



### *Involving the community*

One of Queensland Health's most important mechanisms to involve Queenslanders in decision-making is through the work of the district health councils.

Each health service district is supported by a district health council comprising between eight and 10 members. Members are appointed by the Governor-in-Council on nomination by the Minister for Health.

Membership generally represents a balance between the community and health providers, public and private sectors, government and non-government, population groups, groups with special needs and professionals.

Districts with tertiary institutions who educate health practitioners at public sector health service facilities may also have representatives of those institutions on their councils.

The district health councils engage their community and contribute to the health services within Queensland by:

- identifying and assessing the health needs of the people living in their council's district or who may use public health services in the district;
- assisting development of strategic plans for the district;
- establishing consultative committees, where the public can air their views on planning and delivery of public health services;
- monitoring compliance with strategic plans, health services agreements, budgets and the quality of public sector health services in the district;
- determining priorities for minor capital works and monitoring district works and asset management programs;
- advising the district manager in developing health service agreements; and
- reporting to the Minister on performance under the *Health Services Act 1991*.

The health council in each Queensland health district is a key focal point for all Queensland Health's district community engagement activities.

### **Other avenues for community involvement**

- The General Practitioners' Advisory Council (GPAC) was set up to improve communication and coordination between governments, general practice and non-government organisations (NGOs). GPAC meets quarterly and has two consumer representatives to present health concerns at the interface between Government and general practice.
- Rural Health Advisory Council (RHAC) is appointed by the Minister for Health to provide independent policy advice on issues impacting on the health of rural communities in Queensland. It includes Aboriginal and Torres Strait Islander representation and delegates from other peak organisations. RHAC proposed an increasing role in shaping sustainable workforce alternatives and in the development of health planning for rural areas.
- Queensland Health undertakes joint, statewide health planning through the Queensland Aboriginal and Torres Strait Islander Health Partnership and the Torres Strait Health Partnership. The broad Queensland Indigenous community is represented by organisations such as the Queensland Aboriginal and Islander Health Forum, the Torres Strait Regional Authority and the former Aboriginal and Torres Strait Islander Commission/Aboriginal and Torres Strait Islander Services.

The Federal Department of Health and Ageing also participates. A number of regional and local health forums have been established and a culturally respectful One Talk toolkit developed to help Queensland Health staff to assist Aboriginal and Torres Strait Islander communities engage and participate with local and regional health forums.

- Representatives from wide range of consumer groups and NGOs are invited to participate in the Aged Care Consumers' Reference Group which meets three times a year to discuss issues and service provision.

### **Initiatives during 2003-04**

#### *Consumer and Community Participation Program*

- Community engagement resources, such as toolkits for frontline staff and district health

*assessing the health needs of the people living in their district*



councils were made available across the State, both in hard copy and on the Intranet.

- Seventeen community engagement initiatives were funded in southern, central and northern Queensland. These projects ranged from working with district health councils to orientation programs for consumer representatives in district activities, promoting the complaints process and the formation of action groups.

#### *Complaints management policy*

- Complaints management systems have been established in each health service district to offer consumers a way to have complaints heard and addressed.

#### *Mental health services reforms*

- \$500,000 in non-recurrent funds was invested in the *Towards Consumer Centred Service Action Plan* to involve consumers and carers in planning, implementing and evaluating mental health services across Queensland. The funds were provided to 16 health service districts and a statewide non-government mental health provider.
- Non-government organisations (NGOs) in 15 locations across Queensland participated in a joint initiative with Disability Services Queensland to develop a model of support to improve outcomes for people with an intellectual disability and mental illness.
- A non-government organisation (NGO) Engagement Strategy was drafted, identifying good practice, to strengthen the contribution of the NGO sector to Queensland mental health priorities.
- NGOs were engaged in the review and realignment of the Mental Health Community Organisation Funding Program to ensure an equitable contribution of funds and that priorities were targeted.
- A review was completed of the infrastructure, processes and resources required to ensure meaningful involvement of consumers, their carers and families.

#### *Indigenous health*

- Changes were made to the Indigenous family care (ICARE) program to maximise its success, including the addition of early learning screening and modification of the immunisation schedule.

The project, funded by Golden Casket, evaluated the efficacy and need for modification of the Family CARE Program for Indigenous families.

- A partnership was created with the University of Queensland to develop and evaluate a culturally tailored version of the Positive Parenting Program—Triple P. This included production of a specifically adapted Triple P video for Indigenous families. For families participating in the research trial, the program led to a decrease in child behavioural problems and a reduction in dysfunctional parenting, as well as facilitating access to mainstream services.
- The Queensland Health Aboriginal and Torres Strait Islander Cultural Awareness Program (CAP) and the complementary Reconciliation Learning Circle Programs were provided, which enhanced the awareness of Queensland Health staff about historical, cultural and structural factors underpinning the health concerns of people of Aboriginal and Torres Strait Islander backgrounds.
- The Cultural Orientation Online (COOL) Program has provided the opportunity for staff to build relationships and understanding of health and cultural needs of their local Aboriginal and Torres Strait Islander community. These programs aim to ensure that Queensland Health delivers culturally secure and sensitive health services which meet the needs of local communities.

#### *Aged care*

- During the sale of Bayhaven Nursing Home in Hervey Bay, the Aged and Community Care Reform Unit consulted extensively with clients, family members, staff, unions and the community. This ensured the most appropriate outcome for all stakeholders. The community kept the aged care beds in the area and State funds were redirected to provide more services.

*a decrease in child behavioural problems and a reduction in dysfunctional parenting*