

**Limestone Coast Local Health Network** 

# Consumer, Carer and Community Engagement Strategy 2021–2024



# Acknowledgment to Traditional Custodians

The Limestone Coast Local Health Network (LCLHN) acknowledges the traditional custodians of country throughout the Limestone Coast. We respect their continuing connection to land, sea and community. We also pay our respects to Elders past, present and emerging and to the cultural authority of Aboriginal and Torres Strait Islander people from other areas of Australia who reside in the Limestone Coast.

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### Foreword from the Board Chair

#### **Grant King**

I am pleased to present the first Consumer, Carer and Community Engagement Strategy (CCCES) for the Limestone Coast Local Health Network (LCLHN).

The LCLHN commenced operations on 1 July 2019 as part of the SA Health governance reforms, which saw the establishment of 10 Local Health Networks (LHNs), each with its own Governing Board charged with the overall governance and oversight of local service delivery.

The Engagement Strategy Development Working Group, a sub-group of the LCLHN Governing Board, has undertaken considerable research and consultation with consumers, carers, staff and community in order to develop the CCCES. Improving consumer and community engagement, with a focus on delivering the highest quality person and family-centred patient care possible, is an approach now embedded in the Health Care Act 2008. We have chosen to include carers in this strategy, recognising the important advocacy and support role they play within a healthcare context.

In developing our CCCES, we developed the i<sup>3</sup> model with three levels of engagement: inform, involve and influence. Using the IAP2 Spectrum of Public Participation<sup>1</sup> as the central reference point, our i<sup>3</sup> model lays the foundation for how we wish to approach to engagement across the LCLHN.

Our CCCES demonstrates our commitment to partnering with consumers, carers and the community in the planning, design and delivery of our services. As part of this we must recognise the diversity within our region, whether within our Aboriginal and Torres Strait Islander population, our Culturally and Linguistically Diverse (CALD) communities or in

analysing the differing chronic healthcare conditions expereinced by many within our community. There simply cannot be a one-size-fits-all approach to how we deliver services. It is only by genuinely and consistently engaging with the many individuals and groups that form part of our community that we can meet the healthcare needs of our region.

The CCCES will operate alongside our Clinician and Staff Engagement Strategy (CSES), and forms a critical part of the LCLHN's strategic direction over the coming years. Through the development of both our CCCES and our CSES, we aim to encourage participation at all levels of health service delivery, including strategy and innovation, planning, service improvement and service design. These two strategies, while separate documents, underpin our approach to engagement across our network. We will continue to refine each strategy over time, with an Engagement Strategy Oversight Committee providing regular updates to the Governing Board about their progress. Annual reports will summarise outcomes to-date from each strategy, also noting any highlights and emerging issues that may positively or negatively affect our engagement activities across the region. The Governing Board will formally review the strategies every three years.

Meaningful and sustained engagement takes time and continued effort from all involved. The Governing Board does not believe it has all the answers, nor do we believe there is no room for improvement in how we engage with consumers, carers and our community on the services and care we provide. Ultimately, it is only by working in genuine partnership with consumers, carers and the Limestone Coast community, and listening to and acting on their feedback, that we can achieve our vision of being a trusted leader and partner in the provision of safe, high-quality, progressive, consumer-directed care and services.



### From the Chief Executive Officer

#### **Ngaire Buchanan**

The LCLHN aims to be an effective and forward-thinking health network that anticipates challenges, embraces change and – most importantly – meets the needs of our consumers, carers and community.

In order to keep consumers, carers and the community at the heart of what we do, we must have approaches that encourage and support genuine and active partnership and collaboration across all levels of our organisation.

Meaningful engagement improves the quality and safety of health services, individual health outcomes, and makes health services more responsive to the needs of consumers, carers and the community. This is supported extensively throughout current literature, which has been thoroughly analysed by the Engagement Strategy Development Working Group in the process of developing this strategy.

Our CCCES demonstrates how we engage with consumers, carers and our community, outlining our existing engagement activities and identifying opportunities for the 2021-2024 period. We are keen to build on what has been working successfully and continue to learn how consumers, carers and the community would prefer to engage with us. The CCCES will inform and operate alongside our Clinician and Staff Engagement Strategy (CSES), Strategic Plan, and the various service plans across the LCLHN.

This strategy will only be successful if we take the time to implement it effectively. The LCLHN Partnering with Consumers Committee will lead this, in collaboration with the Regional Quality, Risk and Safety Manager and the Director Aboriginal Health. Given the complexity of the work contexts across our network, successful consumer, carer and community engagement must be a shared responsibility. All LCLHN staff will be supported and empowered to understand and respect the varied needs of consumers, carers and the wider community, and focus on how they are partnering and engaging with those in their care.

We will work closely with our Health Advisory Councils across the region and other community partners as we roll out and refine this strategy. These groups provide an essential voice for our community to help inform the services we deliver.

We will also seek to develop opportunities for LCLHN representatives, providers of primary health care services, South Australian Ambulance Service (SAAS), Aboriginal services, Culturally and Linguistically Diverse (CALD) services, universities, private providers, nongovernment organisations and representatives from other LHNs to share ideas about how we can improve the services and care we provide.

This strategy is not a static document, but instead the starting point that outlines our commitment to embedding meaningful and effective consumer, carer and community engagement into the culture of our LHN.



## Our Purpose:

Partnering with our community in delivering best practice care and services that contribute to improving the health and wellbeing of our communities and region

# About the Limestone Coast Local Health Network

#### Who we are

The Limestone Coast Local Health Network (LCLHN) became a formal entity on 1 July 2019, having previously been known as the South East Region of Country Health SA LHN.

We are one of six regional LHNs responsible for the delivery of regional public hospital services and residential aged care for SA Health. Under the banner of Country Health Connect, we offer a range of in-home and community-based services to people of all ages, people living with disability, children, older people and carers. We also provide inpatient (hospital) and community mental health services across the region. Our hospital and community health locations are reflected on the map on page 8.

We serve a population of over 67,000<sup>2</sup> people in the Limestone Coast, as well as residents from Western Victoria. Our region covers a geographical area of 21,329<sup>3</sup> square kilometres, taking in the south-east corner of South Australia.

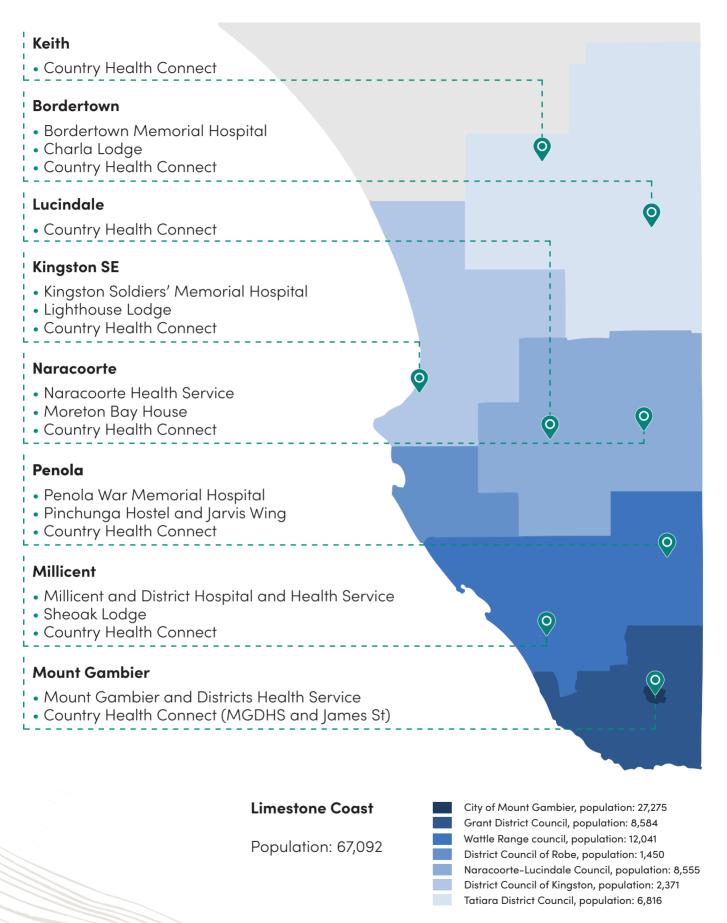
We have service agreements with Keith and District Hospital, local GPs, Country SA Primary Health Network (PHN), Pangula Mannamurna Aboriginal Corporation Inc, the South East Junction and other community-based groups and health services throughout our region and in neighbouring Western Victoria.

We employ over 1400 people, with over 46% percent employed in the nursing/midwifery professions and 1.2% identifying as Aboriginal and Torres Strait Islander. We are also supported by a team of approximately 600 hardworking volunteers.

Our health network is led by the Chief Executive Officer and supported by a team of executive staff across the region.

Our Governing Board is responsible for the overall governance and oversight of local service delivery, including governance of performance and budget achievement, clinical governance, safety and quality, risk management, and development of the LCLHN's engagement strategies.

#### **Our services**



Source: Regional Development Australia, 2019

#### LCLHN 2019-20 snapshot

**1,466** total staff

600+ volunteers

630 babies born

**30,396** emergency presentations

**30,850** community health interventions

**7,206** same-day discharges

**541** telerehab consultations

#### **Community snapshot**

of residents identify as
Aboriginal and/or Torres

Strait Islander<sup>4</sup>

2.8% speak a language other than

English at home<sup>5</sup>

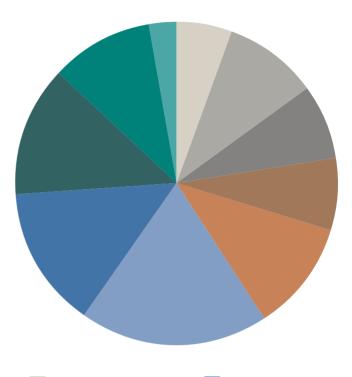
1,110 new residents predicted by 2031, an increase of 2 per cent<sup>6</sup>

**29,911** residents employed<sup>7</sup>

1,641 residents unemployed and looking for work<sup>8</sup>

6,033 residents providing unpaid care (excluding childcare)9

#### Community age profile<sup>10</sup>



0 - 4 (5.8%)

5 - 11 (9.3%)

12 - 17 (7.6%)

18 - 24 (7.3%)

25 - 34 (10.9%)

35 - 49 (19.1%)

50 - 59 (14.2%)

60 - 69 (13.0%)

70 - 84 (10.3%)

85 + (2.6%)

report at least one chronic health condition<sup>11</sup>

**72.8**%

report at least one behavioural risk factor<sup>12</sup>



# About our Consumer, Carer and Community Engagement Strategy

Through the implementation of this strategy, we seek to build an engagement framework that enables consumers, carers and our community to actively participate in decisions affecting their health and in the provision of health care more broadly.

We are keen to deviate from the status quo and better understand how people would prefer to engage with us, in turn improving and strengthening what we do: provide safe and effective person and family-centred care to the Limestone Coast community.

This document outlines the principles that form our approach to engagement, the process we have undertaken to develop this strategy, a summary of our objectives and how we plan to meet and measure our progress against these objectives.

Implementation of this strategy will also ensure our network meets the National Safety and Quality Health Service (NSQHS) Standards – Partnering with Consumers, National Disability Standards, and Aged Care Quality Standards.

#### Who is a consumer?

When we talk about consumers, what do we mean?

A consumer is any potential user of a health service, whether it is the individual, their family, carers and other members of the person's immediate support network.

If you are being treated at a hospital within the LCLHN, have been treated there in the past or may be treated there in the future, you are a consumer of that service.

If you access any service delivered by the LCLHN or Country Health Connect across the region – such as community or allied health, residential aged care or in-home support – you are a consumer of these services.

#### Do consumers have rights?

All consumers have rights when receiving a health or community service in South Australia:

- South Australian Health and Community Services Complaints Commissioner (HCSCC) Charter of Rights
- Australian Government Charter of Aged Care Rights
- United Nations Convention on the Rights of Persons with Disabilities

These Charters and Convention outline what consumers, or someone they care for, can expect when receiving care across all LCLHN sites, and are listed in full in the Appendices.

#### Who is a carer?

A carer is a person who provides ongoing care or assistance to a person who has a disability, a chronic illness (including a mental illness) or, because of frailty, requires assistance with the carrying out of everyday tasks.

A carer is not a person providing support to a spouse, domestic partner, parent or guardian if they do not fit into the categories above. For example, you may live with your elderly parent, but are not considered a carer unless your parent requires your assistance and support to carry out daily tasks.

Carers have an important role in supporting consumers of our health services.

#### Do carers have rights?

The Carers Recognition Act 2005 (SA) aims to ensure carers have the same rights, choices and opportunities as other South Australians.

The SA Carers Charter<sup>13</sup>, which is contained in the Act, outlines seven key principles that must quide services for carers:

- Carers have choices within their caring role
- Carers' health and wellbeing is critical to the community
- Carers play a critical role in maintaining the fabric of society
- Service providers work in partnership with carers
- Carers in Aboriginal and Torres Strait Islander communities need specific consideration
- All children and young people have the right to enjoy life and reach their potential
- Resources are available to provide timely, appropriate and adequate assistance to carers.

Carers must be consulted in the planning, delivery and review of government and government-funded services that impact on carers. This means the LCLHN must consult and consider the specific needs of carers in everything we do that can impact their role.

#### Who is our community?

'Our community' is a broad concept that is at times difficult to define.

Put simply, it refers to those who may be users of our services – whether within one of our hospitals, our residential aged care facilities or our community health services. These people may be permanent Limestone Coast residents, those 'passing through' or those from other areas who have specifically sought out health care in our region.

As a collective, these people are 'our community'. Our community can also refer to groups within the geographical boundaries of the Limestone Coast. External organisations such as councils, other service providers such as GPs, community groups, service clubs, sporting clubs and large or small businesses have a significant role in the health and wellbeing outcomes in the Limestone Coast. These groups also form an essential part of our community.



# Our Approach

The Working Group had a staged approach to developing this strategy.

#### Stage One - information gathering:

Analysis of the current engagement mechanisms available for consumers, carers and community, and relevant health legislation, policies, accreditation survey results and standards<sup>1, 14, 15, 16, 17, 18, 19, 20</sup> to ensure the strategy would exceed any legislative or policy requirements and best practice standards.

#### **Stage Two - strategy development:**

A draft engagement strategy was developed following several workshops of the Working Group and analysis of information gathered in Stage One.

#### Stage Three - consultation:

The draft engagement strategy was provided to consumers, carers and community stakeholders to seek their feedback. Early workshops were conducted with the LCLHN Partnering with Consumers Committee and with Aboriginal Health workers, consumers and community members at Pangula Mannamurna Aboriginal Corporation Inc.

An online survey was conducted in March/April 2021 to seek feedback on the draft engagement strategy. The draft was emailed to over 100 consumers registered with the LCLHN Community Network, LCLHN Aboriginal Experts by Experience and Mental Health Lived Experience members, 279 Limestone Coast community organisations, LCLHN Health Advisory Council members and LCLHN staff, inviting them to provide feedback on the strategy. Wider consultation with consumers, carers, and community members occurred through advertising on the LCLHN Facebook page and the LCLHN website.

#### **Stage Four - integration:**

Information gathered during the consultation stage was discussed at length by the Working Group and the suggestions for improvement were integrated into the document to strengthen the strategy.

The final Consumer, Carer and Community Engagement Strategy was endorsed by the LCLHN Governing Board on 31 May 2021.

#### **Stage Five - implementation:**

Led by the LCLHN Partnering with Consumers Committee, the strategy will commence implementation from June 2021.

# Our Engagement Framework

Understanding that there are different levels within an organisation where engagement takes place is important: health care is not only about caring for individuals and it is not only provided by individuals.

In developing our engagement strategy, we took care to ensure that the units, networks and systems involved in health care delivery and development were included. In this way, we are sure that consumers, carers and our wider community can influence and participate in every level of health care.

Our strategy towards engagement across our organisation consists of two key parts:

- The i<sup>3</sup> model
- How we ask you to participate (our guiding principles)

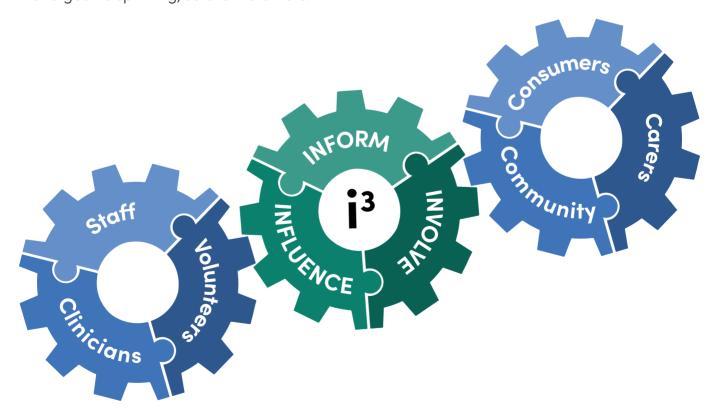
#### The i<sup>3</sup> model

Our i<sup>3</sup> model highlights our approach to engagement across the LCLHN. At the centre - the green cog - are the levels of engagement that our stakeholders can expect to experience. These engagement levels have been adapted from the IAP2 Public Participation Spectrum.

Within the LCLHN, we have chosen three key levels - inform, involve and influence. We believe that every consumer, carer and member of the community, and every clinician, staff member and volunteer (the blue gears) will find a way to be informed, be involved or to influence.

The gears illustrate the connection between individuals or groups and our organisation. The illustration intends to show that engagement is a two-way process: individuals or groups can inform, involve and influence our organisation by engaging with us, and we can inform, involve and influence their lives by meaningfully engaging with them.

The illustration also intends to demonstrate that our Consumer, Carer and Community Engagement Strategy and our Clinician and Staff Engagement Strategy are inherently linked; if one gear is spinning, so are the others.



#### How we ask you to participate (our guiding principles)

The principles we outline below show what we believe consumers, carers and the community will value when we talk to them about their health and how we work together in delivering excellent health care. We can have confidence in our conversation with consumers, carers and our community by considering these principles in every engagement opportunity.

#### Person and Family-Centred Care

- Consumers and families are treated with respect and dignity.
- Consumers define who their family is.
- Consumers, families, community stakeholders and LCLHN clinicians and staff work in partnership and make shared decisions.
- Decision-making involving family or carers is with the consent of the consumer.
- Individual goals of care are respected, recognising that not everyone will choose to participate in all treatment options.

#### **Kindness**

- Staff show concern and consideration to the needs of those in their care (and the family or carers of those in their care), recognising that people come with their own value base and are the experts of their own lives and experiences.
- We always consider what it may be like to "walk in another's shoes".

#### **Transparency**

- Leaders in our services provide opportunities for open and inclusive decision-making at all levels.
- Staff show a commitment to open disclosure.
- Consumers, carers and the community have access to meaningful performance data.
- Consumers, carers and community members serve on our operational governance committees and working groups, and participate in co-design activities.

#### **Inclusivity**

- We respect the needs, values and goals of each individual consumer, irrespective of their race, religion, political preference, age, disability, gender or sexuality.
- Staff are encouraged to consider their own prejudices to ensure consumers receive the highest standard of care.
- The lived experience of the consumer influences health care service provision.
- Consumers and researchers work in partnership based on understanding, respect, informed consent and shared commitment to improving the health and wellbeing of our community.

#### **Diversity**

- We acknowledge diversity across our community, including Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse (CALD) and migrant communities, gender diverse and the LGBTQI+ community.
- We engage with a diverse range of people who use our services and in the wider community, ensuring engagement processes are culturally safe and meaningful.

#### **Accessible information**

- Consumers, carers and the community are informed and asked for input.
- Our staff will keep you updated on progress and changes as a result of your feedback.
- We communicate in a way that consumers, carers and the community understand using different methods.
- Consumers, carers and community groups and organisations will have equal opportunities to access relevant information.
- Consumers, their families and carers can access information and education to enable shared decision-making with health professionals.
- We ensure that consumers, their families, carers and the community are aware of their healthcare rights and responsibilities.

#### Opportunities to participate

- Consumers, carers and community stakeholders are provided accessible and culturally appropriate engagement opportunities that are clear about purpose, scope of involvement, and how much influence this involvement will have.
- We recognise engagement with consumers, carers and community groups and organisations should influence service planning and health care delivery.

# Our Objectives

In this section, we outline how the principles we described above ensure your rights, views, feedback and advice are respected and that we also achieve our objectives for meaningful engagement.

Achieving these objectives are by no means easy and require an organisation's culture to truly value consumers and carers views. Policies, charters, education, and initiatives contribute to shaping such a culture. We believe that the tools and mechanisms we describe from pages 28 to 32 will support the LCLHN to have a culture of true engagement.

Our LHN has developed four key engagement objectives:

#### **Objective 1**

To involve consumers and carers in decisions about their health care (person and family-centred care).

#### **Objective 2**

To communicate effectively with consumers, carers, and community stakeholders including our Health Advisory Councils and local community groups/organisations.

#### **Objective 3**

To ensure consumers, carers and community stakeholders are actively involved with clinicians and staff in decision-making in all levels of health service delivery, including:

- Strategy and Innovation
- Planning
- Service Improvement
- Service Design

#### **Objective 4**

To provide leadership, direction and resources to ensure consumer, carer and community engagement are core to organisational behaviour and culture from 'ward to the Board'.

#### **Objective 1**

To involve consumers and carers in decisions about their health care (person and family-centred care).

#### How will we do this?

- The Governing Board will endorse Person and Family-Centred Care, Consumer-Directed Care and Rights-Based Aged Care as the LCLHN's models of care, and ensure they are implemented across the network in relevant services.
- The Partnering with Consumers Committee will develop a Person and Family-Centred Care Charter for the LCLHN and will involve consumers and carers with its implementation.
- A 'Family are not Visitors Policy' and associated processes will be developed and implemented across the LCLHN.
- Clinicians will be educated, encouraged and supported to practise shared decision-making with consumers and carers so that when you are worried, we are listening.
- Clinicians will be encouraged and supported to develop our consumers and carers' health literacy.
- We will improve the way we communicate to better meet the needs of consumers and carers
- Care plans will be individualised to each consumer and made readily available.
- Processes for communication between clinicians, consumers and carers (that exceed National Safety and Quality Standards) will be implemented across the LCLHN.
- A supportive and culturally-safe feedback framework will be developed to encourage consumers and family to provide feedback about their experience using our services.

#### How will we know we are achieving our objectives?

• More consumers and carers will provide feedback on their experiences with our services, and we use that feedback to improve care and service provision.

• The feedback we receive about the experience our consumers and carers have in our services is reported formally at all levels of our organisation. Our staff will develop quality improvement programs and will report their progress at governance meetings.

#### **Objective 2**

To communicate effectively and appropriately with consumers, carers, and community stakeholders including our Health Advisory Councils and local community groups/organisations.

#### How will we do this?

- We will communicate effectively with consumers, carers and community stakeholders including Health Advisory Councils.
- We will provide relevant and accessible information about health issues and services in different formats
- We will develop health information based on health literacy principles and ensure that the information is consistent across all our services.
- We will improve our use of technology and social media to engage, educate and communicate.
- We will strengthen our partnerships with community organisations and groups that support and serve people from culturally diverse backgrounds and vulnerable populations, and develop strong relationships with individuals.
- We will further develop effective Aboriginal and/or Torres Strait Islander consumer engagement in all hospital and community services.
- We will explore more effective ways to engage with children and young people.

#### How will we know we are achieving our objectives?

- Consumers and carers feel supported to ask questions about their care and ask questions if their goals are not being met.
- Consumers actively participate in decision-making.
- Consumers increasingly turn to our organisation for information about their health or specific condition.

#### **Objective 3**

To ensure consumers, carers and community stakeholders are actively involved with clinicians and staff in decision–making in all levels of health service delivery, including:

- Strategy and Innovation
- Planning
- Service Improvement
- Service Design

#### How will we do this?

- Consumers, carers and community stakeholders will be involved in the co-design of policy, services and facilities.
- We will develop a broad communications strategy to improve communication with community groups and organisations about our services, health focused topics, engagement opportunities and outcomes.
- We will ensure all new and redesigned spaces and facilities within LCLHN have consumer involvement in planning.
- Consumers and community will be involved in the design of local guiding documents and implementation.
- We will actively ensure the voices of diverse consumers are integrated into all levels of governance and have an active role in decision-making.
- We will utilise a variety of engagement methods, including face-to-face and other communication methods that encourage real-time interactions.

#### How will we know we are achieving our objectives?

Consumers, carers, the community, clinicians and staff feel they can influence decision—making across the LCLHN.

- More consumers participate in the opportunities for engagement and all diversity is represented.
- More information will be shared with the public about quality improvements.

#### **Objective 4**

To provide leadership, direction and resources to ensure consumer, carer and community engagement are core to organisational behaviour and culture from 'ward to the Board'.

#### How will we do this?

- We will encourage and support opportunities for staff training to improve and encourage consumer and community engagement.
- We will identify, recognise and celebrate effective engagement-based projects.
- We will strengthen the capacity, knowledge and skills of staff in consumer and community engagement.
- A process will be established to enable consumers to participate in the selection of key new staff.
- We will expand the involvement of Lived Experience consumers.
- The Governing Board will conduct an annual public meeting and arrange regular meetings in different towns and locations across the LCLHN, including an annual meeting at Pangula Mannamurna Aboriginal Corporation.
- Community stakeholders will be regularly invited to attend Governing Board meetings to discuss community issues.
- Governing Board papers will be publicly available on the LCLHN website, and the Governing Board will provide bi-annual community updates of key decisions and issues through a newsletter, the LCLHN website, Facebook and local media.
- Governing Board members will attend combined meetings of the LCLHN Health Advisory Councils and be responsive to invitations to attend their local HAC meetings.

#### How will we know we are achieving our objectives?

- Consumer representation on committees, interview panels and in staff training will be frequent and consistent.
- We will report regularly on consumer involvement and consumers will be able to recognise how their feedback contributes to health services.
- Our LHN will have leaders who are fully engaged with consumers, carers and our community, and vice versa.
- Our Board and Executive members will have their 'fingers on the pulse' in understanding the complex healthcare needs of our community.
- Our staff will understand the importance of meaningful engagement and demonstrating these values in their practice will be the norm.

# Accountability and Responsibility

The LCLHN Governing Board is accountable for the development and endorsement of the strategy, underpinned by the Guiding Principles. The Engagement Strategy Oversight Committee is accountable for the ongoing monitoring of the implementation and effectiveness of this strategy and the Clinician and Staff Engagement Strategy. This Committee reports to the LCLHN Governing Board.

Strategy implementation will be supported by the CEO and the LCLHN Partnering with Consumers Lead, in collaboration with the Regional Quality, Risk and Safety Manager and the Director Aboriginal Health. Successful consumer, carer and community engagement must be a shared responsibility.

While there will be formal engagement opportunities within our network for consumers, carers and the broader community, there will also be opportunities for clinicians and staff to work collaboratively with our consumers and carers in their daily interactions. We will implement forums and workshops for LCLHN representatives, providers of primary health care services, SAAS, Aboriginal services, CALD services, universities, private, Non-Government Organisations, and other LHNs to come together to improve working relationships and address issues with the goal of improving the safety and quality of services and care provided to consumers, carers and the Limestone Coast community.

# **Evaluation and Reporting**

Regularly collecting feedback is the only way we can be sure we are meeting the objectives of this strategy. We will collect feedback through:

- Consumer and community experience surveys and interactive forums;
- Feedback from community organisations about their concerns and expectations, and ways we can work together more effectively;
- Consumer, carer and community complaints, compliments and suggestions;
- Evaluation from participants at all consumer focus groups, community forums and specific projects; and,
- Various accreditation surveys against specific standards.

The Engagement Strategy Oversight Committee will monitor and report on the implementation and evaluation of the strategy, providing monthly summaries to the Governing Board (publicly reported through Governing Board minutes). The progress of this strategy will also be included in the LCLHN Annual Report, bi-annual HAC newsletters, consumer and community newsletters and fact sheets.

A yearly report will be provided by the Engagement Strategy Oversight Committee to the LCLHN Governing Board, with a copy provided to the Regional Leadership team for distribution. The report will include:

- a summary of progress against objectives and outcomes as the strategy is implemented;
- suggestions for improvements to consumer, carer and community engagement;
- issues or emerging trends relating to those who are, or are at risk of, experiencing poorer health outcomes;
- issues or emerging trends relating to any difficulties in accessing our services; and,
- any other highlights or emerging issues.

The Governing Board will formally review this strategy every three years.

### References

- International Association for Public Participation Australasia (2014), <u>IAP2 Spectrum of Public Participation</u>, accessed 5 May 2020
- 2. Regional Development Australia (2019), Limestone Coast region Community Profile, accessed 23 March 2020
- 3. Ibic
- 4. Australian Bureau of Statistics (2016), 2016 Census QuickStats Limestone Coast, accessed 23 March 2020
- 5. Ibid
- 6. Training and Skills Commission (2018), Limestone Coast Regional Profile, accessed 23 March 2020
- 7. Regional Development Australia (2019), Limestone Coast region service age groups, accessed 23 March 2020
- 8. Regional Development Australia (2019), Limestone Coast region Community Profile, accessed 23 March 2020
- 9. Ibid
- 10. Ibid
- 11. SA Health (2019), Limestone Coast Local Health Network Regional Local Health Network Profile, accessed January 2020
- 12. Ibid
- 13. Carers Recognition Act 2005 (SA), Schedule 1 South Australian Carers Charter, accessed 5 January 2021
- 14. Australian Commission on Safety and Quality in Healthcare (2010), <u>Australian Safety and Quality Framework</u> for <u>Health Care</u>, accessed 20 February 2020
- 15. Australian Commission on Safety and Quality in Healthcare (2011), <u>National Safety and Quality Health Service Standards</u>, accessed 20 February 2020
- 16. Aged Care Quality and Safety Commission (2019), Aged Care Quality Standards, accessed 20 February 2020
- 17. NDIS Quality and Safeguards Commission (2018), <u>National Disability Insurance Scheme Practice Standards</u>, accessed 20 February 2020
- 18. SA Health (2019), Consumer, Carer and Community Engagement Strategic Framework 2020-2023
- 19. SA Health (2013), Guide for Engaging with Aboriginal People, accessed 20 February 2020
- Health Care Act 2008 (SA), <u>Health Care (Engagement Strategies) Variation Regulations 2019 (SA)</u>, accessed 20 February 2020

# **Appendices**

#### South Australian Health and Community Services Complaints Commissioner (HCSCC) Charter of Rights

- Access Right to access health and community services.
- Safety Right to be safe from abuse.
- Quality- Right to high quality services.
- Respect– Right to be treated with respect.
- Information Right to be informed.
- Participation Right to actively participate.
- Privacy Right to privacy and confidentiality.
- Comment Right to comment and / or complain.

#### Australian Government Charter of Aged Care Rights

#### I have the right to:

- 1. Safe and high quality care and services;
- 2. be treated with dignity and respect;
- 3. have my identity, culture and diversity valued and supported;
- 4. live without abuse and neglect;
- 5. be informed about my care and services in a way I understand;
- 6. access all information about myself, including information about my rights, care and services;
- 7. have control over and make choices about my care, and personal and social life, including where the choices involve personal risk;
- 8. have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions;
- 9. my independence;
- 10. be listened to and understood;
- 11. have a person of my choice, including an aged care advocate, support me or speak on my behalf;
- 12. complain free from reprisal, and to have my complaints dealt with fairly and promptly;
- 13. personal privacy and to have my personal information protected;
- 14. exercise my rights without it adversely affecting the way I am treated.

#### United Nations Convention on the Rights of Persons with Disabilities

The general principles of the Convention are:

- (a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- (b) Non-discrimination;
- (c) Full and effective participation and inclusion in society;
- (d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- (e) Equality of opportunity;
- (f) Accessibility;
- (g) Equality between men and women;
- (h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

#### Endorsed by the LCLHN Governing Board on 31 May 2021

#### For more information

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