

# *Community Participation Plan*



North Western Melbourne Primary Health Network (NWMPHN) is operated by Melbourne Primary Care Network (MPCN).

**Acknowledgements**

North Western Melbourne PHN acknowledges the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

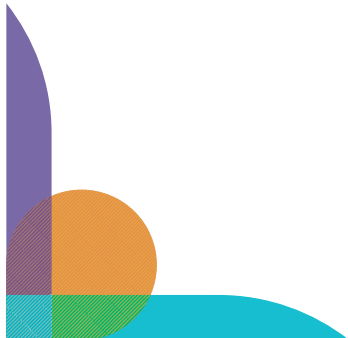
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## 1 Introduction

North Western Melbourne Primary Health Network (NWMPHN) recognises that diverse communities have the right to influence decisions that impact their health. We acknowledge that when diverse communities participate in the planning, development and evaluation of health services, better health outcomes are achieved.

We recognise, respect and value diversity of the community therefore we strive for our community participation activities to be inclusive and culturally responsive.

We are committed to ensuring this ethos is imbedded in the culture and core functions of the organisation to help us fulfil our vision of 'improved health outcomes for everyone in our community'.

This Community Participation Plan details NWMPHN's approach to community participation and the steps we will take to achieve our goals. It was developed with input from our [Community Advisory Council](#).

## 2 Benefits of Community Participation

Community participation in health care has been shown to:

- Improve experiences of care which is associated with improved health outcomes<sup>1</sup>
- Lower the risks of post-treatment complications and reduce hospital and medical visits<sup>1</sup>
- Produce health information that empowers the community to make informed, shared decisions regarding their needs<sup>1</sup>
- Ensure more accessible services (e.g. transport, appointment processes)<sup>1</sup>
- Increase quality and safety of services<sup>1</sup>
- Create more responsive services and better outcomes<sup>1</sup>
- Enhance efficiency as health care systems can be closely aligned with the needs, priorities and preferences of the users, thereby reducing waste and duplication<sup>2</sup>

## 3 Definitions


**Community:** defines individuals and groups of people. A community may be a geographic location, a community of similar interest, or a community of affiliation or cultural identity. People identify with many different communities within our region. The term 'community' is used broadly to capture these. We also recognise that many people do not belong to communities either by preference or through unplanned circumstances. These individuals have the same rights of access, equity and participation than those who are networked through communities.

**Community participant:** a community member refers to anyone who engages with NWMPHN in any capacity. This can refer to once-off or ongoing work. A community participant can be someone who uses, or may potentially use, health services including their family and carers. Other terms commonly used include consumer, people with lived experience and patient. For the purpose of this document we will use the term community participant recognising for some audiences this term may be interchanged.

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<sup>1</sup> International Association for Public Participation Australasia (2017). Certificate in Engagement, Engagement Essentials, Australia.

<sup>2</sup> Department of Health 2011, Doing it with us not for us: Strategic direction 2010–13, Victorian Government Department of Health, Melbourne.



**Community participation:** occurs when community members are meaningfully involved at any point along a continuum from consultation through deliberation to decision making about health policy and planning, care and treatment, and the wellbeing of themselves and the community.<sup>2</sup>

**Commissioning:** the planning and purchasing of health services to meet the needs of populations.

**Diversity:** all of the differences between people in how they identify in relation to their age, caring responsibilities, cultural background, disability, gender, Indigenous background, sexual orientation, and socio-economic background.<sup>3</sup>

## 4 Our Objectives

Community participation is key to NWMPHN achieving its objectives to:

- Increase the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes
- Improve coordination of care to ensure patients receive the right care in the right place at the right time.

Our commitment to person-centred care means we acknowledge and seek out the involvement of community participants in the planning, developing and monitoring of care.

## 5 Scope

This strategy applies to all community participation activities undertaken by NWMPHN in both the commissioning of services, projects and programs and the enabling activities that support integration and capacity building across the service system.

## 6 Context

Primary Health Networks have been established by the Australian Government and are required to have a Community Advisory Committee (known at NWMPHN as the Community Advisory Council). The Community Advisory Council provides a community perspective to our Board, helping to guide our work and ensure our activities are connected to and supported by the communities we serve.

There are also other Federal and State level policy drivers for community participation relevant to Primary Health Networks. These include:

- The [Australian Human Rights Commission's Human rights-based approaches](#)
- [The National Safety and Quality Health Service Standards \(2017\)](#)
- Safer Care Victoria Consumers as Partners
- [The Australian Charter of Healthcare Rights 2008](#)
- The Victorian Department of Health's policy: [Doing it with us not for us: Strategic direction 2010-2013.](#)

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<sup>2</sup> Department of Health 2011, Doing it with us not for us: Strategic direction 2010–13, Victorian Government Department of Health, Melbourne.

<sup>3</sup> Diversity Council of Australia, 2000, Diversity & Inclusion Explained, viewed 1 July 2020, <https://www.dca.org.au/di-planning/getting-started-di/diversity-inclusion-explained>

## 7 Principles

NWMPHN is committed to the following principles which guide our approach to all community participation activities.

These principles have been adapted from the Australian Department of Health's Stakeholder Engagement Principles ([DoH Stakeholder Engagement Framework 2005](#)).

<b>PURPOSEFUL</b> We undertake every engagement activity with a clear understanding of what is to be achieved. However, we do not assume that we know everything about the problem that we are solving.	<b>INCLUSIVE</b> We identify relevant community members and make it easy for them to engage in a range of different ways.	<b>TRANSPARENT</b> We are open and honest in our engagement, set clear expectations and share our learnings. We report back to participants at every stage and inform them about how their input was used.	<b>TIMELY</b> We involve the community from the start and agree on when and how to engage. We find out what is important to the community.	<b>RESPECTFUL</b> We acknowledge and respect the expertise, perspective, and needs of our community.
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In addition to the above principles, NWMPHN has a strong commitment to ensuring the involvement and engagement of priority populations and that groups whose voices may be seldom heard are included in our processes. These priority populations include Aboriginal and Torres Strait Islander People, Culturally and Linguistically Diverse communities, including refugees and asylum seekers, and LGBTIQ communities.

These populations experience significant inequities in health care due to a range of factors, including language barriers, and cultural and structural differences that may impact on the experiences of people accessing programs and services. We understand that to encourage engagement from these groups we need to provide culturally responsive and inclusive ways for them to take part.

## 8 Our Community Participation Goals and Objectives

NWMPHN's goals for community participation are to:

- build trust with our community; and
- ensure that programs and services respond to the needs identified by our communities.

We do this by:

- Supporting a network of community participants who are engaged with the organisation and are reflective of our diverse communities.
- Ensuring that culturally responsive and inclusive community participation is incorporated into all parts of the commissioning cycle.
- Building capacity of PHN staff to understand the important role of diverse community participants in PHN work and how best to support this involvement.
- Promoting the importance and value of culturally responsive and inclusive community participation to key stakeholders (health providers and community members) and improve their capacity to work in partnership with each other.

- Continuously evolving our community participation approach to ensure a diverse range of community participants can engage with us, including children and young adults.

## 9 Who is our community?

The North Western Melbourne Primary Health Network region is home to about 1,930,000 people and is one of the most diverse and complex regions in Victoria<sup>4</sup>.

The Wathaurung, Woi wurrung (Wurundjeri), Taungurung, Dja Dja Wurrung and Boonwurrung are the traditional owners of the various parts of our region. Even though the Aboriginal population in NWMPHN and Victoria (0.7 per cent and 0.9 per cent respectively) is smaller than it is nationally (3.3 per cent), Aboriginal people have a deep and continuous connection to both Victoria and the NWMPHN region.<sup>3,4</sup> This is evidenced by the number of state-wide cultural heritage places.

Our population is younger than the Victorian average reflecting the student and young professional presence closer to the CBD and young families in the local government areas of Hume, Brimbank, Melton and Wyndham.<sup>4</sup>

Our region also includes some population groups with high specific health and service needs, such as international students (who experience issues around access to services) and people who identify as gay, lesbian, bisexual, transgender, intersex and queer (who may experience specific health and service needs, for example around mental health and wellbeing).<sup>4</sup>

We have many people (714,853) who were born overseas with more than 220 separately identified languages spoken in NWMPHN homes. The most common language spoken after English is Vietnamese, followed by Mandarin, Italian, Arabic and Greek.<sup>4</sup>

The region is also home to people seeking asylum or settling via humanitarian programs, with Hume (4.9%), Brimbank (3.1%) and Wyndham (2.8%) having the highest proportion of its population being permanent migrants under the Humanitarian Program.<sup>4</sup>

## 10 Community Participation Approach

Community participation can take many forms and falls along a spectrum where community have increasing impact on decision making. This is outlined by the Spectrum of Public Participation developed by the International Association of Public Participation. Our work may include multiple types and levels of community participation as demonstrated in our [Stakeholder Engagement Framework](#). The levels of participation chosen are shaped by the purpose and focus of the community participation activity and the community members who participate.

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<sup>4</sup> North Western Melbourne Primary Health Network. (2021). Needs Assessment Report 2022-2025. Report submitted to the Commonwealth Department of Health for review.

## 11 Action Plan

**Key:** Short-term: 1 year. Medium-term: 3 years. Long-term: 5 years. RAP: Reconciliation Action Plan. A&E: Access and Equity Action Plan

Current Situation	Our Objectives	Activity	Measure/Outputs	RAP	A&E	Start
<b>We have a network of community participants (People Bank) however we have limited information about them and their desired level of engagement with us</b>	Support a network of community participants who are engaged with the organisation and are reflective of our diverse communities	Maintain a 'Community Participation' page on the NWMPHN website	Webpage updated as required and number of 'hits' recorded			Ongoing
		Improve the functionality of our webpage so that it can be viewed in different languages	Community participation page available in different languages			Short-term/ongoing
		Maintain a register of community members ('People Bank') who wish to stay in contact with the organisation and determine the demographics and level of engagement of current members	Number of people registered in 'People Bank' Demographics and level of engagement recorded		✓	Short-term/ongoing
		Increase the number and diversity of people registered in People Bank by continuing to promote People Bank and our quarterly newsletter to our community and by establishing ongoing relationships with local Government.	People Bank members are representative of our population Relationships established with local Government		✓	Short-term/ongoing
		Develop and distribute quarterly newsletters to community members to inform them of our work and opportunities to be involved Increase the number of people subscribing to the newsletter	4 newsletters distributed annually Number of people subscribing to the newsletter Open rates recorded			Short-term/ongoing
		Translate quarterly newsletters into 5 most common languages in region Increase the number of people subscribing to each translated newsletter	Newsletters available in Vietnamese, Greek, Italian, Mandarin and Arabic Number of people subscribing to the translated newsletters			Short-term/ongoing
		Coordinate networking and professional development opportunities for 'consumer' and carer advocates in our region in collaboration with health services	Number of people attending annual Consumer and Carer Networking event Proportion of attendees who thought the event was worthwhile			Short-term/ongoing
		Develop internal resources to support community participants who work with us	Languages Services Policy reviewed			Short-term/ongoing





Current Situation	Our Objectives	Activity	Measure/Outputs	RAP	A&E	Start
			Stakeholder Reimbursement Policy reviewed biannually			
		Share how the community has participated in our work with all key stakeholders	Number of community participation reports developed and uploaded on to website and staff intranet Annual report includes community participation activities		✓	Medium-term
		Maintain and support Community Advisory Council	4 meetings annually		✓	Short-term/ongoing
<b>Community participation is encouraged at all parts of the commissioning cycle however does not always occur</b>	Ensure that culturally responsive and inclusive community participation is incorporated into all parts of the commissioning cycle	<b>Develop Insight</b>				
		Obtain qualitative data for the Health Needs Assessment from community members, Peak bodies and other organisations that engage with our local communities	Health Needs Assessment includes qualitative data from a diverse range of community members Number of organisations that share qualitative data		✓	Short-term/ongoing
		Obtain feedback from community members and the Community Advisory Council on draft version of the Health Needs Assessment	Feedback provided from a diverse range of community members and implemented		✓	Short-term/ongoing
		Review and update Health Needs Assessment data through regular consultation with diverse community members, Peak bodies and other organisations that engage with our local communities	‘Pulse check’ survey sent annually Survey completed by a diverse range of community members			Short-term/ongoing
		<b>Plan and Deliver</b>				
		Review and refine internal commissioning processes to ensure that culturally responsive and inclusive community participation practices are embedded further in them.	Internal commissioning documents include community participation Sufficient project funds are budgeted to support community participation All projects include the community in planning where appropriate Number of procurement documents (e.g. service/program specifications) developed with a community member/s represented Number of tender evaluation panels with a community member/s represented		✓	Short-term/ongoing



Current Situation	Our Objectives	Activity	Measure/Outputs	RAP	A&E	Start
		<b>Monitor and Evaluate</b>				
		Develop Key Performance Indicators for commissioned services that include Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) where appropriate	All commissioned services that provide a health service conduct PREMs and PROMS where appropriate		✓	Medium-term
		Obtain feedback from community participants about their experience with NWMPHN and implement any recommendations as appropriate	Number of surveys distributed to community participants Number of Quality Improvement Requests (QIR) submitted		✓	Short-term
<b>Staff awareness and understanding of the importance of community participation is varied and not all staff are confident with incorporating community participation in their work</b>	Build capacity of PHN staff to understand the important role of diverse community participants in PHN work and how best to support this involvement.	Review and update internal Community Participation Policy and Procedures when appropriate	Policy and Procedures document updated biannually.			Short-term/ongoing
		Maintain a community participation intranet site for staff	Intranet site updated as required	✓		Short-term/ongoing
		Review and refine modules for the Learning Management System (LMS) that outlines expectations of the organisation re community participation and diversity	Modules updated as required Number of staff who have completed each module		✓	Short-term/ongoing
		Develop a diversity resource to support staff with engaging with our diverse communities	Diversity resource developed and reviewed regularly		✓	Short-term
		Provide professional development opportunities for staff re community participation and diversity that align with results of an annual staff survey	Number of 'Lunch and Learn' sessions conducted Number of staff attending sessions Number of staff completing diversity training			Short-term/ongoing
		Program officer, community participation provides support to program staff with community participation activities.	Number of community participation support requests received			Short-term/ongoing
<b>Community members and health service providers may lack some skills and</b>	Promote the importance and value of culturally responsive and inclusive	Provide guidance and support to general practice re how to undertake quality improvement activities in patient experience.	Number of practices completing Plan Do Study Act (PDSA) cycles on patient experience within Intensive Quality Improvement (IQI) projects.			Medium-term



Current Situation	Our Objectives	Activity	Measure/Outputs	RAP	A&E	Start
<b>confidence in working collaboratively</b>	community participation to key stakeholders (health providers and community members) and improve their capacity to work in partnership with each other	Ensure procurement criteria and service agreements includes community participation and diversity where applicable	Number of tenders and service agreements including criteria that relate to community participation and diversity		✓	Short-term/ongoing
<b>We often use formal processes for participation and this can be a barrier to participation for many community members</b>	Continuously evolving our community participation approach to ensure a diverse range of community participants can engage with us, including children and young adults.	Develop a checklist for staff to use during planning that assists them to address barriers to participation	Checklist developed and uploaded onto staff intranet site Priority populations are represented in community participation activities		✓	Short-term/ongoing
		Develop a process to ensure staff collect demographic information from community members they engage with to determine the diversity of participants	Process developed and demographic information collected for all community participation activities.		✓	Short-term/ongoing

## Reporting

Monitoring of the activities in the plan will occur regularly and an annual report will be provided to the Community Advisory Council, Executive and the Board.

The community will be kept informed of the implementation of the plan via the NWMPHN annual report.

## Review

This Plan will be reviewed every three years by the Program Officer Community Participation, the Community Advisory Council and the Executive team.

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