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NORTH WESTERN  
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An Australian Government Initiative

# Community Participation Plan 2024–2026



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## Acknowledgement

North Western Melbourne Primary Health Network (NWMPHN) acknowledges the Traditional Custodians of the lands and waterways throughout Victoria, especially of the Wurundjeri Woi Wurrung, Boon Wurrung and Wathaurong lands on which we conduct our business.

We pay our deepest respect to the Elders past, present and emerging, as the Custodians of knowledges, traditions, cultures, and generational foresight for the ongoing health of lands, waters, and peoples. We acknowledge that Aboriginal and/or Torres Strait Islander peoples continue to live in spiritual and sacred relationships with Country.

We also recognise, respect and affirm the central role played in our work by people with lived experience, their families and carers.

## Disclaimer

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# A message from our Chief Executive, Christopher Carter



**Christopher Carter**  
Chief Executive

Our role as a primary health network is to improve the health of people who live in our region. We know we can't do this on our own. We need our communities to help us plan, design and evaluate the health services that we fund and the programs we deliver.

Community input ensures the health needs and expectations of people are properly met, providing the right care at the right time in the right place.

Our region is one of the most diverse in Victoria. So everyone can take part, we need to ensure our community participation activities are inclusive and culturally responsive. We are committed to embedding this ethos in the culture and core functions of our organisation.

This Community Participation Plan outlines our approach, and how we will strive to bring about our vision of 'a healthy people and a healthy community'. We thank everyone who has helped us to develop it, including our People Bank, Community Council, Expert Advisory Groups and NWMPHN staff.

# Overview of the plan



NWMPHN vision: Healthy people, a healthy community

## Our community participation goals:

- Building meaningful relationships and trust with our communities.
- Ensuring our programs and services, shaped by our communities, are safe, accessible and sustainable.

## How we will achieve our goals:

- Ensure that culturally responsive and inclusive community participation is included in all parts of the commissioning cycle.
- Build our capacity to collaborate with communities to co-produce programs and services.
- Support a network of community participants who are engaged with the organisation and reflect our communities.
- Build capacity of NWMPHN staff to engage meaningfully with communities.
- Promote the importance and value of culturally responsive and inclusive participation to key stakeholders including service providers and community members.

## Our principles:



# What we mean when we say...

**Commissioning:** an approach to identifying and prioritising the health and wellbeing needs of a population, and then organising services, programs or other responses to meet those needs. Commissioning is one of the core roles of our organisation. (Source: [NWMPHN Commissioning Framework](#).)

**Commissioning cycle:** our commissioning process involves 3 stages: Develop Insight; Plan and Deliver; Evaluate and Improve. Each has a distinct purpose and feeds into the next, forming a continuous and iterative cycle. (Source: [NWMPHN Commissioning Framework](#).)

**Community:** individuals and groups of people centred on a geographic location, similar interest, common affiliation or cultural identity. People identify with many different communities. The term is used broadly to capture these. We also recognise that many people do not belong to communities, either by preference or through unplanned circumstances. They have the same rights of access, equity and participation.

**Community Council:** a body that provides advice and support to our Board. Members are chosen for their skills and experience in guiding community participation, policy development and reform.

**Community participant:** a community member 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. Other terms commonly used include *consumer, carer or people with lived experience*.

**Community participation:** occurs when community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of themselves and others. 'Culturally responsive and inclusive' community participation means that people feel safe, included and respected.

**Co-produce:** This describes when service users have an equal role in making decisions about how services are planned, designed, funded, delivered and evaluated.

**Diversity:** the things that shape us and make us unique and influence personal perspectives. Diversity can include ethnicity, gender, age, race, religion, disability and sexual orientation. It also includes unique characteristics and experiences, such as communication style, career path, life experience, educational background, geographic location, income level, marital status, and parental status. (Source: [Victorian Government](#).)

**Health equity:** when all people have a fair chance to reach their full health potential. This means they are not disadvantaged by social, economic and environmental conditions. Each person receives the resources and opportunities they need to reach their best health. (Source: [NWMPHN Access and Equity Framework](#).)

**Lived and living experience:** a person with “lived or living experience” is one who knows first-hand what it is like to have a mental or physical health challenge, or who has been directly impacted by things that influence health and wellbeing, such as low income or homelessness. The term also describes people who experience the health or actions of others – for example, those bereaved by suicide, or who care for someone living with disability.

**Peak body:** an organisation that represents the interests of its members. Peak bodies often lobby government, provide feedback on policies, conduct research and provide information, support and resources.

**People Bank:** a registry of community members willing to take part in NWMPHN participation activities. Examples include forums, workshops, advisory or working groups, tender evaluation panels, interviews and surveys.

**Primary health care:** the care people seek first, provided by GPs, community nurses, pharmacies and allied health professionals. (Source: [Australian Government](#).)

**Seldom heard:** refers to under-represented people who use or might use health services but who are less likely to be heard by health service professionals and decision-makers. Many things contribute to people being seldom-heard, including:

- disability
- ethnicity
- sexuality
- communication challenges
- mental ill health
- homelessness
- geographical isolation.

(Source: [Iriss](#).)

# Our story

Primary health networks (PHNs) are organisations funded by the Australian Government. There are 31 PHNs in Australia and 6 of these are in Victoria. Everything we do is aimed at improving the health and wellbeing of our communities.

Every year, we look at the needs of our community. We find out what health problems people are living with and what services there are to support them. We do this by studying data and talking to residents, general practices, hospitals, government and community organisations.

If people need supports or services that don't exist, we fund organisations to fill the gap.

Other work that we do includes:

- Helping health services such as hospitals and community health centres to connect with one another to improve the care that people receive.
- Working with local doctors, nurses, allied health professionals (such as physiotherapists, occupational therapists, or dietitians), community and health groups, councils, researchers and other key partners to help make health care better.

## The role community participation plays in our work

Community participation helps us achieve our strategic objectives, and ultimately, our organisation's vision of 'healthy people, a healthy community'





## Strategic Objectives

## We work with our community to:



### Health system innovation and reform

We are a trusted partner in building a high-performing and sustainable health care system.

- Build relationships with community members, groups and organisations to increase their participation in our activities.
- Gain insight and direction from Community Council and Expert Advisory Groups on the needs of our region.



### Person-centred health care

We listen to what people value in their health care and place this at the centre of all that we do

- Improve people's experiences of primary health care.
- Ensure more accessible and inclusive health services.
- Produce health information that empowers the community to make informed, shared decisions regarding their needs.



### High performing primary health care services

We build the capability of primary health care providers.

- Increase the quality and safety of health services.
- Inform all stages of the commissioning cycle to deliver services that meet the needs, priorities and preferences of communities.



### Population health needs and outcomes

We generate, translate and share data and evidence about population health needs and outcomes.

- Use feedback from the community, to improve the services we deliver.
- Use client feedback, such as outcomes and experience, to improve the services we deliver.
- Maintain a People Bank that reflects the diversity of our region.



### Organisational excellence and sustainability

We work together to build a thriving organisation that is well-governed and environmentally and financially sustainable.

- Help build the skills and experience of staff so they know when and how to engage with communities.
- Develop key documents that outline the work we do.

## The role of our Community Participation Plan

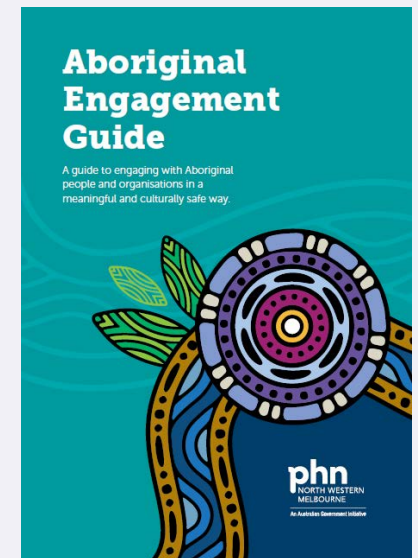
This Plan guides NWMPHN's community participation activities and helps us to achieve our strategic objectives. It is the second edition; the first was developed in 2018.

We understand that our approach needs to meet the diverse needs of people and communities in our region. That is why we have developed other key NWMPHN documents to support this plan. These include our [Stakeholder Engagement Framework](#), [Access and Equity Framework](#) and Aboriginal Engagement Guide.

The **Stakeholder Engagement Framework** describes how we engage with community, health professionals and organisations. It includes guiding principles, the model of engagement, key stakeholder groups and roles and responsibilities.

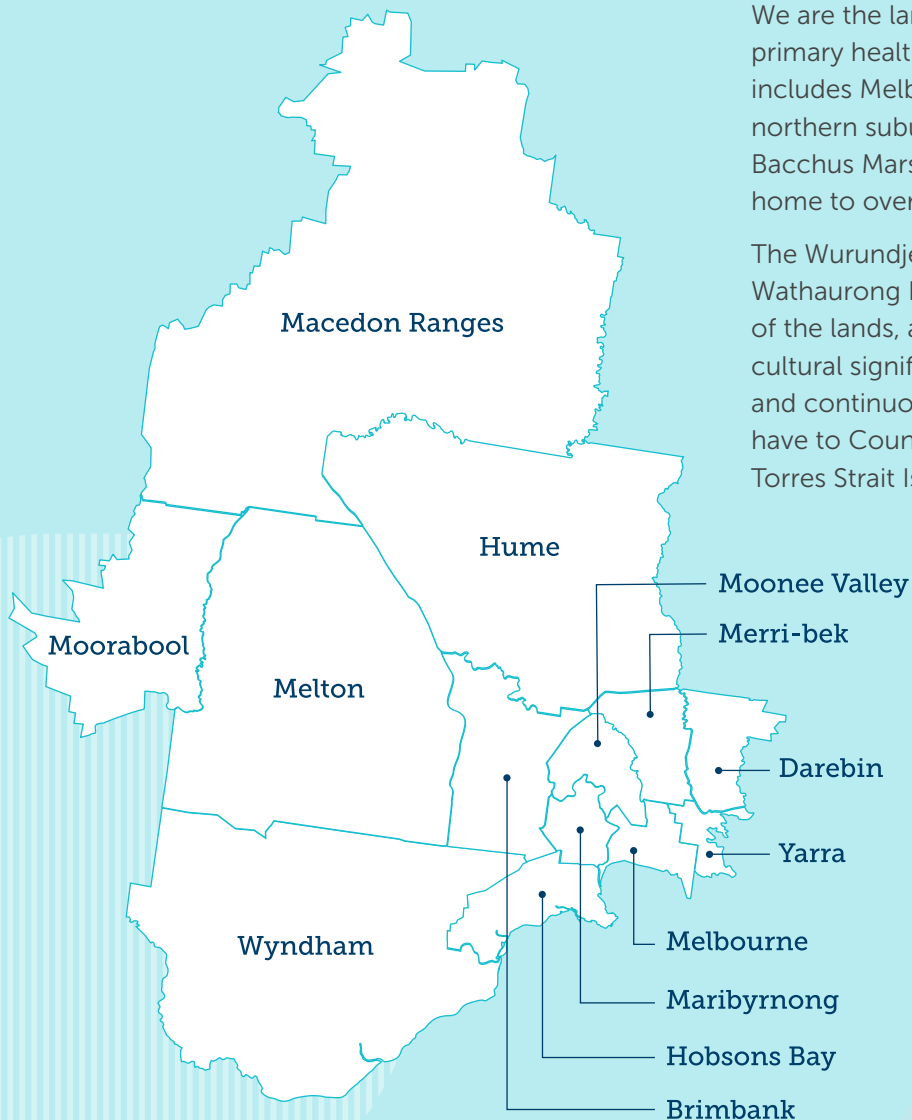
The **Access and Equity Framework** outlines how NWMPHN considers access and equity, including our guiding principles and action plan. It also includes tools and processes developed to ensure that we support health equity.

The **Aboriginal Engagement Guide** builds the capacity of staff to develop and maintain relationships, and carry out community participation activities, with Aboriginal and Torres Strait Island people in a respectful, effective, and culturally safe way. Developing the Guide was a key action in our Reconciliation Action Plan (RAP).





# Our communities



We are the largest, and one of the most diverse primary health networks in Australia. Our region includes Melbourne’s CBD, inner city, western and northern suburbs, and peri-urban areas around Bacchus Marsh and the Macedon Ranges. It is home to over 1.9 million people.

The Wurundjeri Woi Wurrung, Boon Wurrung and Wathaurong People are the Traditional Custodians of the lands, air and waters. The number of sites of cultural significance in the region reflect the deep and continuous connection Aboriginal people have to Country. More than one in 5 Aboriginal and Torres Strait Islander people in Victoria live here.

Home to  
**1.9 million**  
people

More than  
**220 languages**  
spoken

The general population in the region is younger than the Victorian average, reflecting student and young professional presence closer to the CBD, as well as young families in the local government areas of Hume, Brimbank, Melton and Wyndham.

The region also includes some groups which often have specific health needs but which for a variety of reasons experience barriers to accessing care. These include people from refugee backgrounds and people seeking asylum, people who are lesbian, bisexual, transgender, intersex and queer (LGBTIQ+), people living with disability, and people needing residential aged care.

Almost a third of people living in our region were born in mainly non-English speaking countries. More than 220 languages are spoken. The most common after English is Vietnamese, followed by Mandarin, Italian, Arabic and Greek.

*(Source: [NWMPHN Health Needs Assessment 2022–25.](#))*



# Our approach to community participation

The following principles guide all our community participation activities.



## Purposeful:

We undertake every engagement with a clear understanding of what is to be achieved, ensuring our activities are mutually beneficial.



## Inclusive:

We make it safe and easy for communities to engage in ways that are meaningful for them.



## Collaborative:

We partner with communities to shape our programs and services.



## Transparent:

We are open and honest in our engagement, set clear expectations and share our knowledge. We are accountable and inform communities at each stage about how input was used.



## Timely:

We involve the community from the start and agree on when and how to engage.



## Respectful:

We acknowledge and respect the expertise, perspective and needs of our community.

## Our approach to community participation

Community participation can take many forms, which produce different levels of influence over decision making. These levels are outlined in the International Association of Public Participation’s ‘Spectrum of Public Participation’.

The levels chosen by NWMPHN are shaped by the purpose and focus of the activity, and the people who take part. They are described in our [Stakeholder Engagement Framework](#).

We aim for activities to be at the ‘empower’ level where possible. In our Aboriginal Engagement Guide, this level of participation is described as ‘self-determination’.

## Levels of participation

Increasing impact on the decision



	Inform	Consult	Involve	Collaborate	Empower
Community participation goal	To help the community understand a problem, options, opportunities and/or solutions.	To receive information or feedback from the community.	To work directly with the community to ensure that their feedback is understood and considered.	To partner with the community in each part of the decision-making process.	To place final decision making in the hands of the community.
Promise to the community	We will keep you informed.	We will keep you informed, listen to and acknowledge your feedback and share with you how your input influenced the decision.	We will work with you to ensure your feedback is included and we will share with you how your input influenced the decision.	We will look to you for advice and ideas and will include you in the decision-making process.	We will implement what you decide.

# How the plan was developed

The Community Participation Plan was developed with the help of communities, People Bank, Community Council, Expert Advisory Groups, staff and the NWMPHN Senior Leadership Team.

## STEP

### 1 Review

Other plans and key state and federal documents



Illustrations by Plural Agency

## STEP

### 2 Listen to our communities

- Survey (community, People Bank, Community Council, NWMPHN staff, Expert Advisory Groups)
- Workshops (People Bank, Community Council, NWMPHN staff)



## STEP

### 3 Develop and launch

- Seek feedback on the draft plan (People Bank, Community Council, NWMPHN staff)
- Executive approval



# Our Action Plan

Our action plan outlines the steps we will take to achieve our goals and objectives.

Some of these steps also complement the activities in our [Access and Equity Action Plan](#) and [Reconciliation Action Plan](#).

## Sharing our progress

Our progress will be reported to our Executive and Community Council and will be shared on our website.

## Reviewing our progress

The plan will be reviewed in 2026.

1

### How we will achieve our goals

Ensure that culturally responsive and inclusive community participation is included in all parts of the commissioning cycle.

### The steps we will take

Develop a tool to help staff decide when to engage with our community and the level of engagement needed.

Embed community participation in all stages of the commissioning cycle.

Engage with community members (including the seldom heard), peak bodies and other organisations to update the *Health Needs Assessment*.

Measure client outcomes and experiences for the services we fund.



## How we will achieve our goals

## The steps we will take

2

Build our capacity to collaborate with communities to co-produce programs and services.

Identify ways we can improve collaboration with communities when planning, designing, delivering and evaluating our programs and services. This activity is included in our Access and Equity Action Plan.

Build relationships with individuals, local community groups and organisations to increase their participation.

Set up internal governance structures for partnering in projects with community participants.

3

Support a network of community participants who are engaged with the organisation and reflect our communities.

Update our Community Council's terms of reference to ensure we always have a range of diverse members.

Promote our People Bank to our communities to increase the number and diversity of people registered.

Organise networking and training sessions for People Bank members.

Improve the tools and resources that we use to support community participants who are engaged in our activities. This activity is included in our Access and Equity Action Plan and RAP.

Prepare a quarterly newsletter, My Health My Voice, to inform our communities about our work and the services we fund.

Increase the number of people that subscribe to My Health My Voice.

# 4

## How we will achieve our goals

Build capacity of staff to engage meaningfully with our communities.

## The steps we will take

Implement an engagement framework to support staff to work with Aboriginal and Torres Strait Islander communities. This activity is included in our RAP.

Provide training opportunities for inclusive and culturally responsive community participation.

Create a list of recommended training options to include in staff performance and development plans.

Create a network of community participation champions across the organisation (including executives and the Board), to promote community participation to other staff.

Ensure staff complete training for community participation, access and equity and cultural awareness. This activity is included in our Access and Equity Action Plan and RAP.

Include community participation in staff position descriptions.

Include a standard question in staff interviews about when or how they may engage with communities in their roles.

Promote internal tools to support staff with community participation.

Develop guidance on how to better engage with children and young people.

Develop guidance on how to better engage with people from culturally and linguistically diverse backgrounds.

Take part in external expert advisory groups and communities of practice to learn and share best practice approaches and resources.

NWMPHN's Program Officer, Community Participation, provides support to program staff with community participation activities, as required.

# 5

## How we will achieve our goals

Promote the importance and value of culturally responsive and inclusive community participation to key stakeholders including service providers and community members.

## The steps we will take

Create a process for sharing with key stakeholders how communities participated in our work, and what we learned.

Create a process for including trainers and speakers with lived experience in our workforce training and development opportunities.

Ensure our commissioning of services enables contracted providers to engage lived experience workforce in service delivery.

Promote the use of community participation self-assessment tools with primary care. This activity is included in our Access and Equity Action Plan.

Create evaluation criteria for external consultants with weighting for community representation. This activity is included in our Access and Equity Action Plan.

Include a dashboard report on our website to update stakeholders on when and how we are engaging with communities.

### References

1. North Western Melbourne Primary Health Network (2023) Commissioning Framework.
2. Department of Premier and Cabinet (2019) DPC Diversity and Inclusion Strategy 2019–2021, <https://www.vic.gov.au/dpc-diversity-and-inclusion-strategy-2019-2021/what-do-we-mean-diversity-and-inclusion>, accessed 21 April 2023.
3. North Western Melbourne Primary Health Network (2021) Access and Equity Framework 2021–2024.
4. Australian Government Department of Health and Aged Care, <https://www.health.gov.au/topics/primary-care>, accessed 21 April 2023.
5. Iriss (2011) Effectively engaging and involving seldom-heard groups, <https://www.iriss.org.uk/resources/insights/effectively-engaging-involving-seldom-heard-groups>, accessed 16 June 2023.
6. North Western Melbourne Primary Health Network. (2021). Needs Assessment Report 2022-2025.

