



Policy

NAME OF DOCUMENT Consumer, Carer and Community Engagement Framework

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SUMMARY This document supports consumers, carer's and communities to be actively involved in the development, planning, delivery and evaluation of health services

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REPLACES New document

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APPLIES TO Health Councillors, Consumers, Carers, Communities and Far West LHD staff

CONSULTATION LIST

- Health Service Managers
- Director MHDA
- Consumer Representatives
- Broken Hill General Managers
- Volunteer Manager
- Manager, Community Engagement
- Health Councils
- FWLHD Executive

ENDORSED BY
EXECUTIVE POLICY
COMMITTEE

CHAIR
SIGNATURE:

DATE:

APPROVAL BY CHIEF
EXECUTIVE

SIGN:

DATE: 24/8/15



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Section 1 - Introduction

The Far West Local Health District strives to provide excellent consumer and carer focused service delivery. It is our responsibility to ensure that the voice of all consumers is heard by our service and that everyone has an opportunity to participate through a variety of avenues.

The National Safety and Quality Standard 2 require that consumers and carers are actively involved in the development, planning, delivery and evaluation of services. Consumers and carers have the right to have their needs and feedback taken into account in the planning, delivery and evaluation of services.

1.2 The aims and expected outcomes of this policy

This policy aims to inform key stakeholders about strategies required to facilitate consumer engagement within Far West Local Health District (Far West LHD). It also aims to build meaningful consumer participation in the planning and delivery of Far West LHD.

Section 2 – Definitions

Carer: A person whose life is affected by virtue of close relationship with a consumer or who has a chosen caring role with a consumer.

Community: Refers to groups of people or organisations. This can be consumers, their families and carers, as well as members of organisations that support or represent community groups and the wider community itself.

Consumer: A person who is currently using, or has previously used, or is a potential user of health services together with family and carers of healthcare recipients and clients

Consumer Advocate: A person or organisation appointed to speak or act on behalf of a consumer or group of consumers.

Consumer Representative: A person appointed to a formal structure or other process to represent consumers or consumer interests

Engagement: The involvement of consumer, carer and community in decision making about health care and treatment, health policy and planning, and the wellbeing of themselves and the community.

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Partnerships: The process where joint decision making, planning, accountability and responsibility occur between the community and the health service.

Section 3 – Policy Statement

We strive to reflect NSW Health Core values for meaningful consumer engagement in Far West LHD:

Collaboration

- We are an organisation that believes in its people and is people centred.
- Our leaders are role models for our core values and they are accountable.
- We willingly work in teams to provide excellent levels of care.
- Our teams are strong and successful because we all contribute and always seek ways to improve.
- We encourage and recognise outstanding performance.

Openness

- We want our community to have confidence in their local health services.
- We foster greater confidence and cooperation through open communication.
- Our performance is open to public scrutiny through patient and employee surveys.
- We welcome and use feedback as a tool to do better.
- We encourage those around us to speak up and voice their ideas, as well as their concerns by making it clear that speaking up is worthwhile and valued.
- We communicate clearly and with integrity.

Respect

- We never lose sight of our patients' fundamental right to be treated with dignity, compassion and respect.
- We listen to patients, the community and each other.
- We welcome new ideas and ways of doing things to improve patient care.
- We treat our colleagues and patients with dignity and respect, and care about those around us.
- Each of us is responsible for workplace culture and performance.
- We have zero tolerance for bullying and no-one, no matter how senior, is exempt.

Empowerment

- We encourage and support local decision making and innovation.
- We accept that with local decision making comes responsibility and accountability.
- We make best use of resources and experience to meet patient and community expectations.
- While we seek direction from our leaders, we believe that everyone is empowered to make a difference in our workplace.
- As individuals, we can improve our workplace culture and performance by addressing issues that hold us back.
- We strive for individual excellence on behalf of our patients and our teams, and to deliver the best possible care and services.

Section 4 – Policy Detail

4.1 Consumer and carer engagement

Far West LHD aims to maximise engagement with consumers and carers at every level of operation to ensure patients and community needs are represented and actioned. This happens at an individual level by partnering with consumers and carers regarding their own healthcare. At a facility/service level by partnering with consumers and carers regarding how programs, services or facilities are delivered, structured, evaluated and improved and at a district level by partnering with consumers and carers to focus on health policy, reform and legislation across the district.

4.2 Role of consumers and carers in meetings

The role of consumers and carers in meetings should be made explicit to both the consumers and carers involved and the other members of the meeting. These roles will vary depending on the nature of the meetings but will usually include bringing a consumer and carer perspective to the issues discussed; and/or passing on information to other consumers as requested and bringing any feedback from consumers and carers to future meetings.

4.3 Health Councils

Health Councils and Health Councillors have the responsibility to represent the interests of the community and consumer on health issues. The Health Council will work with the Health Service to advocate for the community and positively influence health decision-making that is responsive to the health needs of their community.

4.4 Role of Health Council meetings

The Health Council will bring local health needs and issues to the attention of the Health Service, participate in the planning, development, delivery, and evaluation of health services and promote and improve the health of the local community in partnership with others.

4.5 Equality of membership

Consumers and carers will be treated as equal members of committees and meetings and receive the same documentation and recognition, and have the same responsibilities, as other members. Consumers and carers will receive appropriate training to enable maximum engagement.

4.6 Link person and communication outside the meetings

Consumers and carers who participate in Health Councils and other meetings will be formally linked with the General Manager, Health Service Manager or their delegate. This allows opportunities to discuss ideas, develop strategies, review the meeting etc.

The link person will talk with the consumer at the beginning and end of each meeting and will ensure minutes and other information is sent to the consumer and further is available between meetings to discuss any issues that arise.

4.7 Creating an environment which supports participation in meetings

Consumers and Carers should be actively recruited to working parties or projects. Each working group or project should develop their own Terms of reference for the involvement of Consumers and Carers.

Consideration should be given to:

- using plain English and explaining any terminology or jargon;
- building into the agenda opportunities for consumers/carers to seek clarification of issues, decisions, terminology etc;
- managing any conflict or differences in opinion in the meeting in a positive and constructive way;
- providing consumers/carers with a variety of ways to contribute to the issues discussed, for example, encouraging consumers/carers to contribute in writing if they prefer; and
- offering appropriate supports/options to cater for the individual needs of the consumer/carer, this may include language, cultural or illness related needs.

4.8 Evaluation and reporting on engagement

There are many internal and external mechanisms Far West LHD uses to monitor and record the effectiveness of our community engagement. They include; Monthly board reports, assessment and accreditation against the National Safety and Quality Health Service Standards developed by the Australian Commission on Safety and Quality in Health Care with a focus on National Standard 2- Partnering with Consumers and carers (which describes the system and strategies that are required to create a consumer centred health system) and regular service audits.

4.9 Training for consumers and staff

Consumers, carers and Health Councils will be encouraged to participate in Health Service training sessions and workshops that will enable them to be more effective in carrying out their role. Staff will receive orientation on community engagement at their corporate induction day. Consumer and carer stories should be utilised for staff training using the Essentials of Care Framework.

4.10 Consumer and carer payment guidelines

The local Health Service will pay out of pocket expenses to consumers, carers and Health Councillors for attendance at meetings. For example, costs associated with travel, care for dependants, interpreter services and personal care assistance (where required). Sitting fees will not be paid.

4.10 Travel

If a health councillor/consumer/carer representative is required to travel as part of their role, Far West LHD will cover the cost of fares, accommodation and reasonable meals. The Health Services will book travel and accommodation. Receipts must be provided for meal reimbursement.

4.11 Process for reimbursement

Prior approval for payment of expenses must be made in consultation with the Health Council Chair and agreed to by the Health Service Manager consistent with Far West LHD policy and procedures. The Health Service Manager will be responsible for administering the payment of expenses. Claim forms can be obtained from the Health Service Manager. Reimbursement forms and original receipts should be submitted to the Health Service Manager. Routine claims for expenses should be made at the end of each month.

All invoices must be submitted to the General Manager or Health Services Manager or their delegate for approval. Forms submitted will be processed as soon as possible via electronic funds transfer.

If it is the first time the consumer/carer or Health Councillors has completed an invoice, they must complete an ABN Exemption Form, if they do not have an ABN (Appendix 3) and a Vendor Creation Form (Appendix 2).

Section 5 – Responsibilities

5.1 Far West Local Health District

The Far West LHD will ensure that a regular, comprehensive, consultative relationship is maintained between Health Councils, consumers and carers. The Chief Executive will make final decisions regarding meetings and/or working parties that best meet the needs of health councils, consumer and carer involvement within budgetary constraints.

5.2 Managers

Far West LHD managers must ensure Health Councillors, consumers and carers are supported in their role as per this policy. They must also give careful consideration to health councillors, consumer and carer engagement in service delivery.

The Manager of Community Engagement and Carers Support Program Manager will:

- develop specifically tailored on site induction session for consumer and carer representatives;
- provide regular and ongoing contact and support to consumer and carer representatives;
- promote and encourage consumers and carers to become representatives;

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- assist in coordinating consumer and carer engagement within Far West LHD services; and
- provide training for staff.

5.3 Staff

All staff must respect the voice of Health Councillors, consumers and or carers and support them in their role as representatives.

5.4 Health councillors, consumer and carer representatives

Health councillors, consumer and carer representatives chosen to participate in any activity or function:

- are responsible for attending meetings as agreed and for adhering to the roles and responsibilities as have been explained and which are further described in the Terms of Reference of the relevant committee or Health Council Operational Guidelines;
- must read, sign that they have understood and abide by the NSW Ministry of Health Code of Conduct;
- must have submitted a National Criminal Record Check Consent Form for processing through Risk Management;
- must respect the confidentiality of staff and other consumers/carers and cannot discuss matters raised in meetings with unauthorised persons (note: when consultation is required about a particular issue, the consumers / carers who are being consulted are to be considered authorised persons);
- cannot represent Far West LHD services unless approved; and
- are responsible for identifying if they have a conflict of interest, such as personal interests in a matter or decision. If such a situation should arise, or if the representative is in doubt, he/she should speak to the General Manager or Health Service manager or their delegate and/or the chairperson of the meeting to seek advice about how to manage the situation.

Section 6 – Monitoring

6.1 Standards

The National Safety and Quality Health Service Standards - Standard 2 “Partnering with Consumers” provides a framework and states that we must implement systems to support partnering with patients, carers and other consumers to improve the safety and quality of care.

6.2 Monitoring

The policy will be monitored and evaluated internally on an ongoing basis. General Managers and the Chief Executive unit will play a key role in monitoring these processes and will include: annual review of the health council, consumer and care representation on working groups, measure of website and Facebook traffic, development of new tool kits and evaluation of annual Health Council Forum.

Section 7 – Levels and tools for Consumer and carer engagement

7.1 Levels of consumer and carer engagement

Consumer and carer engagement should be an ongoing process and the International Association for Public Participation describes engagement that occurs across a spectrum with increasing community involvement below (see Table 1).


Increasing level of Public Impact 					
	Inform	Consult	Involve	Collaborate	Empower
Public Participation Goal	Provide the public with balanced & objective information to assist them in understanding the problems, alternatives and/or solutions.	To obtain public feedback on analysis, alternatives and /or decisions	To work directly with the public throughout the process to ensure that public concerns & aspirations are consistently understood & considered.	To partner with the public in each aspect of the decision including the development of alternatives We will implement what you decide the identification of the preferred solution.	To place final decision making in the hands of the public.
Promise to the public	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns & aspirations,& provide feedback on how public input influenced the decision. We will seek your feedback on drafts& proposals	We will work with you to ensure that your concerns& aspirations are directly reflected in the alternatives developed & provide feedback on how public input influenced the decision.	We will work together with you to formulate solutions & incorporate your advice & recommendations into the decisions to the maximum extent possible.	We will implement what you decide

Table 1 Levels of Engagement

7.2 Methods of consumer and carer engagement

There are many different approaches that may be used to conduct consumer and community engagement. The methods described in Table 2 are not exhaustive but are provided as an indication of the likely scope of actions within each level of consumer and carer engagement.


Increasing Depth of Engagement 					
	Inform	Consult	Involve	Collaborate	Empower
Possible methods	Fact sheets Websites Facebook Media releases Consumer and community education and awareness campaigns	Invitation for public comment Focus groups Surveys Public meetings Conferences In-depth interviews	Workshops/round tables meetings Taskforces/working parties Conferences In-depth interviews	Advisory committees Ethic committees Networks Planning groups Consensus – building processes	Boards and Councils Steering Committees

Table 2 Increasing Depth of Engagement

Section 8 – Engaging underrepresented groups

NSW Health supports meaningful consumer and community engagement that involves participation from all groups and stakeholders within the community. Yet cultural, linguistic, physical, mental health, material, attitudinal, or geographical factors may contribute to the underrepresentation of some groups of people in consumer and community engagement.

Underrepresented groups may include children and young people, the elderly, people with a disability, Aboriginal and Torres Strait Islander people, people from a cultural, linguistic or religiously diverse background, people who identify as Gay, Lesbian, Bisexual, Transgender or Intersex, and refugees.

Almost all citizens are likely to use a health service at some stage in their life and, as consumers and funders of those services they have a right to expect that these will be responsive to their needs. Health services with inclusive and comprehensive consumer and community engagement strategies are more likely to improve outcomes for consumer and the wider community, both in terms of their experience of the service and their health status.

Far West LHD has been active to address underrepresented groups and have endorsed the Aboriginal Health Engagement Strategy and Consumer and Carer Participation in Mental Health Services Policies that provide support for staff.

Section 9 – References and approval history

NSW Ministry of Health, NSW State Health Plan: Towards 2021, Sydney, 2014

Australian Commission on Safety and Quality in Health Care, Commonwealth of Australia, *National Safety and Quality Health Service Standards*, Sydney, 2012

NSW Ministry of Health, *Your Healthcare Rights and Responsibilities - A Guide for NSW Health Staff*, Sydney, 2011

NSW Ministry of Health, *Future Arrangements for Governance of NSW Health: Report of the Director General*, Sydney, 2011

NSW Ministry of Health, *NSW Health Code of Conduct*, Sydney 2012

Sarrami Foroushani P Ti, Eikli M, Braithwaite J, The Centre for Clinical Governance Research, Australian Institute of Health Innovation, Faculty of Medicine, University of New South Wales, and the Agency for Clinical Innovation, NSW Health, *Consumer and Community Engagement: A review of the literature*, Sydney, 2012

Health Consumers Queensland, Queensland Government, *Consumer and Community Engagement Framework*, Brisbane, 2012

Tempfer CB, Nowak P, *Consumer participation and organizational development in health care: a systematic review*, Wien Klin Wochenschr, 2011

The Community Engagement Network Resource and Regional Services Division - Department of Sustainability and Environment, Victorian Government. *Effective Engagement: building relationships with community and other stakeholders. Book 1: An introduction to engagement*, Melbourne, 2005.

International Association for Public Participation. iap2 Public Participation Spectrum, 2013.

Available from: <http://www.iap2.org.au/documents/item/84>.

Queensland Health Consumer and Community Participation Program Team, *Consumer and Community Participation Toolkit*, Brisbane, 2002

Far West LHD, *Far West Local Health District Health Council Operational Guidelines*, Broken Hill, 2013

Review and Approval History

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Section 11 – Appendices

Appendix 1: Consumer / Carer Payment Tax Invoice Form

Appendix 2: Vendor Creation Form

Appendix 3: ABN Exemption Form



Appendix 1:

CONSUMER AND CARER PAYMENT/TAX INVOICE FORM

Last Name _____ First Name(s) _____

Address _____

ABN Exemption Form Submitted Yes / No **OR** ABN # _____

*If you do not have an ABN, an Exemption Form must be attached with your first payment claim.
You only need to submit an Exemption Form once. See over for details.*

Travel Reimbursement				
Vehicle engine size (tick the applicable box):				
<input type="checkbox"/> Under 1600cc <input type="checkbox"/> 1600 – 2700cc <input type="checkbox"/> Over 2700cc				
From	To	Purpose of Journey	Kms	Date

Signatures:

Consumer/Carer

Date

Health Service Manager

Approved for payment by:

General Manager

Date



ABN Exemption Form:

If you do not have an ABN, an Exemption Form must be attached with your first payment claim. You only need to submit an Exemption Form once.

Vendor Creation Form:

A Vendor Creation Form must be completed and attached to your first payment claim. You only need to submit a Vendor Form once, unless your banking details change, then you will need to submit a new one.

Please submit your completed payment form to either:

- General Manager Broken Hill
- Health Service Manager

Appendix 2:



HealthShare

Author: Master File Maintenance Team	Document ID: FM120021
Approved by: Robert Lagaida, Director Operations & Business Support	Version: 01
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VENDOR/SUPPLIER CREATION, MAINTENANCE AND EFT FORM

Please attach a quote or an approved invoice and also ensure the bank account details are completed and signed by the vendor/supplier.

Company/Trading Name			
ABN (if vendor is a company an ABN must be supplied)		Vendor Number (for updates and changes)	
Accounts Contact Details	Address		
	Suburb	State	Post Code
	Phone	Fax	Email (mandatory – for remittance advice)
Purchasing Contact Details (if details differ to above)	Address		
	Suburb	State	Post Code
	Phone	Fax	Email
Bank Account details MUST be supplied (This form will not be processed unless bank account details are supplied)			
Bank Account Details (Mandatory)	BSB	Account Number	Name on Account
This form MUST be signed by the owner of the bank details			
Account Owner Signature:		Date:	
Name of Health Entity Staff member who requested you complete the form (Both the below boxes must be completed)			
Name			
Email Address			
Name of person completing the form (All the below boxes must be completed)			
Print Name:		Title	
Location (Address)		Date	
<p>Please send all completed forms and accompanying paperwork to: vendors@hss.health.nsw.gov.au or fax to (02) 8797 6004 For any enquiries, please call the Master File Maintenance Team on 1300 584 249</p>			



Appendix 3:



Australian Government Australian Taxation Office

Statement by a supplier

Complete this statement if the following applies:

- you are an individual or a business
you have supplied goods or services to an other enterprise (the payer), and
you are not required to quote an Australia business number (ABN).

Payers must withhold 46.5% of the total payment it makes to you for a supply that you make as part of your enterprise you carry on in Australia, unless an ABN has been quoted or there is no need to quote an ABN.

HOW TO COMPLETE THE STATEMENT

- Print clearly in BLOCK LETTERS using a black pen only.
Use BLOCK LETTERS and print one character in each box.
Place X in all applicable boxes.

Payers can check ABN records of suppliers by visiting www.abr.business.gov.au or phoning 13 72 26 24 hours a day, 7 days a week.

Section A: Supplier details

1 Your name?

Grid for entering name details

2 Your address?

Grid for entering address details, including Suburb/town, State/territory, and Postcode

3 Your reason/s for not quoting an ABN? Place X in the appropriate box/es.

- The payer is not making the payment in the course of carrying on an enterprise in Australia.
The supplier is an individual aged under 18 years and the payment does not exceed \$120 a week.
The payment does not exceed \$75, excluding any goods and services tax (GST).
The supply that the payment relates to is wholly input taxed.
The supplier is an individual and has given the payer a written statement to the effect that the supply is either:
made in the course or furtherance of an activity done as a private recreational pursuit or hobby, or
wholly of a private or domestic nature (from the supplier's perspective).
The supply is made by an individual or partnership without a reasonable expectation of profit or gain.
The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.
The whole of the payment is exempt income for the supplier.

Section B: Declaration

Under pay as you go (PAYG) legislation and guidelines administered by the Tax Office, the named supplier is not quoting an ABN for the current and future supply of goods or services for the reason or reasons indicated.

Name of supplier (or authorised person)

Grid for entering name of supplier

Signature of supplier (or authorised person)

Signature box

Daytime phone number

Grid for entering daytime phone number

Date

Grid for entering date (Day, Month, Year)

Penalties apply for deliberately making a false or misleading statement.

Do not send this statement to the Tax Office. Give the completed statement to any payer that you are supplying goods or services to. The payer must keep this document with other records relating to the supply for 5 years.