

'Starting the discussion – participation in the community health and acute sectors'

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Overview of presentation

1. Differences & Similarities
2. Themes & Barriers
3. How we can learn from each other

We are not the experts!

We don't have all the answers!

Differences & Similarities

- Differences
 - Formal vs informal approach
 - Levels of support
- Similarities
 - Working towards the same outcome
 - Community participation in strategic planning, quality processes, major projects
 - Enhancing organisational capacity to undertake community participation

Acute

- Statutory requirement for public health services to establish a community advisory committee
- 14 Metropolitan, 5 rural regional CAC's
- High level committee accountable to the Health Service Board
- Members have responsibility to assist in communication between the Health Service and the community
- Enables participation across the health service, rather than representing the sole participation strategy

Melbourne Health

- Melbourne Health CAC formed in 2001
- Committee comprises 8 community members and 3 Board members
- Role: To promote consumer participation at MH and provide consumer input into planning and operational areas
- Monitors implementation of a Community Participation Plan (revised every 2 years)
- Initiated projects including Consumer Panel, Guide Service, Partnerships in Care

Types of participation at MH

Information: Rights and Responsibilities brochure
(*Partnerships in Care*)

Consultation: Outpatient Redesign Focus Groups, family meetings to resolve complaints

Partnership: Improving Care for Older People
Community Reference Group, interview panels

Delegation: Patient Peer Support Program (*LikeMinds*)

Control: North Western Mental Health Consumer
Consultants

Community Health

- Based on social model of health and principles of primary health care as outlined in WHO's Alma Ata Declaration in 1978
- Long history of community participation with strong links to local communities
- Community participation is a pillar of community health (VHA) – with particular focus on inequities and therefore inclusive of marginalised and disadvantaged groups

Inner South Community Health Service

- Annual Community Participation & Engagement action plan
- Each program has annual CP plan with objectives and strategies
- Board sub-committee
- CP Officer builds capacity with staff to undertake CP e.g. Framework, training, resources etc.

Types of participation

Information: Rights & Responsibilities brochure; ISCHS brochure; *It's Happening*

Consultation: Housing estate survey; focus groups with mental health clients

Partnership: Work within the Older Persons High Rise Program; youth projects

Delegation: Falls Education Peer Educators

Control: Work with Indigenous community

Common Themes

- Common themes that ISCHS & MH have experienced are:
 - Aligning consumer, carer and community participation plans with organisational strategic plans
 - Strong support from Board, Executive and Management which has been essential to influence change
 - Trial and error

Common Barriers

- Common barriers that ISCHS & MH have experienced are:
 - The number of competing demands and pressures
 - Staff confidence in engaging consumers
 - Limited resources for implementation
 - Few people, many opportunities
 - Representation of diversity of community
 - Community or consumer representation?

How can we learn from each other?

- Victorian Resource Officer Network
- Victorian Community Participation in Community Health Network
- Two networks to meet once or twice a year and share ideas

Discussion

Q: What do the community health and acute sectors want to learn from each other about encouraging and supporting consumer, carer and community participation?

If you have any ideas about support mechanisms to *continue the discussion* write these down