



COMMUNITY ENGAGEMENT STRATEGY

2024-2027

*Partnering with community for better health
outcomes across the Murrumbidgee*

Community Engagement Strategy 2024–2027

Who are we?

Murrumbidgee Local Health District spans 125,243 square kilometres across southern New South Wales, stretching from the Snowy Mountains in the east to the plains of Hillston in the northwest and all the way along the Victorian border.

As the largest employer in the region, with over 5,000 healthcare staff working across 33 hospitals and 12 primary health care centres, we are supported by hundreds of volunteers who make an invaluable contribution to enriching the lives of people in our care.

Services are provided through:

- 2 Base Hospitals
- 10 Hospitals
- 19 Multipurpose Services
- 2 Mercy Care public hospitals Mercy Care Centre Young and Mercy Health Albury
- 12 community health centres
- 1 brain injury rehabilitation service
- Mental health services, including an inpatient unit and mental health recovery services.

The Murrumbidgee population profile

The resident population (URP) of 248,087. 18.9% of the population are aged under 15 years and 21.6% are aged 65 years or over. The age structure differs by LGA with some areas having 25 to 30 per cent of the population aged 65 years and over.

The main change in the population is the increasing proportion and number of older people impacting the demand on health services.

MLHD has a relatively high proportion of Aboriginal residents compared to NSW. (5.9% of the MLHD population compared to 3.4% of NSW). The Aboriginal population is 14,553 (2021 URP).

MLHD had 18,560 people who spoke a language other than English at home and made up 7.5% of the MLHD population (2021, 26.5% in NSW) with approximately 3,200 people experiencing difficulty with spoken English.

MLHD has a significantly higher hospitalization rate for all causes and potentially preventable causes compared to NSW. MLHD also has significantly high rates of death from suicide and incidence of cancers.

The MLHD population has a higher prevalence of many lifestyle health risk factors than NSW averages, most significantly smoking and being above healthy weight.

BACKGROUND

The purpose of the Murrumbidgee Local Health District Community Engagement Strategy 2024 - 2027 is to establish a best practice model for engaging with consumers and community to build partnerships that manage resources and enable services.

The strategy aims to support District's Strategic Vision: ***"Exceptional rural healthcare. Healthier together. Care tailored to people's needs"***; specifically:

- Holistic Health and wellbeing
- Lifting Health Outcomes
- Locally Led Reform
- Workforce at its best

The Board and Executive Directors of Local Health District have a strong commitment to engaging with consumers and the community to guide the development, implementation and improvement of local health services.

The aim of the **MLHD Community Engagement Strategy 2024–2027** is to improve how staff meaningfully and consistently work with our communities to create services that are easier to access and that better meet the needs of those that need them.

The strategy also aims to address National Safety and Quality Health Service Standards (NSQHS) Standard 2 "Partnering with Consumers" specifically creating mutually beneficial outcomes by having consumers as partners in planning, design, delivery, measurement and evaluation of systems and services, and patients as partners in their own care, to the extent that they choose.

The primary focus of Community Engagement in MLHD is to:

- Ensure patients and consumers receive relevant and timely information to enable them to make informed decisions about their care and the options available to them
- ensure valid and timely feedback is sought and appropriately actioned to make changes or improvements to the quality and safety of services provided to patients within the MLHD and
- work collaboratively with consumers and the community to co-design, create models of care and respond to health challenges which meet the evolving needs of communities and build partnerships that manage resources and enable services.

What?

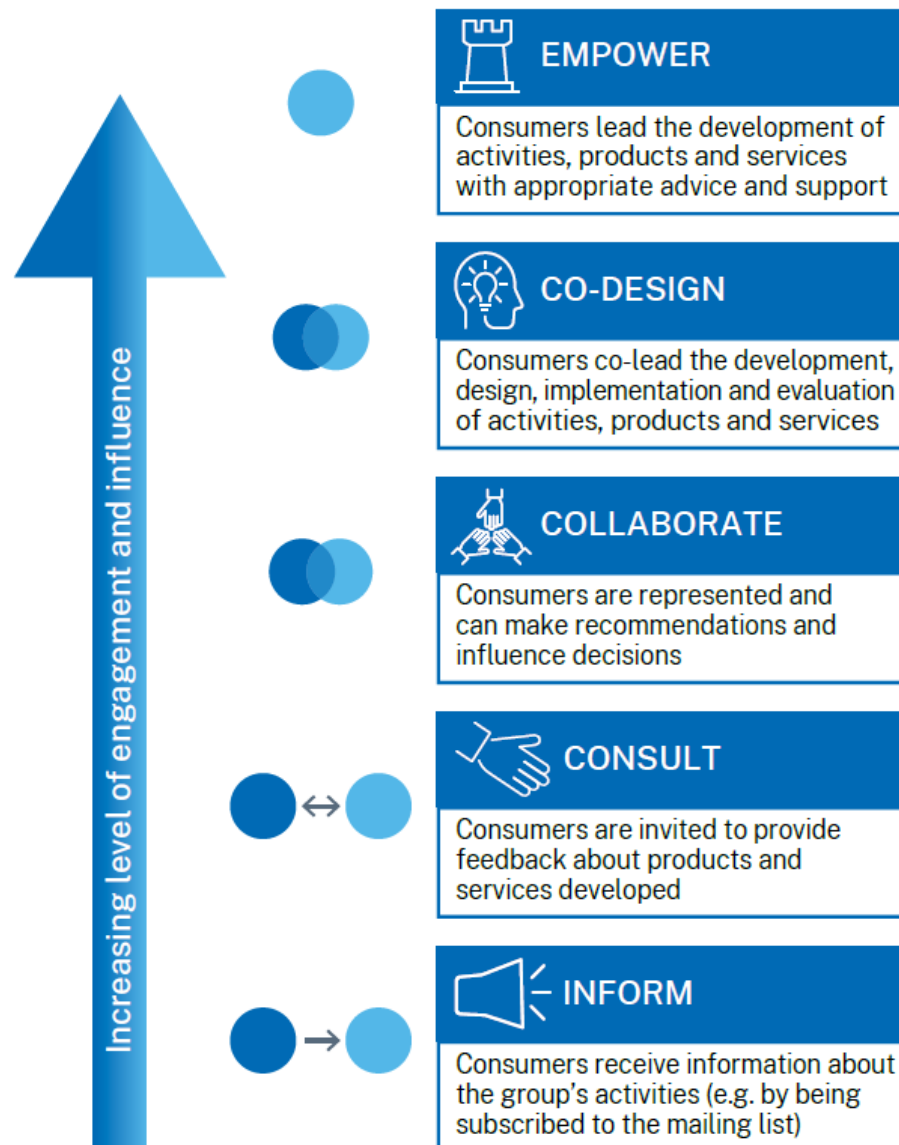
IAP2 Spectrum of Public Participation

The International Association of Public Participation (IAP2) model is recognised as best practice in consumer and community engagement. This model was adapted by the Agency for Clinical Innovation (figure 1 below) which illustrates that community engagement involves working with communities in a range of ways that aim to inform, consult, collaborate, co-design and empower.

The cornerstone of community engagement is listening to and learning from communities about the issues and topics that matter to them. Health services can better serve their communities when they understand the expectations of members.

In regional areas community engagement plays an important role in strengthening relationships with local health services and improving health literacy among the community. This helps build community resilience which has been evident in recent years amid a series of natural disasters, pest plagues and the global COVID-19 pandemic (*source: Strengthening local health committees in regional report, NSW Ministry of Health, 2023*).

Figure 1 Agency for Clinical Innovation spectrum of public participation (adapted from International Association of Public Participation (IAP2))



The spectrum of public participation. Adapted with permission: International Association for Public Participation



Why is MLHD taking this approach?

Murrumbidgee Local Health District wants to improve the working relationship with patients, families and the community. Listening to local communities helps MLHD understand what needs to be done to improve health services.

At the same time, the Board and Executive want to support the 3,500 staff members across MLHD to learn practical strategies for reaching out into local communities to learn together.

The challenge for MLHD is to find successful ways of engaging with the diverse communities of the Murrumbidgee, to advise them about health services, to seek to understand issues of concern to them, to consult with them, and engage in a positive and collaborative partnership with them in the important goals of improved and holistic health and wellbeing.

State level engagement

Local Health Districts are networks of hospitals funded by the NSW state government. There are 15 Local Health Districts in NSW and these operate public hospitals, clinics and community health services.

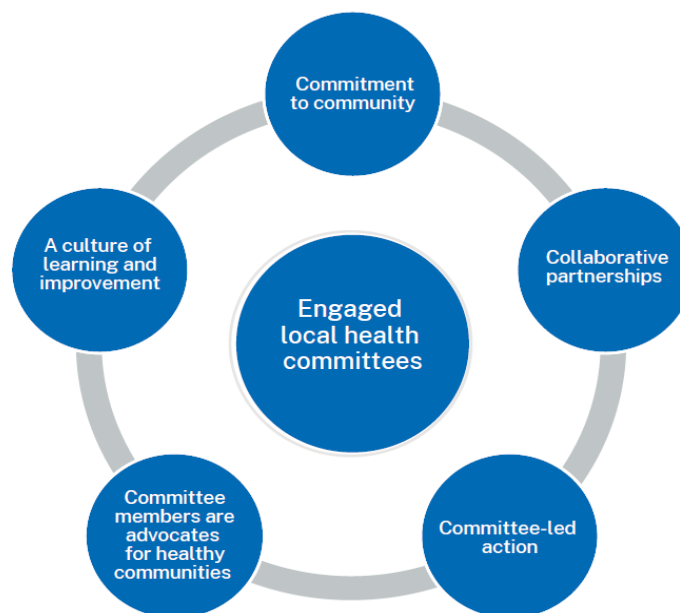
Every LHD is required to involve health consumers in decision making in various ways. Each has a dedicated Community Engagement Manager (or equivalent) responsible for engaging consumers and working with them to help shape processes and policies.

Regional Health Division (five guiding principles to strengthen local health committees)

The Regional Health Division is responsible for monitoring and evaluating the implementation of the five guiding principles by July 2024. This supports fulfilment of the Regional Health Strategic Plan Priority Framework target 5.4.

The Regional Health Division Framework (Implementation of the five guiding principles to strengthen local health committees) focusses primarily on the role of Local Health Advisory Committees (LHAC) as advocates for their communities and provides a framework for LHAC involvement and collaboration with Local Health Districts. (refer Figure 2)

Figure 2: Guiding principles for engaged local health committees.





Region-wide collaborations and partnerships

MLHD is in a unique position whereby it shares a geographic footprint with the Murrumbidgee Primary Health Network. A unique relationship has evolved with the MPH in a collaborative approach to engagement with consumers and community. This agreement was formalised with signing of a Collaboration Agreement in November 2023. The agreement formalises a history of cooperation between the two organisations and enables a united approach to addressing the poorer health outcomes and challenges faced by people in rural and regional areas when accessing health services.

Through a series of engagement episodes, the MPH gathers population health needs data and shares this information with the MLHD to develop informed and collaborative pathways to health models. This partnership is evident in the sharing of Local Health Advisory Committees, Collaborative Commissioning, Co-Design approaches and informal and formalised interactions at various levels of the organisations.

The MLHD also consults and partners with councils and tertiary education providers through regular local and district level interactions.

Stakeholders

Stakeholders for community engagement include:

Internal	External
<ul style="list-style-type: none"> • MLHD Board • MLHD Executive • MLHD Management and Staff • Government Departments – HealthShare, Pathology, Ambulance • Staff and Clinicians • Local Health Advisory Committees • Volunteers (i.e.: Hospital Auxiliary, Physical Activity Leaders Network etc) 	<ul style="list-style-type: none"> • Individual Consumers, patients, their families and carers • Murrumbidgee Primary Health Network • Private Providers – Calvary, Mercy, St Vincents etc. • Councils • local MPs • Schools and education providers (TAFE, Uni) • Aged Care providers • Clinicians • Clubs (Rotary, Lions, Men’s Shed, Country Women’s Association etc)



External Information approaches

Website

The MLHD website is steadfastly becoming a primary source of trusted information for members of the Murrumbidgee community. It is a one stop shop of reliable and current information about facilities and services available across the MLHD. The website also provides avenues for feedback through a feedback widget and also through formalised feedback avenues.

Social media

The portion of people looking to social media for information has risen from 12.8% in 2016 to 26.2% in 2020 and 32.8% in 2022 (Community Survey results). Social media is increasingly becoming a useful tool for communicating to the Murrumbidgee general population in real time, and also for receiving immediate feedback. MLHD Facebook channel has more than 38,000 followers, and also provides an avenue for the community to comment on, share and provide feedback.

Publications

Publications including flyers, brochures and posters that promote services are required where access to information cannot be obtained via online and social media means. Publications can be targeted for specific audiences and provided at the source of contact.

Publications are most effective when used to provide patient specific information for patients entering services (for information about what to expect with their care), or on exiting the service for follow up care and treatment.

Magazine

The MLHD's quarterly publication "Murrumbidgee Matters Magazine" is used to build organisational reputation and awareness/knowledge about services on offer. The publication is delivered primarily online through the MLHD website and social media channels and also a small print run for reception and waiting areas.

The MMM focusses on developing the MLHD reputation as an innovative, supportive workplace, highlighting staff achievements, new services and initiatives for consumers across the region.

The use of QR codes and links connect the reader with the stories and services online.

Guest speaking

From time to time, staff are offered the opportunity to present to Clubs or for other speaking engagements. These are a great opportunity to provide information about services, raise awareness and inform community. Speaking with members of a Club, helps to provide a consistent message and manage expectations of community around service provision. It also presents a great opportunity to answer and respond to questions or concerns community may have about access to services.

How?

External Engagement approaches

Community Connections

Local Health Advisory Committees provide a structured and formal way to have meaningful conversations with communities about what matters most to them. LHAC members are advocates for their communities, and a valuable conduit of information both to and from communities. Many members are actively involved or affiliated with a wide range of other clubs, associations or volunteer groups, and as a result have their finger on the pulse of their community.

The MLHD together with the MPHN effectively engage LHACS as a communication tool, as well as a key partner in codesign of health services.

It's important to note however, that there remain many other agencies and viewpoints not represented by LHAC members. While LHACs are vigorous and vocal advocates for their communities, they are not the sole source of information and engagement about health services and activities. It's important to also be inclusive of other avenues for engagement – considering Councils, Schools, Education partners, Clubs and Associations, United Hospital Auxiliaries, other health advocacy groups and staff as a valued contributor in communities.

Partner Organisations

Utilising information provided by our partner organisations, such as the results of the MPHN's Conversations on the Couch provide an invaluable insight into how communities and residents are feeling about particular issues at a particular point in time. The MPHN Health Needs assessments provide health snapshot data which can help inform decision making. Councils are also placed well to represent community sentiments and are an important avenue for providing feedback and engagement around health service needs in local communities.

Surveys

The ability to collect information from a variety of audiences helps us understand our consumers and their needs. Surveys provide us with reliable, usable, primary data to inform business decisions. They are important because the data comes directly from the individuals and provide a detailed, systematic way to view and analyse our data.

Tools such as 'snapforms' provide a safe platform to collect information from consumers and are easily integrated with current accessible platforms such as the MLHD website and social media.

Social Media

Provides an opportunity for two-way engagement. We can use social media to raise awareness, educate and inspire our audience about our goals, strategies and achievements. Social media can also help mobilise community members to participate and take action in community development initiatives and can also be used to elicit a specific response to better understand a situation.

Complaints and feedback

Using complaints and feedback to identify recurrent themes helps identify systemic issues. Using the information gathered from complaints, common themes and negative experiences can be addressed.

Service Planning

MLHD Service Planning has evolved into a mid to high level public engagement activity. The Service Planning team effectively consult and engage with a broad range of stakeholders in co-design, development and review of services plans. A structured process using co-design methodology has been implemented and ensures that key community partners are involved in each aspect of decision making.

Consumer Focus Groups

A focus group is a face-to-face meeting with a sampling of customers that helps you learn about their needs and perspectives. Consumer focus groups provide the opportunity to meet and speak with a group of consumers or users to discuss specific topics, health needs or areas for improvement, provides a targeted approach to addressing specific areas of concern in a short time frame. Focus groups require facilitation and transcribed for reflection. They are not a substitute for understanding market problems, but they can supplement the process.

Committees and Consumer Representatives

Consumer representation on MLHD committees ensures consumers have input into MLHD planning and processes and play a direct role in improving the quality of health care and health outcomes in the Murrumbidgee.

Consumers representatives should be remunerated for their involvement (refer policy / process) and their input into the committee decision making should be sought and respected.

Events

Participating in local events is a great way of meeting members of the community face to face, sharing ideas and providing information.

Community events are a valuable opportunity for MLHD staff to engage with their community, and a great way to expand networking efforts, improve consumer understanding and awareness of services, and receive feedback about services.

Information kiosks and Market stalls

Holding information stalls in shopping centres, at shows, market days and other community events provides an opportunity for face-to-face interaction with community members. Information kiosks are particularly useful when there is specific information or collection required (for example feedback around services or redevelopment plans)

How?

Community Engagement Matrix

INFORM	
GOAL:	<i>MLHD keeps the community informed of health services available and of decisions emanating from Community Engagement</i>
STRATEGY:	Identify and utilise appropriate communication channels to deliver information to our communities
TACTICS:	<p>Staff members will utilise the following channels for providing information to members to the community:</p> <p>PROMOTIONS</p> <ul style="list-style-type: none"> • Advertising (where supported financially) – press, radio, TV, social media, AdWords, Cinema, Billboards etc • Publications: Flyers and brochures • Newspaper inserts / features (paid Advertorial - where supported financially) • Community Noticeboards / Posters • Newsletters (partner organisations – Council, Schools etc) • Expos and Events, pop up information kiosks (where supported financially) • Direct mail (where supported financially) <p>PUBLICITY</p> <ul style="list-style-type: none"> • MLHD website • MLHD social media • Media releases • Murrumbidgee Matters Magazine (quarterly) <p>EVENTS</p> <ul style="list-style-type: none"> • Information stand at Expos / Conferences / Forums • Presentations: Roadshows / information Sessions / workshops/education Sessions • Guest speaker at Clubs Rotary, Lions, Men’s Sheds, UHA, Country Women’s Association, Probus, Soroptimist • Participation in awareness days and activities

CONSULT	
GOAL:	<i>MLHD aims to interact with the community in a meaningful and appropriate way about decisions that affect them</i>
STRATEGY:	Develop a consultation process that is vigorous, transparent and closes the loop and ensures representation of diverse/hard to reach consumers in consultation
TACTICS:	<p>Staff members will consult with members of the community using the following methods:</p> <ul style="list-style-type: none"> <input type="checkbox"/> F2F or virtual consultation with consumer reps and patients through planned focus groups, discussion panels, interviews. <input type="checkbox"/> F2F consultation through networks: <ul style="list-style-type: none"> o Local Health Advisory Committees o Council o Local Clubs: Rotary, Lions, Men's Sheds, UHA, Country Women's Association, Probus, Soroptimist o Schools o Library o Committees o MLHD Board / Sub Committees o Taskforce / working party <input type="checkbox"/> Seeking feedback through surveys, questionnaires or polls. <input type="checkbox"/> Seeking feedback through webpage/online forms <input type="checkbox"/> Talking with patients, carers, family <input type="checkbox"/> Drop box – suggestions or complaints <input type="checkbox"/> Complaints process and continual improvement process
COLLABORATE	
GOAL:	<i>MLHD will maximise engagement with consumers at every level of operations to ensure patient and community needs are represented and actioned.</i>
STRATEGY:	Involve consumers at every level of operations to maximise engagement to ensure patient and community needs are represented and actioned and ensure involvement of consumers in planning, designing and evaluating health services and training
TACTICS:	<p>Staff members will use the following avenues for collaborating with members of the community:</p> <p>Involvement of relevant parties in developing recommendations /decision making through:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Round table discussions <input type="checkbox"/> Workshops <input type="checkbox"/> Working parties <input type="checkbox"/> Stakeholder needs assessments forums <input type="checkbox"/> Panel discussions <p>Examples include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> User groups involved in providing feedback and recommendations Health Service Planning and Clinical Services Plans <input type="checkbox"/> LHACs or community representatives involved in providing feedback and recommendations for changes in services or models of care <input type="checkbox"/> Partner Organisations involved in providing input into frameworks and guiding principles for co-delivery of services

CODESIGN	
GOAL:	<i>MLHD will involve consumers in the codesign of services to achieve a shared vision</i>
STRATEGY:	Seek advice and innovation in formulating solutions from consumers and stakeholders, and incorporate into decisions
TACTICS:	<p>Staff members will use the following avenues for collaborating with members of the community:</p> <p>Staff members are encouraged to involve relevant stakeholders (Community representatives, partner organisations, Council, Local Health Advisory Committees, user groups) in the design, development, implementation and evaluation through mechanism that enables them to co-lead and contribute.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Scenario Building <input type="checkbox"/> Exploration and modelling <input type="checkbox"/> Clinical networks

EMPOWER	
GOAL:	Implement decisions of consumers in developing services and solutions
STRATEGY:	Harness ideas and creative thinking of consumers to shape the decisions or actions in relation to a problem, opportunity, or outcome.
TACTICS:	<p>Where appropriate, staff members may enable consumers to lead the development of activities, products and services. In these circumstances Staff members are to provide appropriate advice and support to consumers to empower them to succeed.</p> <p>Examples may include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> LHAC projects, initiatives and advocacy on behalf of their communities <input type="checkbox"/> LHAC members involved in deciding on guidelines / procedures relating to their activities and focus areas <input type="checkbox"/> LHAC members involved in determining what their Terms of Reference <input type="checkbox"/> Consumer and LHAC involved in strategic planning and policy <input type="checkbox"/> Consumer involvement on Boards, Sub-Committees and Steering committees <input type="checkbox"/> Stakeholder leadership of working parties

Engagement Activities

Audience	Mechanism	Frequency	Level of Engagement	Detail / example
MLHD Board	Board meeting	Monthly	Inform Consult Collaborate Codesign Empower	Circulation of patient information, for comment/ feedback Involvement in strategic direction, design and planning, and monitoring and evaluation of services
LHAC	Monthly meeting	Monthly	Inform Consult Collaborate Codesign	Circulation of patient information for comment Surveying patient satisfaction Distribution of media releases / information to the community
LHAC	Forum	Twice per annum	Inform Consult Collaborate Codesign	Raise awareness of health services Invite comment / feedback about health services Collaborate on plans moving forward Co-design solutions
LHAC	Video conference	Quarterly	Inform Consult	Video conference with Chief Executive and executive team to provide information and seek feedback
LHAC	CE Site Visits	Annual	Inform Consult Collaborate	CE and Board chair seek to meet with LHAC (and Councils) to discuss local site and hear feedback, work towards solutions
Council	Video conference	Quarterly	Inform Consult	Video conference with Chief Executive and executive team to provide information and seek feedback
Council	Meeting	Regularly	Inform Consult Collaborate	Regular MLHD Management / Executive Meeting with Council management to discuss ways of working and collaboration
Council	CE Site Visits	Annual	Inform Consult Collaborate	CE and Board chair seek to meet with Council to discuss local site and hear feedback, work towards solutions
Consumers	Patient Surveys	As required	Consult Involve	Seeking information about patient experience eg: Patient reported measures surveys, patient experience surveys

Consumers	Meet directly with Patient (and/or family / carers)	Ad hoc / as required	Inform Consult Collaborate Empower	Patient interaction, bedside huddle, discussion about patient diagnosis, care, treatment, timeframes, discharge to manage patient expectations and understanding, and to involve patient in decision about their own care and outcomes to get ensure possible outcomes
Consumers	Patient Information (Brochures / Flyers / factsheets etc)	24/7 and as required	Inform	Information to consumers – available online and in hardcopy at point of contact Includes clients rights and responsibilities, bedside information, interpreter services, REACH and escalation of care, discharge planning and what to expect.
Consumers	Workshops/working parties / meetings	As required	Inform Consult Collaborate Co-design	Consumer representatives involved as members on working parties
General Public	Website	Available 24/7	Inform Consult	Information about all services available and how to access them Mechanisms to provide feedback through online widget, survey tools, feedback and comments
General Public	Media Releases	As required	Inform	All sites
General Public	Events / activities	As required	Inform Consult Collaborate	Opportunity to interact, share information, receive feedback, discuss ideas and initiatives,
General Public	Surveys	As required	Consult	Seek feedback on services, analyse and implement results / recommendations
General Public	Health Services Planning	On Planning Cycle	Inform Consult Collaborate Codesign	Involve general public in evolution of health services planning – seeking feedback about services projected into the future, areas of greatest need and how consumers wish to access future services
General Public	Suggestion Boxes	24/7	Consult	Located at hospital and health services site to seek feedback
General Public	LHAC Facebook	24/7	Inform Consult	LHAC Facebook pages as source of information about services, events and activities with a local focus.
General Public	Community or open meetings	As required	Inform Consult	Seeking to inform about specific topics and seek feedback
Volunteer Organisation	UHA, Lions, Rotary	As required	Inform Consult Collaborate	Seeking to inform about specific topics and seek feedback, seek to collaborate on projects, initiatives, ideas

Regional Health Division Guiding Principles: LHAC in action

<p>Commitment to community</p>	<p>COMMUNITY ENGAGEMENT STRATEGIES INCLUDE A CLEAR ROLE FOR LHAC</p> <p>LHAC members are actively involved at all levels of the organization with opportunities to be informed, provide feedback and provide recommendations.</p> <ul style="list-style-type: none"> - Weekly correspondence (Community Engagement Manager) - Monthly LHAC meetings (facility manager) - Quarterly CE / LHAC webinars (Chief Executive) - Bi-Annual LHAC Forums (Executive – MLHD / MPHNN) - Annual CE schedule of site visits (Board Chair and Chief Executive) - Clinical / health services planning (on cycle) <p>LHAC are invited to join other committees as consumer representatives- through a competitive EOI process. other committees (Sub board committees, state committees, LHD health service planning, award judging panels)</p> <p>LHAC MEMBERS UNDERSTAND AND ENACT THEIR ROLE IN COMMUNITY ENGAGEMENT</p> <p>LHAC role is clearly articulated in the Terms of Reference, which LHACs played a role in developing. It involves informing and advocating for the community and providing feedback / being involved with LHD.</p> <p>LHAC provide their monthly minutes to MLHD / MPHNN. Matters can be escalated to the Executive for attention, and minutes are consolidated into a monthly report to the MLHD Board.</p> <p>LHACs have an open line to the Community Engagement Manager for matters requiring urgent escalation</p>
<p>Collaborative partnerships</p>	<p>LHAC ACTIVELY PARTNER WITH THE LHD AND COMMUNITY TO ACHIEVE A SHARED VISION</p> <p>Annual planning and priority setting sessions held together with the MPHNN identify key priority areas for each LHAC</p> <p>LHAC members were actively involved in providing their input and recommendations into the development of the MLHD Strategic Priorities, vision and goals.</p> <p>LHACs members take part in health service planning activities, and provide feedback on community sentiment, service provision and gaps</p> <p>Designated roles on committee to support key activities; Chair and Communications Officer</p> <p>Feedback on what is going on in communities is a standard agenda item</p>
<p>Committee-led action</p>	<p>LHC FEEL SUPPORTED TO ENACT THEIR ROLE AND ENGAGE THE COMMUNITY IN A WAY THAT IS APPROPRIATE FOR THEIR PLACE</p> <p>LHAC members are provided opportunities for capacity building through: Workshops at LHAC Forums, Webinars and Information briefings, and skills development opportunities.</p> <p>Examples include:</p> <ul style="list-style-type: none"> Health Consumer NSW training Training in How to engage through social media Webinars on Voluntary Assisted Dying and other topical subject matters with subject matter experts

	LHACs also invite subject matter experts to their LHAC meetings to provide updates on their specific areas of interest and as they relate to their own community, or activities / projects they are working on.
Committee members as champions	<p>LHAC ARE PROMOTED LOCALLY AND STATE-WIDE</p> <p>Communication channels include profiles in LHD magazine, LHC contact details publicly available on the website and some LHCs supported to manage their own Facebook pages and undertake media activities, LHACs are actively involved in official activities and events including Ministerial visits, openings and celebrations</p> <p>Good news stories shared through LHD magazine, Facebook and media activities.</p>
A culture of learning and improvement	<p>SUCCESS IS MEASURED AND CAN BE DESCRIBED IN A VARIETY OF WAYS</p> <p>Monthly reports include actions implemented,</p> <p>Annual Year in Review provides summary of LHAC achievements against their plans,</p> <p>MLHD Community Survey evaluates LHAC visibility / effectiveness in the community.</p> <p>Regular LHAC coordinator rounding with Chairs, HSMs and Directors LHACs,</p>