagement profile

- Tool 2: Consumer and community engagement strategy checklist
  - Step 2: Understand local consumer and community profile.

Other resources

- Queensland Health, health Service planning information www.health.qld.gov.au/hsppanel/docs/guide_hsp.pdf

- HHS Service profiles www.health.qld.gov.au/health-reform/html/hhs-profiles.asp

Step 3: Identify potential partners and stakeholders

Understanding the stakeholders who operate and deliver services within the HHS is an important step. The mapping of groups, organisations, services and networks can provide opportunities to tap into the local connections and networks. This helps to identify engagement activities and uncovers community knowledge about what already exists, what is working and what opportunities there are to work in partnership with other organisations.

Key actions:

- Identify stakeholders including consumer groups, community service organisations and/ or networks, and others agencies such as Medicare Locals, Local and State Government departments and private hospitals.

- Undertake a stakeholder analysis (key stakeholders and their roles) to identify potential partners, including their existing networks and relationships, their stake/interest, and levels of influence.

- Identify opportunities to work together with key consumer and community stakeholders in the development of the strategy.

HCQ toolkit resources

- Tip sheet 2: Partnerships and stakeholders

- Tool 2: Consumer and community engagement strategy checklist
  — Step 3: Identify potential partners and stakeholders.

Other resources

- *Queensland Health Community Engagement Manual: A guide to developing and implementing a strategic community engagement plan – Tip sheet 3: Stakeholder and issues analysis* www.health.qld.gov.au/hcq/publications/qh_ce_manual.pdf

- *Consumer Health Forum of Australia: Consumer Engagement and Participation in Medicare Locals* www.chf.org.au/files/Medicare_Locals-Consumers_and_the_ITA.pdf

- HCQ resource directory – this directory contains a list of state, national and international resources to inform effective consumer and community engagement practice. www.health.qld.gov.au/hcq/publications/resource-directory.pdf

Stage 2: **Plan**

Step 4: Map current engagement activities

It is important HHSs have an understanding of current consumer and community engagement activities in order to identify what is in place, what is working well, gaps and opportunities to build upon effective engagement mechanisms and activities.

Use HCQ's Consumer and Community Engagement Framework to:

- map internal current consumer and/or community engagement activities and mechanisms that have been organised by the HHS

- link with key groups and organisations operating within the geographical boundaries of the HHS to map external current consumer and community engagement activities and mechanisms, including consumer and community groups, community services sector, Local Government and the Medicare Local

- link with the quality coordinators at each facility who are overseeing work around National Standards, in particular National Standard 2: Partnering with consumers, to work collaboratively to gather data and information.

HCQ toolkit resources

- Resource 1: Consumer and community engagement activity register

- Tool 2: Consumer and community engagement checklist
  — Step 4: Map current engagement activities.

Other resources

- HCQ's Consumer and Community Engagement Framework www.health.qld.gov.au/hcq

- Australian Commission on Safety and Quality in Health Care: National Safety and Quality Health Service Standards www.safetyandquality.gov.au/

- Queensland Council of Social Service Inc – Community Door http://networks.communitydoor.org.au/main/summary

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Step 5: Develop priorities

The following key steps will assist to integrate consumer and community engagement priorities and direction with HHS organisational priorities.

Key actions:

Reflect and review the purpose, aims and objectives of the strategy in light of the information obtained through Stage 1 – Scope (Steps 1–4).

- Analyse State Government and HHS strategic priorities (strategic, operational and service plans) to inform the direction for consumer and community engagement.

- **Engage with consumers and the community to jointly identify priorities and direction.**

- Work with the Medicare Local to identify shared priority areas for joint engagement opportunities.

- Review current internal and external engagement activities and mechanisms with reference to the key strategic priorities and identify where changes may be required.

- Have regard to the **prescribed requirements** in the Regulation for consumer and community engagement strategies, including:
  - how the HHS will actively identify and engage with consumers and members of the community who are at risk of experiencing poor health outcomes
  - who may have difficulty accessing health services, such as marginalised and disadvantaged groups and populations.

  This may involve working with community service organisations who deliver services to these members of the community.

HCQ toolkit resources

- Tool 2: Consumer and community engagement checklist
  - Step 5: Develop priorities.

Other resources

- HHS Planning Framework documents

- The Regulation www.legislation.qld.gov.au

- The Australian Government, Department of Health and Ageing 'Background Paper: Medicare Locals Health Needs Assessment and Planning' www.gpnnt.org.au/client_images/339323.pdf

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Step 6: Identify mechanisms for engagement

Each HHS will develop mechanisms for engagement which are responsive to local needs and the local community. There is no one size fits all approach and it is important that mechanisms are tailored appropriately to engage engaging with the target group, the degree of influence that consumers/community will have on outcomes and whether it is a one-off or ongoing initiative.

Key actions:

- Determine if the HHS has existing consumer and community engagement mechanisms that can be built upon and used, that align with its strategic priorities and direction.

- Identify what new mechanisms are to be established to engage with consumers and the community, with reference to:
  - the purpose, timeframes and terms of reference
  - feedback from consumers, local community organisations and the broader community about the most effective ways to engage to ensure it is accessible and inclusive of the diverse needs of the populations within the target group
  - the degree of influence that consumers and the community will have on the outcomes and decision-making, and how this will be communicated to them
  - how to engage with particular consumers and members of the community who are at risk of experiencing poor health outcomes or may have difficulty accessing health services who traditionally do not engage through formal mechanisms such as surveys and committees. This may involve looking at innovative ways of engaging with individuals and groups outside traditional methods.

- Identify how new mechanisms link with the current organisational structure and the reporting lines.

- Use HCQ's Consumer and Community Engagement Framework to identify how the new and/or proposed engagement mechanisms inform the:
  — Domains: Service planning and design, service delivery, and service monitoring and evaluation
  — Levels: Individual, service, HHS or system
  — Elements: Information, consultation, involvement, collaboration, or empowerment.

HCQ toolkit resources

- Tool 2: Consumer and community engagement checklist
  — Step 6: Identify mechanisms for engagement.

Other resources

- HCQ's Consumer and Community Engagement Framework www.health.qld.gov.au/hcq

- HCQ Consumer Representatives Program, Agency Handbook www.health.qld.gov.au/hcq/network_reps/agen_handbook.pdf

- HCQ resource directory – this directory contains a list of state, national and international resources to inform effective consumer and community engagement practice. www.health.qld.gov.au/hcq/publications/resource-directory.pdf

Step 7: Develop outcome and performance measures

Boards will work with HHS Chief Executives and key staff to develop strategic outcomes and performance measures for the specific priorities and mechanisms that are included in their consumer and community engagement strategy. Historically engagement outcomes within HHSs have been focused on measuring outputs such as how many people were engaged and how much media coverage was generated. While this information is important to capture, the Regulation focuses on measuring outcomes based upon the effectiveness of the engagement.

Key actions:

- Identify how strategic outcomes and performance measures are linked to HHS strategic and operational plans.

- Develop key indicators to measure:

  — how engagement with consumers and the community has contributed to or changed one or more of the domains (service planning and design, service delivery, and service monitoring and evaluation) of health service operation
  — how the engagement and input from consumers or the community to one or more domains led to outcomes such as:
    — improved health outcomes at individual, service, facility or HHS level
    — improved quality and safety of services
    — improved communication
    — more efficient services and use of resources
    — more targeted service delivery to a particular health population

— increased health literacy of consumers to become more active partners in their healthcare

— more accessible services

— improved timeliness of services and support to consumers.

— How the engagement mechanism/activity engaged with the right people to match the objectives and purpose.

- Boards can identify a process to make a summary of the key issues discussed and decisions made at each board meeting available to consumers and the community, subject to confidentiality and privacy obligations.

- Boards may identify how the strategic outcomes and performance measures of the consumer and community engagement strategy align with the HHS service agreement requirements.

HCQ toolkit resources

- Tool 2: Consumer and community engagement strategy checklist
  — Step 7: Develop outcomes and performance measures.

Other resources

- Hospital and Health Services Performance Framework 2012–2013 (under development)

- Queensland Health, emergency department patient experience measures www.health.qld.gov.au/hospitalperformance/pe-main.aspx?hospital=99999

Step 8: Operational planning

HHSs will need to operationalise their consumer and community engagement strategy as part of business unit, program, facility and/or service, and HHS level planning frameworks.

Key actions:

- Identify accountabilities, responsibilities, and reporting requirements for strategy outputs.

- Identify how the strategy links with work at the facility level for accreditation under the National Standards.

- Develop a communication strategy to promote and publish the consumer and community engagement strategy. Some areas to consider may include:
  — the communication needs of consumers and communities within the HHS area to ensure the strategy is accessible and inclusive of, for example, people from culturally and linguistically diverse backgrounds, people with visual impairments, Aboriginal and Torres Strait Islander populations.
  — opportunities to partner with consumer and community groups in the area to communicate information to their constituencies.

HCQ toolkit resources

- Tool 2: Consumer and community engagement checklist
  — Step 8: Operational planning

Stage 3: **Engage**

Step 9: Implement

Key actions:

- Identify and establish systems to record and capture information on the implementation of the consumer and community engagement at individual, service and HHS levels, against key performance indicators.

- Record which domain (service planning and design, service planning and service monitoring and evaluation) the engagement informs.

- Link with work at a facility level around the National Standards, especially work in relation to Standard 2: Partnering with consumers.

> **HCQ toolkit resources**
>
> - Tool 2: Consumer and community engagement checklist
>   — Step 9: Implement.

Stage 4: **Review**

Step 10: Monitor, review and evaluate

Legislation requires that the Board, supported by the executive committee, oversees the consumer and community engagement strategy (development, implementation, monitoring and review). This also includes addressing issues that arise in implementation. Additionally, the strategy is to be reviewed within three years with involvement by consumers and the community.

Key actions:

- Identify and document clear processes for escalation to decision makers as issues arise, and clear reporting guidelines to enable the Board and executive committee to perform their functions and meet accountability requirements.

- Identify how review and evaluation processes are built into each engagement activity and mechanism, and how they link to and inform the strategy's three year review process.

- Identify how evaluation and continuous improvement mechanisms for the consumer and community engagement strategy are aligned with the HHS key deliverables as specified within the HHS service agreement and performance framework.

- Identify how consumers and the community are involved in monitoring, reviewing and evaluating the strategy and how the evaluation mechanism is tailored to meet the needs of the people being engaged.

- Identify how consumers and the community provide feedback and evaluation of how they were engaged.

- Identify how information obtained from implementing the strategy will be used to continuously improve engagement with consumers and the community.

- Identify processes to share knowledge and practice about implementation and outcomes of consumer and community engagement strategies can be shared with other HHSs, to inform system level improvements.

HCQ toolkit resources

- Tool 2: Consumer and community engagement checklist
  — Step 10: Monitor, review and evaluate

Step 11: Report

As statutory bodies, HHSs are required to produce an annual report, outlining their achievements against the objectives in their strategic plan.

Key actions:

- Boards need to identify how their established ancillary boards and other committees will report on the achievements of their consumer and community engagement activities.

- Boards need to identify how their HHS will report outcomes to consumers and the community on an ongoing basis with regard to the communication needs of their constituencies, to promote accountability and transparency.

- Report on the consumer and community engagement strategy as part of the HHS's annual report.

HCQ toolkit resources:

- Tool 2: Consumer and community engagement checklist
  — Step 11 : Report

Section 3

Tools and resources

Tools and resources include:

A. Consumer and community engagement strategy outline

B. Tool 1: Consumer and community engagement self-assessment tool

C. Tool 2: Consumer and community engagement strategy checklist

D. Tip sheet 1: Preparing a consumer and community profile

E. Tip sheet 2: Partnerships and stakeholders

F. Tip sheet 3: Consumer engagement mechanisms including consumer representatives

G. Resource 1: Activity register

H. Resource 2: Planning tool

I. Principles of consumer and community engagement.

A. Consumer and community engagement strategy outline

In the development of the consumer and community engagement strategy, Hospital and Health Services (HHSs) may consider the following outline to inform the content of the Strategy.

The components are based upon the *Hospital and Health Boards Act 2011* and the Regulation outlining the prescribed requirements for consumer and community engagement strategies.

The information provided in HCQ's Toolkit, Section 2: Developing a strategy can be utilised to inform the content of the key areas included in this outline.

Section		Suggested content	Strategy development step	Tools or tip sheet
1.	**Overview**	**Legislative and policy context** Requirements for development of the consumer and community engagement strategy • Legislation • Regulation • National Standards	**Step 1:** Define purpose and objectives	Tool 2: Step 1
		Relationship with clinician engagement strategy and protocol with Medicare Local/s	**Step 1:** Define purpose and objectives	Tool 2: Step 1
		Governance	**Step 1:** Define purpose and objectives	Tool 2: Step 1
		Review	**Step 1:** Define purpose and objectives Step 10: Monitor, review and evaluation	Tool 2: Steps 1 and 10
		Reporting	**Step 1:** Define purpose and objectives **Step 11:** Report	Tool 2: Section 1
2.	**Definitions**	Definitions for consumer, community, consumer engagement, community engagement	**Step 1:** Define purpose and objectives	Regulation
3.	**Purpose**	Define purpose, aims and objectives of the strategy	**Step 1:** Define purpose and objectives	Tool 2: Section 1
4.	**Engagement with stakeholders**	Information about how consumers and the community have been engaged in the development of the HHS's consumer and community engagement strategy	**Step 1:** Define purpose and objectives	Tool 2: Section 1

Section		Suggested content	Strategy development step	Tools or tip sheet
5.	**Local consumer and community profile**	Profile information gathered through mapping health populations, services, consumer and community organisations, partners and stakeholders	**Step 2:** Understand local consumer and community profile **Step 3:** Identify potential partners and stakeholders	Tip sheet 1 Tip sheet 2
		Reference to HHS demographic and service profiles	**Step 2:** Understand local consumer and community profile **Step 3:** Identify potential partners and stakeholders	Tip sheet 1 Tip sheet 2
6.	**Consumer and community engagement principles**	Principles that underpin the strategy and engagement within the HHS	**Step 1:** Define purpose and objectives	
7.	**Consumer and community engagement strategic objectives**	Strategic objectives and priorities and how they align and link with HHS strategic plan priorities, key performance indicators and operational plan	**Step 1:** Define purpose and objectives **Step 4:** Map current engagement activities **Step 5:** Develop priorities	Resource 1
8.	**Consumer and community engagement strategic outcomes**	Strategic outcomes developed from objectives	**Step 7:** Develop outcome and performance measures	
9.	**Consumer and community engagement mechanisms**	Details of the specific consumer and community engagement mechanisms	**Step 6:** Identify mechanisms for engagement	
10.	**Priority activities**	Outline of priority activities and timelines. Work may occur on specific activities at different stages during the three year period	**Step 5:** Develop priorities **Step 8:** Operational planning	

Section		Suggested content	Strategy development step	Tools or tip sheet
11.	**Key performance milestones**	Outline of key performance milestones and success measures for the strategy	**Step 7:** Develop outcomes and performance measures	

B. Tool 1:
Consumer and community engagement self-assessment tool

What?	Self-assessment tool for reviewing consumer and community engagement activities and mechanisms. For example, committees, focus groups, citizen forums and surveys.
Why?	This tool can be used to review an engagement activity to identify strengths and gaps in planning and implementation.
How?	This is a self-assessment tool with a self-rating system from 1–3. The comments section is used to note specific evidence to highlight what has been done to demonstrate the action. This information can then be used to support continuous improvement planning.
When?	This tool may be used to review engagement activities and can target activities at the service or HHS level.
SCALE— levels of achievement	1 Commencing
	2 Developing
	3 Achieving
Continuous improvement	Where areas are identified as 1 or 2, consider actions to enhance what is happening and how it informs continuous improvement.

1. The engagement activity	1 Commencing	2 Developing	3 Achieving	Comments
Consumers and the community were involved in the development and/or planning of the activity.				
The engagement activity was underpinned by a set of principles to guide engagement.				
The engagement activity informed one or more of the three domains of service planning and design, service delivery, service monitoring and evaluation.				
The activity engaged with consumers and/or the community at one or more levels—individual, service, network and system.				
The activity engaged with consumers and/or the community through one or more of the five elements: inform, consult, involve, collaborate, and/or empower.				
The aims and objectives were clearly documented and linked to HHS strategic organisational outcomes and priorities.				
The consumers and/or the community who participated matched the intended target audience that was invited to participate.				
The number of participants matched the planned requirements.				

2. Planning	1 Commencing	2 Developing	3 Achieving	Comments
The information obtained from the profile mapping was used to target specific consumers and community groups, and plan the engagement activity.				
Information and learnings from implementing and evaluating the consumer and community engagement strategy was used to improve future engagement with consumers and the community.				
A process was undertaken to identify cultural issues and barriers that consumers and/or the community might experience.				
The information about cultural issues and barriers to participation was considered and addressed in the planning of this activity to enable effective participation.				

3. Communication and support to consumers and/or the community	1 Commencing	2 Developing	3 Achieving	Comments
The level of influence that consumers and/or the community could have on the outcomes was clearly communicated to participants based upon the scope of the engagement, including the areas that were not negotiable.				
Information was provided to participants about the purpose, terms of reference, and the roles and responsibilities of the both the organisation, and the consumer/ community participants.				
Information provided had regard to the nine principles in HCQ's Consumer and Community Engagement Framework for example, in different formats for people with vision impairments and people with literacy needs.				
Orientation and induction was provided to the consumers and the community to enable their full participation.				
Orientation and induction was provided to staff to facilitate their effective participation.				
Consumers and/or the community were reimbursed for out-of-pocket costs associated with getting to and from the engagement.				OR N/A

Consumers and/or the community were reimbursed for their time and expertise at the engagement.				OR N/A
Consumers and/or the community were provided with administrative and human resource support as required to facilitate their participation.				OR N/A

4. Outcomes and measures	1 Commencing	2 Developing	3 Achieving	Comments
The engagement outcomes influenced one or more of the domains of service planning and design, service delivery, service monitoring and evaluation.				
Consumer and/or community feedback influenced actions that led to changes in the way the HHS planned, designed, delivered, monitored or evaluated services.				
The engagement and input influenced HHS strategic outcomes or direction.				
An evaluation process was undertaken to measure consumer and community satisfaction with how they were engaged.				
Participants were provided with feedback about how their input influenced and/or changed the planning, design, delivery, monitoring or evaluation of services.				

C. Tool 2:
Consumer and community engagement strategy checklist

What?	Consumer and community engagement strategy checklist.
Why?	The checklist allows you to plan and review the steps undertaken to develop a consumer and community engagement strategy, and areas for improvement. It is based upon legislative and regulatory requirements and the 4 stages and 11 steps of an engagement strategy planning process, towards developing a consumer and community engagement strategy.
How?	This tool is divided into the 11 steps to develop a consumer and community engagement strategy contained in Section 2 of the Toolkit. This tool requires the user to answer yes/no to a series of stages and steps. Where the response is 'No', continuous improvement actions can be identified.
When?	This tool can be used during and at the completion of the process of developing a consumer and community engagement strategy.

Actions undertaken in the development of the consumer and community engagement strategy		Yes	No	Continuous improvement actions
STEP 1: Define purpose and objectives				
Scope	Purpose, aims and objectives link with three domains of: service planning and design, service delivery and service monitoring and evaluation.			
	Legislative requirements including the Regulation are outlined, and regard given to national and state strategies, policies, agreements, and standards promoting consultation with health consumers and members of the community about provision of health services.			
	The strategy outlines how it is integrated and aligned with the HHS reporting framework, and responsibilities of staff at all levels are defined.			
	Objectives link to HHS strategic and operational plans.			
	Principles of consumer and community engagement are outlined to underpin HHS strategy and engagement activities.			
	Engagement with consumers and the community to develop the strategy is planned and documented throughout the four stages.			
	Consultation has been undertaken with ancillary boards to define their functions and reporting requirements in relation to the consumer and community engagement strategy.			
	The relationship between the consumer and community engagement strategy, clinician engagement strategy and protocol with the Medicare Local is defined.			

Actions undertaken in the development of the consumer and community engagement strategy	Yes	No	Continuous improvement actions
STEP 2: Understand local consumer and community profile			
Health populations and demographic profiles are mapped including: • key consumer populations who are accessing services within the HHS • key community groups, organisations and populations within the HHS. • consumers' and the community's use of health services • identified barriers for consumers and the community in accessing services.			
Social determinants of health for consumers and the local community are mapped.			
Marginalised and/or disadvantaged groups are identified including: • health populations who experience barriers to accessing services. • consumer and community populations who are marginalised or disadvantaged, including their needs for health services.			
Mapping of the wellness of consumers and the community, their health needs and use of public health services.			
Services and programs are mapped including those: • offered by the HHS • offered by the Medicare Local, other primary, sub-acute, health and community services with a relationship to the HHS.			
Mapping of any local issues that impact upon the health of particular populations within the HHS.			
STEP 3: Identify potential partners and stakeholders			
Stakeholders are mapped including:			
• consumer groups and organisations			
• community services sector, including networks and services provided to disadvantaged and marginalised groups within the HHS			
• government services, including work undertaken by Local, State and Commonwealth Government departments			
• Medicare Locals			
• local councils			
• private hospitals and health services			
• networks and inter-agency groups and forums.			

Scope (vertical label for STEP 2 rows)

Scope (vertical label for STEP 3 rows)

Actions undertaken in the development of the consumer and community engagement strategy	Yes	No	Continuous improvement actions
STEP 4: Map current engagement activities			
Current engagement activities are mapped to identify:			
• If activities are internally or externally driven			
• the domains the activities are influencing			
• the level the activities are focused on			
• the element the activities are addressing.			
Analysis of mapping information has identified: • current engagement activities and mechanisms within the HHS and community that input into three domains of service planning and design, service delivery, service monitoring and evaluation • mechanisms that are working well and can be built upon • gaps in current engagement activities and mechanisms at the individual, service, network and system levels.			
STEP 5: Develop priorities			
Strategic priorities are developed for consumer and community engagement that link to HHS strategic and operational plans.			
Key issues are identified for engagement with consumers, community groups and any ancillary boards within the three domains of service planning and design, service delivery, and monitoring and evaluation.			
Opportunities are identified for working and partnering with the Medicare Local, including joint mechanisms across specific shared priority areas.			
Priorities include strategies to engage with marginalised and disadvantaged groups and populations within the HHS.			
Consumers, community and key organisations are engaged in the identification of priorities and direction.			
STEP 6: Identify mechanisms for engagement			
Mechanisms are tailored to the purpose and objectives of the activity.			
Mechanisms are tailored to the needs of the target group.			
Mechanisms that inform one or more of the domains of health service operation.			
Mechanisms are developed with regard to level of engagement.			
Mechanisms are delivered with regard to nine principles of consumer and community engagement.			
Mechanisms are developed with regard to elements of engagement.			

The left margin of STEP 4 is labelled **Scope**. The left margins of STEP 5 and STEP 6 are labelled **Plan**.

Actions undertaken in the development of the consumer and community engagement strategy		Yes	No	Continuous improvement actions
STEP 7: Develop outcomes and performance measures				
Plan	Outcomes are linked to three domains of service planning and design, service delivery, service monitoring and evaluation.			
	Outcomes are focused on service improvement and link with government health priorities.			
	Performance measures align with the four performance domains of HHS Performance Framework and link with service agreement requirements.			
STEP 8: Operational planning				
Plan	Operational planning and activity outputs link to planning at business unit, facility, service, program and HHS level.			
	The strategy is published and publically available, and communication with consumers and the community occurs in a way that meets their communication needs and requirements.			
STEP 9: Implement				
Engage	Mapping of reporting pathways and accountability for the implementation of the strategy has occurred.			
STEP 10: Monitor, review and evaluate				
Review	Clear processes are in place for escalation to decision makers as issues arise, and clear reporting guidelines established to enable the Board and executive committee to perform their functions and meet accountability requirements.			
	Strategy is reviewed regularly and within three years with consumers and the community involved in this process.			
	Mechanisms are established for consumers and the community to be able to provide feedback about the engagement from their perspective.			
	Review and evaluation processes are built into each engagement activity and mechanism at regular intervals and these link with and inform the three year review process.			
	Evaluation processes that measure effectiveness are established for engagement activities and mechanisms.			
	Learnings from consumer and community engagement are incorporated into continuous improvement processes.			
	Evaluation involves feedback from the consumer and community participants in an open and transparent way.			

Actions undertaken in the development of the consumer and community engagement strategy	Yes	No	Continuous improvement actions
STEP 11: Report			
Review — Annual report includes reporting on activities, achievements and outcomes of the consumer and community engagement strategy.			
Review — Mechanisms are established to allow accountable and transparent reporting to consumers and the community.			

D. Tip sheet 1:
Preparing a consumer and community profile

Developing a consumer and community engagement strategy involves having a comprehensive understanding of the local community, which is informed by preparing and developing a consumer and community profile. This understanding of the local community facilitates meaningful and effective engagement, which contributes to delivering improved health outcomes for patients their families and carers.

Hospital and Health Services (HHS) profiles are part of the HHS planning data, and consumer and community profiles can build upon this information. Local councils and Medicare Locals also gather data and compile profiles of their local communities. For example, Medicare Locals undertake comprehensive needs assessments and produce reports on community profiles.

It is important for health service organisations to have strategies that facilitate accessible ways for consumers and the community to engage in the planning, design, delivery, monitoring and evaluation of health services, with the aim of improving health outcomes. Traditionally, people who experience multiple disadvantages are disengaged from the health system, and often considered a population who is challenging to reach and engage. As such, targeted engagement strategies are required to enable engagement with marginalised people, to ensure health service delivery meets their needs and leads to healthier communities.

Profiling enables HHSs to:

- understand the consumers and community groups and their health needs within their geographical boundaries, including people who experience barriers to accessing services as well as those with multiple disadvantages that impact upon their health and wellbeing

- have relevant information to plan engagement so it happens with the right people, around the right topic and questions, at the right time

- maximise opportunities to use resources more efficiently.

Local consumer and community profile:

It is important to look at a variety of information and data sources to understand the local consumers and the community within the geographical boundaries of the HHS. HHSs and external health service organisations will collect and use a wide variety of data to inform their health planning activities.

A consumer and community profile builds upon the data in a HHS profile, and includes:

- general demographics of the HHS area including:
  — population based information (trends and patterns)
- facility and service profiles.

To build a comprehensive profile, it is important to consider information about:

- specific health populations

- social determinants of health

- local factors and issues

- transient and mobile populations

- the services delivered by the HHS and other health service organisations across primary, acute, sub-acute and community sectors within the HHS's geographical boundaries.

Specific health populations

This may include specific health populations including marginalised groups including information about their health status and health needs.

Defining marginalised groups

Queensland Council of Social Services recognises that some Queenslanders are far more likely to suffer poverty and social exclusion, and that serious disadvantage is often experienced by the following groups:

- Aboriginal and Torres Strait Islander communities
- People in rural and remote communities
- Culturally and linguistically diverse communities
- People with a disability
- Young people
- Older people
- Lesbian, gay, bisexual and transgender communities.

Social determinants of health

Defining social determinants of health

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries.

World Health Organisation www.who.int/social_determinants/en/

Social and economic factors may impact upon health. These factors can be defined in a number of different ways but one useful categorisation is from the World Health Organisation, which has identified 14 social determinants of health:

- Aboriginal status
- early life
- disability status
- education
- employment and working conditions
- food security
- gender
- healthcare services
- housing
- income and its distribution
- racism
- social safety net
- social exclusion
- unemployment and employment security[1].

1. Australian Health Care Reform Alliance, Background briefing – the social determinants of health. Accessed on 6 June 2012 at www.healthreform.org.au/background-briefing-papers/

Local factors and issues

Local factors and issues which may impact access to services include:
- life expectancy
- population growth
- mortality
- major causes of hospitalisation
- primary healthcare needs and issues within the local area
- travel times to access services
- domestic and family violence
- cultural influences.

Transient and mobile populations

Transient and mobile populations may include retired people travelling in Queensland, fly in fly out workers in mining areas, tourists and health populations who travel across state and territory boundaries as part of cultural practices.

HHS Services

Service and program profile of health services delivered by:
- HHSs
- primary health services
- community services sector including Aboriginal and Torres Strait Islander Health services, culturally and linguistically diverse services, aged care, disability and mental health services.

Other resources

- Multicultural Services, Queensland Health has developed a suite of community profiles for health care providers to assist improved understanding of 18 multicultural communities in Queensland. www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

- The Australian Bureau of Statistics has access to community profiles for a number of social, economic and demographic variables.
www.abs.gov.au/websitedbs/censushome.nsf/home/communityprofiles

- The Australian Government, Department of Health and Ageing
Background Paper: Medicare Locals Health Needs Assessment and Planning www.gpnnt.org.au/client_images/339323.pdf

- World Health Organisation, Social determinants of health
www.who.int/social_determinants/en/

- Medicare Local profiles
www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/medilocprofiles

- Hospital and Health Service profiles
www.health.qld.gov.au/health-reform/html/hhs-profiles.asp

E. Tip sheet 2:
Partnerships and stakeholders

Through mapping a consumer and community profile, a number of stakeholders will be identified. Partnerships and collaborative approaches to engagement with key stakeholders will enable Hospital and Health Services (HHSs) to tap into opportunities to engage with a diverse group of consumers and community groups. This will enable HHSs to gain invaluable information to deliver more efficient, responsive services that are tailored to the needs of consumers and local communities.

Consumers, community groups and community service organisations hold rich insights and data, and have strong relations with their constituencies. Through establishing connections with individuals, groups and organisations within the community, HHSs can tap into a vibrant community sector that is connected with the people who use their services, and may already have developed and established effective mechanisms of engagement.

Community knowledge about the people who live, work, play and access services within a geographical area is also a rich data source that can inform and enhance planning, implementation and evaluation of engagement.

It is important to engage across health and non-health specific sectors as people who access acute health services maybe be supported by multiple agencies for different needs. It is important the process recognises and includes consumers, community groups and other key stakeholders as partners, and that each is valued for their contribution and input.

For all parties to be able to engage in a meaningful way, it is important to look at ways to build and strengthen the capacity, skills and knowledge of consumers and the community to engage, so that it is mutually beneficial for all involved.

Some organisations and groups may operate on a statewide basis, while others are region or town specific. Some statewide organisations may have members, branches and/or chapters within regional and rural areas that can be a local contact.

Within each HHS, key groups include:

- consumer groups and consumer organisations (for example, specific consumer groups that may operate either formally or informally around a particular facility, health population or health condition)

- government organisations that deliver community services (Department of Communities, Child Safety and Disability Services, Department of Housing)

- community services sector, including aged care, disability, mental health, specific health populations
  - some community organisations have established consumer representative groups and mechanisms to advise and provide input into their organisation. A HHS may consider how they can work with these organisations to explore opportunities to tap into established engagement that is working
  - community organisations generally have good relationships and knowledge of the social characteristics of their service users, particularly marginalised groups, and hold a wealth of knowledge about people who act as community leaders and the best ways to engage with them

- Medicare Locals
  — Medicare Locals engage with consumers and the community around primary heathcare needs within the same and/or similar geographical catchment areas
- local councils

- private hospitals and health services

- networks, inter-agency groups and forums
  — Many areas of the community sector have inter-agency networks that operate formally or informally. The networks involve non-government organisations that deliver services to a particular group or population within the community coming together on a regular basis to share information, ideas, and collaborate on projects. Some networks have a higher attendance than others; however, they are established groups that have knowledge and connections within the community. The networks maybe initiated and organised by a government agency or a non-government organisation. Each of the community sector's peak bodies would have an understanding of where and when networks and groups meet.

Helpful resources

- Queensland Council of Social Service Inc – Community Door www.communitydoor.org.au/

- *Queensland Health Community Engagement Manual: A guide to developing and implementing a strategic community engagement plan* www.health.qld.gov.au/hcq/publications/qh_ce_manual.pdf

- Medicare Local Health Needs Assessment Reports will be published on each Medicare Local's website once finalised

- Queensland Health Reform documents can be accessed from Transition Office:
  — Communication and engagement plan: Section 1.3 and Section 2.3 provides a list of items which could be used as a starting point of stakeholders
  — Local communication and engagement template: Stakeholder matrix (Section 5) and Stakeholder register (Section 7)
  — Change impact assessment template: stakeholders

- The Partnering Initiative http://thepartneringinitiative.org/w/resources/

F. Tip sheet 3:
Consumer engagement mechanisms including consumer representatives

Engagement mechanisms

There are many different ways of engaging consumers and the community, which may include:

- committees and working parties
- community events
- citizen juries
- expert panels and focus groups
- advisory bodies
- reference groups
- senates
- networks.

These mechanisms may be solely representative of consumers or the community, or may include a wide range of stakeholders including consumers, clinicians, health service providers and community service sector staff. In establishing consumer and community engagement mechanisms it is important to consider the terms of reference, functions, operational timeframes, deliverable outcomes and lines of reporting and links to a Hospital and Health Service's executive committee and Board.

HHSs may also consider the use of consumer representatives as members of established committees, senates, clinical advisory groups, and networks to provide a consumer perspective to the discussions and decision-making of these formal governance structures. This may also include working with community leaders to access their established networks.

Consumer representatives

Consumer representation involves organisations and consumers operating within clear guidelines, roles and responsibilities. It is a process that enables consumers to be involved in the planning, design, delivery, monitoring and evaluation of policy, programs and health services. It involves the recruitment and selection of consumers with specific skills, knowledge and experience, based upon set criteria and terms of reference. Consumer representation aims to provide a voice for a particular constituency and that an equitable, fair and transparent process of appointment is undertaken and consumers are not disadvantaged as a result of their involvement or participation. This may include financial reimbursement for participation and travel. Additionally, it is also important that any potential conflicts of interest are avoided.

Health Consumers Queensland's principles for consumer representative programs

The following are based upon the principles underpinning Health Consumers Queensland's Statewide Consumer Representatives Program.

- All consumers have a right to be involved in the planning, implementation and evaluation of health policy, programs and services and their individual care arrangements.

- Engagement activities use an appropriate range of skills, expertise, knowledge and strategies relevant to each engagement situation.

- Engagement is supported across all HHS levels and sufficiently resourced so that involvement is a positive and meaningful experience for consumers, carers, community representatives and organisational staff.

- Consumers are not financially disadvantaged as a result of their participation in any engagement activity.

- Consumers are engaged from the beginning of any engagement activity.

- Appointments of consumer representatives to any engagement initiative are equitable, transparent, accountable and efficient.

- Consumers and the health service organisation value each other as equal contributors to the engagement process and act in a mutually respectful manner.

- All aspects of consumer engagement recognise and are supportive of the diversity of Queensland health consumers.

- Engagement initiatives recognise and build upon existing consumer and community organisations and networks.

Resources

- HCQ Consumer Representatives Program, Agency Handbook
  www.health.qld.gov.au/hcq/network_reps/agen_handbook.pdf

G. Resource 1:
Consumer and community engagement activity register

This tool can be used to map the engagement activities and mechanisms that are in place across the Hospital and Health Service (HHS) to develop a clear picture about how balanced the engagement is across the key components of Health Consumers Queensland (HCQ) Consumer and Community Engagement Framework (the Framework) including:

- the level of engagement at individual, service, network and system levels

- the domain: Service planning and design, service delivery and service monitoring and evaluation

- strategic priority in the HHS strategic and operational plans that the engagement links with

- the element of engagement used: Information, consultation, involvement, collaboration and empowerment.

Domains	Service planning and design			Service delivery			Service monitoring and evaluation		
	Activity or mechanism	Strategic priority	Element	Activity or mechanism	Strategic priority	Element	Activity or mechanism	Strategic priority	Element
Individual									
Service									
Network									

H. Resource 2:
Planning tool for consumer and community engagement activity

This tool can be used as part of the planning process, to focus on the questions and areas to cover during planning for effective engagement mechanisms.

Engagement activity details:				
Activity or mechanism title				
Timeframe:	☐ One off event	Details:		
	☐ Time-limited			
	☐ Other: Specify			
Activity of mechanism:	☐ Committee	☐ Interview	☐ Event	☐ Focus group
	☐ Community event	☐ Workshop	☐ Expert panel	☐ Forum
	☐ Conference	☐ Public meeting	☐ Scenario testing publication	☐ Advisory body
	☐ Citizen jury	☐ Survey	☐ Reference group	☐ Other:

Purpose and intent			
What is the purpose of the engagement?			
Framework areas			Details
Domain	What domain of health service operations will the engagement inform?	☐ Service planning and design	
		☐ Service delivery	
		☐ Service monitoring and evaluation	
Level	At what level will the engagement with consumers/ community happen?	☐ Individual	
		☐ Service	
		☐ Network	
		☐ System	
Element	Why are you engaging with consumers/the community?	☐ Information	
		☐ Consultation	
		☐ Involvement	
		☐ Collaboration	
		☐ Empowerment	

Aim and objectives			
What strategic organisational objectives and priorities does the engagement link to?			
Outcomes and success measures	What outcomes will the engagement achieve?		
	How will the engagement contribute towards delivering?	☐ Better service for patients	Details:
		☐ Improved community health	Details:
		☐ Valuing Queensland Health employees and empowering its frontline staff	Details:
		☐ Empowering local communities with a greater say over their hospital and local health services	Details:
		☐ Value for money for taxpayers	Details:
		☐ Openness	Details:
	What are the success measures/performance indicators?		
	How will the outcomes influence?	Details:	
	Service planning and design		
	Service delivery		
	Service monitoring and evaluation		

Stakeholders and target audience	Identify the primary target audience of the engagement:	☐ Consumers	
		☐ Community	
	Identify any targeted populations:	☐ Marginalised populations	Please specify:
		☐ Specific health populations	
		☐ Other:	
	Identify any barriers for consumers and the community that might affect how they could participate	Specify:	
	Identify what actions are planned to address these barriers		
Resources	What resources are required?		
	What support, payment or reimbursement will be provided to consumers/the community?		
Communication	What is the communication strategy? How will participants receive feedback about the outcomes of the engagement and how their participation influenced the outcomes?		
Evaluation	How will the activity be evaluated?		
	How will the activity/ mechanism be evaluated from the perspective of consumers/the community?		

Principles of consumer and community engagement

Principles of consumer and community engagement			
Principle		**Principle statement**	**Principle in practice**
Principle 1	**Participation**	Consumers and communities participate and are involved in decision making about the health care system.	The health service organisation involves consumers and communities in decision making and demonstrates how it uses consumer and community feedback to plan, design, deliver and monitor and evaluate services.
Principle 2	**Person-centred**	Engagement processes are consumer and community centred	The health service organisation enhances the way it undertakes engagement in a way that is person-centred and values the needs of consumers, their families/carers and the community.
Principle 3	**Accessible and inclusive**	The needs of consumers and communities who may experience barriers to engage effectively are considered to enhance their accessibility and inclusion.	The health service organisation examines barriers that consumers and communities experience to engage meaningfully and develops strategies to increase access and inclusion for people who are marginalised and experience poorer health outcomes.
Principle 4	**Partnership**	Consumers, community and health service organisations work in partnership.	The health service organisation partners with consumers and the community at all levels of engagement around the planning, designing, delivery and monitoring and evaluation of services.
Principle 5	**Diversity**	The engagement process values and supports the diversity of consumers and communities.	The health service organisation understands the different populations of consumers and communities within the Network, and engages with a diverse range of individuals and groups, for example people with a disability, older persons, Aboriginal and Torres Strait Islander people, young people, people with a mental illness and people from culturally and linguistically diverse backgrounds.
Principle 6	**Mutual respect and value**	Engagement is undertaken with mutual respect and valuing of each other's experiences and contributions.	The health service organisation works with consumers and communities in a respectful way that values the contribution consumers and communities bring to improving service planning, provision, monitoring and review as well as overall system outcomes.
Principle 7	**Support**	Consumers and communities are provided with the support they need to engage meaningfully with the healthcare system.	The health service organisation undertakes a process to understand the needs of consumers and the community, and implements processes to provide them with the support that they need to engage.

Principle 8	**Influence**	Consumer and community engagement influences health policy, planning and system reform, and feedback is provided about how the engagement has influenced outcomes.	The health service organisation utilises the information and feedback gained through engagement to improve health policy, planning, and service delivery and design, and ensures that consumers and communities are provided with feedback about the changes their input has achieved.
Principle 9	**Continuous improvement**	Consumer and community engagement is reviewed and evaluated to drive continuous improvement.	The health service organisation uses information from the review and evaluation of its engagement activities to improve future engagement and share learnings and knowledge with staff members of the organisation.

Glossary

Consumer	Refers to a person who uses, or potentially uses health services, including their family and carers. Consumers may participate as individuals, groups, organisations of consumers, consumer representatives or communities.[1]
Carers	*The Carers (Recognition) Act 2008* identifies a carer as an individual who provides, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of disability, frailty, chronic illness or pain, requires assistance with everyday tasks.[2]
Community	Refers to groups of people or organisations with a common interest, including non-government organisations who represent the interests of health consumers. While some communities may connect through a local or regional interest in health, others may share a cultural background, religion or language. Some communities may be geographically dispersed but linked through an interest in a specific health issue by the internet, or some other means.[3]
Consumer engagement	Informs broader community engagement. Health consumers actively participate in their own healthcare and in health policy, planning, service delivery and evaluation at service and agency levels.[4]
Community engagement	Refers to the connections between government, communities and citizens in the development and implementation of policies, programs, services and projects. It encompasses a wide variety of government-community interactions ranging from information sharing to community consultation and, in some instances, active participation in government decision making. It incorporates public participation, with people being empowered to contribute to decisions affecting their lives, through the acquisition of skills, knowledge and experience.[5]
Clinician engagement	Refers to the manner in which an organisation involves staff that provide direct patient care, in the planning, delivery, improvement and evaluation of health services.[6]
Marginalised groups	Queensland Council of Social Services recognises that some Queenslanders are far more likely to suffer poverty and social exclusion, and that serious disadvantage is experienced by the following groups: Aboriginal and Torres Strait Islander communities, people in rural and remote communities, culturally and linguistically diverse communities, people with a disability, young people, older people; lesbian, gay, bisexual and transgender communities.[7]
Consumer and community engagement activities or mechanisms	Refer to the different ways that are used to engage with consumers and community. For example, it may include activities or mechanisms such as a focus group, committee, survey, citizen jury, community of interest, social media, public meeting, reference group, etc. The activity or mechanism may include consumers as formal representatives on established governance committees within the health service, or be specifically organised groups of consumers or community members. [8]

Health Service Organisations	"Refers to public and private health and community services delivering services which include health promotion, disease prevention, diagnostic, treatment, primary, acute, sub-acute and support services. It also includes the policies and activities of departments and Ministries, related nongovernment organisations, consumer and community groups and professional associations." [9]
Social determinants of health	The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries. [10]
Medicare Locals	Primary health care organisations established to coordinate primary health care delivery and tackle local health care needs and service gaps, and have a number of key roles in improving primary health care services for local communities. [11]

1 Health Consumers Queensland (2012) *Consumer and Community Engagement Framework: February 2012*.

2 ibid

3 Adapted from Department of Communities (2005) *Engaging Queenslanders: an introduction to community engagement and Health Consumers Queensland*, (2009). Consumer Representatives Program: Consumer Handbook.

4 Health Consumers Queensland, (2009). *Consumer Representatives Program: Consumer Handbook*.

5 Queensland Health, (2010). *Community Engagement Manual*.

6 Queensland Health. (2012) *Clinician Engagement Framework*.

7 Queensland Council of Social Services Policy document

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10 World Health Organisation. (2008) Social Determinants of Health. http://www.who.int/social_determinants/en/ accessed on 23/5/12

11 Department of Health and Aging (2012) Your Health: Medicare Locals http://www.health.gov.au/internet/yourhealth/publishing.nsf/content/medilocals-lp-1

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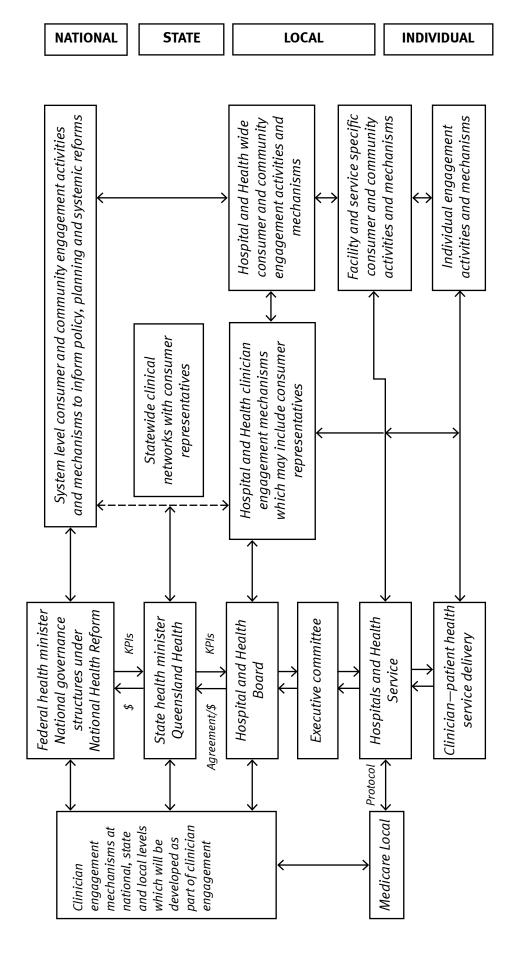http://www.qld.gov.au/web/community-engagement/guides-factsheets/introduction/index.html

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Appendix 1:
National, state, local and individual health environment – Consumer, community and clinician engagement

(Based upon Clinician Engagement Framework Diagram)

NATIONAL	STATE	LOCAL	INDIVIDUAL

System level consumer and community engagement activities and mechanisms to inform policy, planning and systemic reforms

Statewide clinical networks with consumer representatives

Hospital and Health wide consumer and community engagement activities and mechanisms

Hospital and Health clinician engagement mechanisms which may include consumer representatives

Facility and service specific consumer and community activities and mechanisms

Individual engagement activities and mechanisms

Federal health minister National governance structures under National Health Reform

State health minister Queensland Health

Hospital and Health Board

Executive committee

Hospitals and Health Service

Clinician—patient health service delivery

KPIs

$

KPIs

Agreement/$

Protocol

Clinician engagement mechanisms at national, state and local levels which will be developed as part of clinician engagement

Medicare Local

Notes

Developing a consumer and community engagement strategy:
a toolkit for Hospital and Health Services

Health Consumers Queensland ...your voice in health