



COMMUNITY CONSULTATION COMMITTEES CAIRNS AND HINTERLAND HOSPITAL AND HEALTH SERVICE

MEMBER HANDBOOK 2020-2022



Queensland
Government

The Cairns and Hinterland Hospital and Health Service acknowledges and pays respect to Aboriginal and Torres Strait Islander people and to the Traditional Owners/Custodians and Elders past, present and future, on whose lands we work to support the provision of safe and quality health services.

Disclaimer

Information contained within this information guide is subject to change. This guide provides information to help you better understand the purpose and membership details for the Community Consultation Committees.

Interpreter service statement

The Cairns and Hinterland Hospital and Health Service is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding this document, you can contact us on 4226 3345 and we will arrange an interpreter to effectively communicate the document to you.

Contact details

If you have any questions or require further assistance, please contact the Consumer and Community Engagement Officer:

Email: chhhs-engagement@health.qld.gov.au

Phone: 4226 3345

Feedback

We welcome your comments about how useful you find this guide and your suggestions on how it can be improved. Please contact the Consumer and Community Engagement Officer with any feedback

1. Purpose of the Handbook

The handbook has been developed to assist members to understand their role when participating on the Community Consultation Committees.

2. Health Service Overview

The Cairns and Hinterland Hospital and Health Service (the Health Service) is responsible for the delivery of health service in a geographical area of 141,000 square kilometres from Tully in the south, Cow Bay in the north and Croydon in the west. The outer western region of our Service encompasses remote communities (refer to Figure 1). The Health Service also provides service to the Torres and Cape Hospital and Health Service.

This Health Service supports a population of 283,197 which is forecast to grow by 9% by 2026, with the highest level of growth occurring in the 65 and over age group. Tourism is a key industry and contributes to a relatively high transient population. It is estimated that 9% of the population are Aboriginal and Torres Strait Islander, compared to 3.5% for Queensland as a whole.

The Health Service delivers health care across the continuum. Some higher-level acute services are provided outside the Cairns and Hinterland Hospital and Health Service area in Townsville or Brisbane.

The Cairns and Hinterland Hospital and Health Service is committed to improving the health and wellbeing of all people in Far North Queensland by providing high quality acute healthcare services. Our staff are part of the community we serve, and we strongly believe that health outcomes are enhanced by involving our community in the planning and evaluation of local health services.

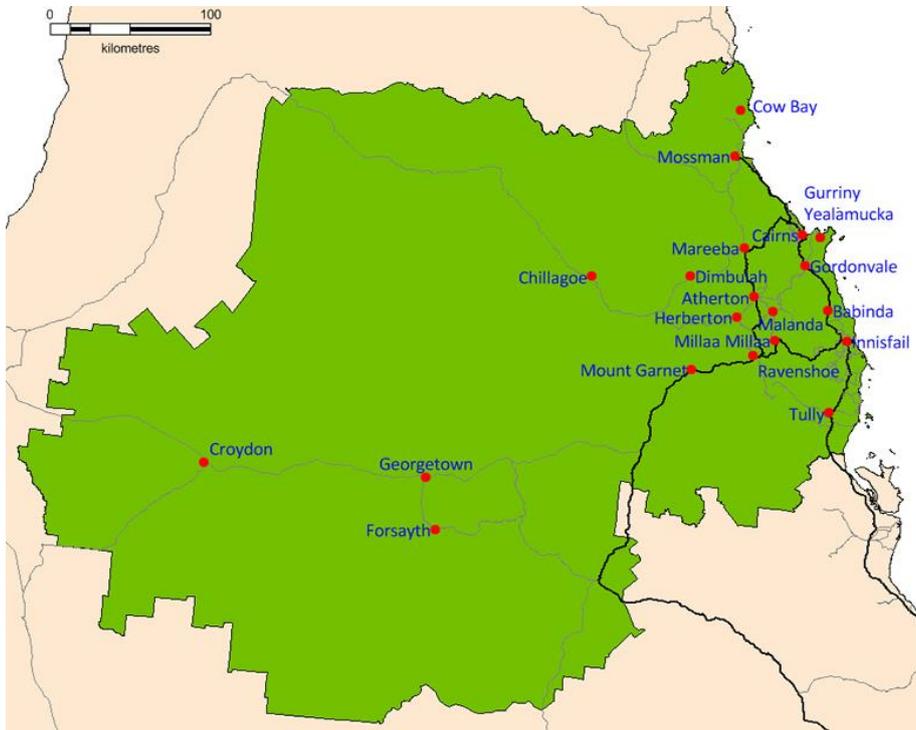


Figure 1. Map of Cairns and Hinterland Hospital and Health Service

Our Vision

Excellence in health care, wellbeing, research and education in Far North Queensland.

Our Purpose

We work together, with our communities, providing health care services to improve health and wellbeing in Far North Queensland.

Our Priorities

Our Patients: We work to provide safe and equitable health care close to home for our patients, their families and our communities.

Our People: We build a culture of excellence that fosters compassion, accountability, integrity and respect to strengthen our workplace.

Aboriginal and Torres Strait Islander communities: We improve our service delivery and partnerships with Aboriginal and Torres Strait island communities to improve health and wellbeing outcomes.

Our Research and Education: We promote and undertake research and education to deliver better health outcomes for our community.

Our Technology: We optimise our use of current and emerging technologies to provide better continuity of care.

Our Future Growth and Sustainability: We meet the needs of our community through safe and sustainable growth and service delivery.

Our Values

Our Values

Compassion



Accountability



Integrity



Respect



The Consumer and Community Engagement Strategy 2020-2022 outlines how the Health Service will engage with the community to involve them in healthcare planning and service delivery.

3. Health Service Overview

The consumer and community engagement initiatives are underpinned by a range of legislation, policies, standards and plans. These include:

National

- [National Health and Hospitals Network Act 2011](#)
- [National Safety and Quality Health Service Standard 2: Partnering with Consumers](#)
- [Australian Charter of Healthcare Rights](#)
- [United Nations Declaration on the Rights of Indigenous Peoples](#)

State

- Queensland Government. [Hospital and Health Boards Act 2011](#)
- Health Consumers Queensland. [Consumer and Community Engagement Framework for health organisations and consumers, February 2017](#)
- Queensland Health. [Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033](#)
- Queensland Health. [Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 -2033](#)
- Queensland Health. [My health, Queensland's future: Advancing health 2026](#)

Cairns and Hinterland Hospital and Health Service

- Cairns and Hinterland Hospital and Health Service Clinical Services Plan 2017-2022
- Cairns and Hinterland Hospital and Health Service Strategic Plan 2018-2022
- Cairns and Hinterland Hospital and Health Service Consumer and Community and Engagement Strategy 2020-2022.

4. Consumer and Community Engagement

What is consumer and community engagement?

Consumer and community engagement is a two way process by which:

- the aspirations, values, needs and concerns of citizens and communities are incorporated in Government, non-Government and private sector decision-making and planning, to make good policy and to deliver on programs and services
- Governments, other businesses and civil society organisations involve citizens, consumers, communities and other stakeholders in these processes (The United Nations Brisbane Declaration, 2005).

Model of consumer and community engagement

The Health Service's consumer and community engagement initiatives are based on the Health Consumers Queensland engagement framework. As shown in Figure 2, the approach to engagement occurs across:

- three key domains of organisational operation
- four different levels of engagement
- utilising five elements of engagement.

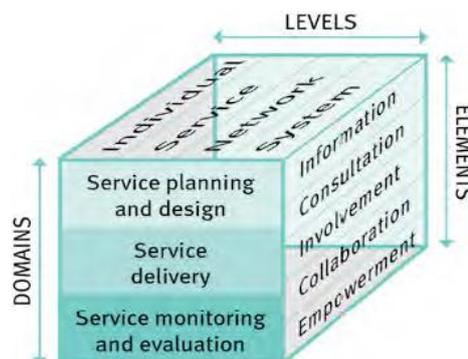


Figure 2: Model of consumer and community engagement (HCQ, 2012)

The three key domains of organisational operation include:

- Service planning and design: Establishing governance structures to form partnerships with consumers and/or carers.
- Service delivery: Consumers and/or carers are supported by the health service organisation to actively participate in the improvement of the patient experience and patient health outcomes.
- Service monitoring and evaluation: Consumers and/or carers receive information on the health service organisation’s performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.

The four levels of engagement include:

- Individual Level: Entails involving consumers as active partners in their own health as well as that of their family and friends.
- Service Level: Focuses on supporting the engagement with the consumers and the community to have input into how programs, services or facilities are structured, evaluated and improved.
- Network Level: Focuses on how health service organisations such as; local hospital networks, Primary Health Networks and Non-government community services networks or facilities / hospitals engage with consumers and the community at a regional / local health network level.
- System Level: Focuses on consumers and the community engaging to influence and provide input on health policy, reform and legislation at the system level across local, state and commonwealth jurisdictions.

There are various degrees of engagement and the Health Service has adopted those defined by the International Association for Public Participation (IAP2) spectrum as shown in Table 1.

	Inform	Consult	Involve	Collaborate	Empower
Objectives	To provide consumers, stakeholders and the community with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain feedback from consumers, stakeholders and the community on analysis, alternatives and/or decisions.	To work directly with consumers, stakeholders and the community throughout the process to ensure that concerns and aspirations are consistently understood and considered.	To partner with consumers, stakeholders and community in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the decision making participants.
CHHHS Commitment	CHHHS will keep you informed.	CHHHS will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on drafts and proposals.	CHHHS will work with you to ensure that your concerns and aspirations are directly reflected in the options developed and provide feedback on how public input influenced the decision.	CHHHS will work together with you to formulate solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	CHHHS will implement final decision.
Impact	Low impact for interest in the initiatives, programs and projects		Medium impact for interest in the initiatives, programs and projects	High impact or interest in the initiatives, programs or initiatives	

Source: adapted from the IAP2 spectrum

Table 1: Degrees of participation

5. Community Consultation Committees Overview

Members of the Community Consultation Committee

Members of the Community Consultation Committees (CCCs) include previous patients, carers, consumers, community members, local government and Health Service representatives who are passionate about the quality and safety of healthcare provided to members of the Cairns and Hinterland community.

There are four CCCs in the Health Service:

- Aboriginal and Torres Strait Islander Health
- Cassowary Coast Hub
- Hinterland Hub
- Trinity Hub

Purpose of the Committees

The purpose of the Community Consultation Committees is to provide advice and feedback to the Cairns and Hinterland Hospital and Health Board through the Community Advisory Group, on local health care services from a consumer perspective. Committee members will advocate for the communities in their respective regions on identified needs and priorities.

Role of Committee Members

Members of the Committees will consult, engage and advocate on behalf of consumers and community groups to:

- support community participation in identifying community healthcare priorities
- provide advice to inform and enhance the cultural capability of local health services
- collectively identify and prioritise health needs of the Cairns and Hinterland area
- provide advice on appropriate systems of information sharing between the community and the Health Service
- complement the patient journey by participating in the development of health service consumer satisfaction surveys
- seek and provide advice to the Health Service on ways to improve health literacy for consumers
- promote community knowledge and understanding of the healthcare services provided by Cairns and Hinterland Hospital and Health Service
- provide specific consumer advice to support community perspectives that guide the development, implementation and review of the Health Service's strategic and operational plans
- provide collective solutions, via the consumer's networks to address health service delivery challenges
- collectively monitor and inform the Health Service of emerging community issues and priorities
- champion the value and benefits of consumer and community engagement to the community and the Health Service
- assist the Board in its communication and engagement with Health Service stakeholders
- support initiatives, activities and projects as agreed by the Health Service.

Role of the Local Government Representative

The local government representative provides a key link to local issues that affect health service delivery in the catchment area. They also have strong links to existing community networks through Council. In addition to their general role as a committee member they can:

- provide a local government perspective on community issues in the catchment area
- assist in clarifying local government and Health Service roles and responsibilities
- alert the Committee to other community engagement and information sessions of relevance to health
- share information in regard to Council projects with a health focus

Role of the Health Service Officer

The Health Service Officer will support their Committee and the Secretariat to:

- develop or assist the health literacy of Community Consultation Committee Members
- support Community Consultation Committee Members to participate fully
- provide impartial advice and answers about local (and the greater) Health Service
- facilitate positive interactions between the Community Consultation Committee Members and invited guests
- provide information on appropriate Health Service systems, processes and procedures, particularly at a local level
- support initiatives, activities and projects as agreed with the Health Service
- provide assistance to the Secretariat on local issues upon request.

Geographical Coverage of the Committees

Each Community Consultation Committee represents the community members across the Health Service (refer to figure 1). Specifically:

Aboriginal and Torres Strait Islander Health includes all communities in the Health Service

Cassowary Coast Hub includes the communities of Innisfail, Mission Beach, Tully and Jumbun.

Hinterland Hub includes the communities of Cow Bay, Daintree, Mossman, Mt Molloy, Jullaten, Mareeba, Dimbulah, Chillagoe, Atherton, Herberton, Millaa Millaa, Malanda, Ravenshoe, Mt Garnet, Georgetown, Forsayth and Croydon.

Trinity Hub includes the communities of Cairns, Gordonvale and Babinda.

Committee meetings

About the Committee meetings:

- Committees meet four times each year at Health Service facilities within their catchment.
- Times and days are negotiated with all committee members. Meetings are held within business hours.
- Members are encouraged to participate in person, but teleconference (and sometimes video conference) facilities are provided if members or guests cannot travel to the meeting location.
- The duration of the meeting is normally three hours.

- The structure of the meeting usually includes a guest speaker on a topic of interest to the committee. Other staff from the Health Service may attend as guests to contribute information of relevance to the meeting.

6. Governance Structure and Reporting

The Committees report through the Community Advisory Group and are accountable to the Board. All committee members have the responsibility to assist with two-way dialogue between the Health Service and the community. The governance structure and reporting relationships between the Board, Committees and the community is shown in Figure 3.

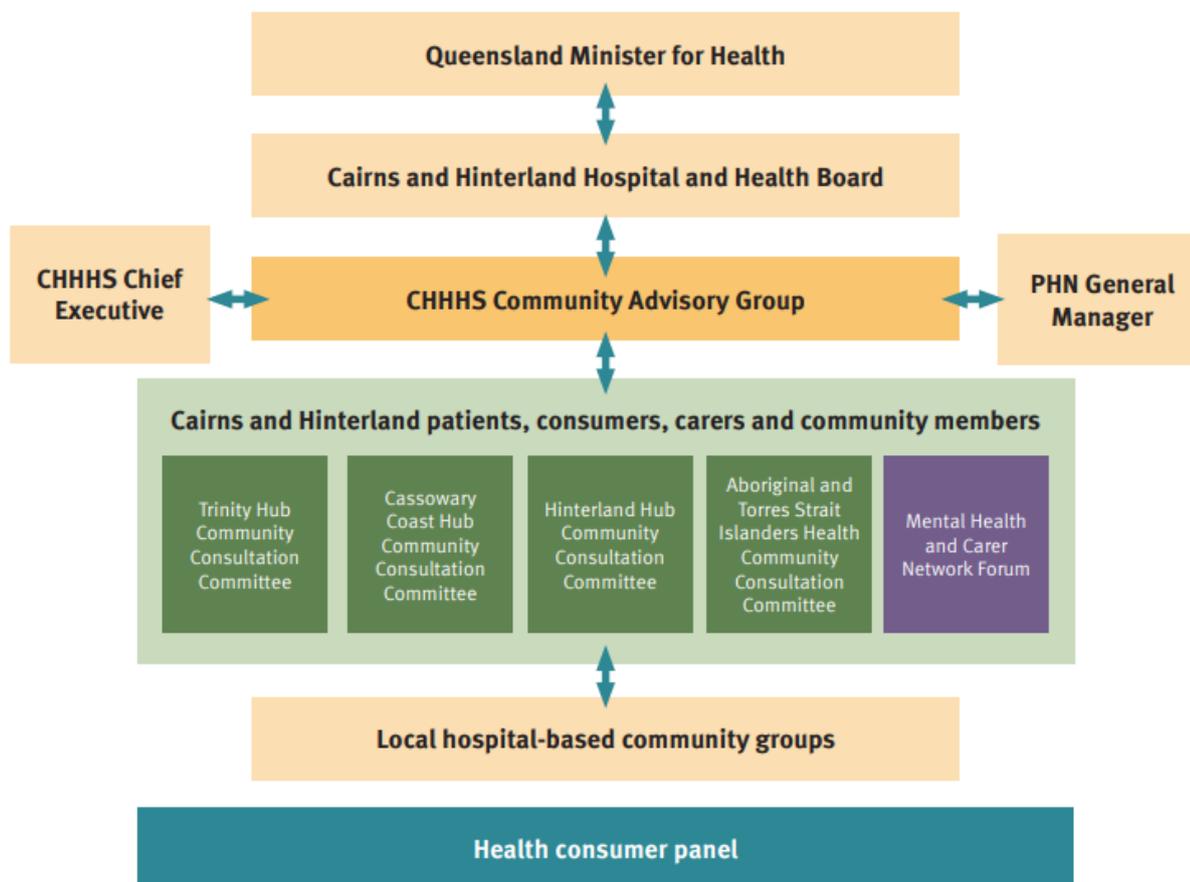


Figure 3: Committees governance structure and reporting relationships

Administration and resourcing of the Committees

The Health Service provides secretariat services through the Consumer and Community Engagement Officer. Secretariat support includes organising a venue, preparation and distribution of minutes/ agendas.

The function of the Committees will be reviewed annually by the Board and the Consumer and Community Engagement Officer.

7. Code of Conduct for Committee Members

In addition to the key functions of the Committee members' role, there are expectations relating to how Committee members participate in the Health Service. Committee members are bound by the Queensland Public Service Code of Conduct. Committee members are expected to:

- Act honestly and within the law at all times
- Act in good faith and not for improper or ulterior motives
- Act in a reasonable, just and non-discriminatory manner
- Undertake their role with reasonable care and diligence
- Conduct their ongoing relationship with fellow members, stakeholders and the public with respect, courtesy and sensitivity
- Use information in a careful and prudent manner
- Represent the interests and preferences of the Cairns and Hinterland communities rather than those of individual stakeholder organisations.

8. Privacy and Confidentiality

Members of the CCCs may be exposed to sensitive, private and confidential information relating to the business transactions, affairs, property, intellectual property, policies, processes or activities of the Health Service or its consumers and the medical records of consumers.

The Health Service requires all Committee members to:

- keep strictly confidential all confidential information and patient information
- comply with all privacy obligations.

Confidential information

Confidential information is any information:

- (i) about a person who is receiving or has received a public sector health service, and could be identified;
- (ii) acquired by a designated person in the course of providing a health service to a person, here the information could identify the person (including a deceased person) to whom the health service relates. The information may relate to a current health service or one that has already occurred;
- (iii) about the operations of the Health Service which is not in the public domain.

The Health Service will only disclose confidential information consistent with law and policy to enable Committee members to effectively manage factors arising for deliberation in a timely manner.

In consideration of the Health Service providing access to confidential information to you, you are obliged to:

- not disclose to any third party any of the confidential information of the Health Service
- keep confidential all confidential information and information not in the public domain
- only use confidential information in your possession for purposes connected with the performance of your duties as a Committee member
- maintain proper and secure custody of all confidential information from unauthorised access, use, modification, copying or disclosure

- only disclose confidential information as required by law. If you are required to disclose confidential information as required by law you must notify the Health Service via the Senior Advisor Consumer and Community Engagement as soon as possible.

To participate in certain activities consumer representatives will be required to sign a confidentiality agreement (see Appendix 1). If a consumer representative does not wish to sign the agreement, the consumer representative will be excluded from participating in that particular activity.

Public Comment

Members of the Community Consultation Committees are not authorised to speak publicly to the media or address the public on behalf the Cairns and Hinterland Hospital and Health Service.

If you are contacted by a member of the media for comment, please contact the Consumer and Community Engagement Officer on 4226 3345 or the Senior Public Affairs Officer on 4226 3220.

9. Conflict of Interest

A Committee member who believes, or has reasonable grounds to believe, that he/she has an actual, potential, apparent or possible future conflict of interest in a matter before the Committee must immediately declare the conflict of interest. The member is required to:

- disclose the nature of the conflict of interest by reporting it directly to the Chair;
- record the disclosure in the minutes of the meeting;
- withdraw from the matter or decision-making process that constitutes the conflict of interest;
- withdraw himself/ herself from voting on the matter that constitutes the conflict of interest; and/or,
- remove himself/ herself from the room on the matter that constitutes the conflict of interest.

If the matter before the Committee is such that the remaining members do not constitute a quorum, the remaining members shall be deemed as an appropriate quorum of the Committee.

10. Complaints and Concerns

Committee members have the right to express grievances, concerns or dissatisfaction verbally or in writing, about a service, actions of its staff, a Community Consultation Committee or its member(s) without the fear of retaliation of consequences.

A complaint is a generic term referring to the expression of dissatisfaction, orally or in writing, about the service or actions of an agency or its staff.

Procedure

If a Committee member has a concern or complaint about a task, another consumer representative, a patient or staff member the following procedure is to be followed:

- Notify the Consumer and Community Engagement Officer in writing or verbally. In notifying the complaint, provide sufficient information to enable the appropriate action to be taken. Committee members can outline the action they believe may resolve the issue if they wish.
- The Consumer and Community Engagement Officer will take actions to resolve a Committee member's complaint.

- At the completion of the action to resolve the complaint, the Consumer and Community Engagement Officer will provide a written decision to the community representative complainant.

If a complaint is received about a Committee member's performance:

- (i) The Chair will discuss the issue of complaint with the Committee member and seek to resolve any problems.
- (ii) Should issues still exist, or the Committee member feels they are not receiving fair treatment; the Senior Advisor Consumer and Community Engagement may become involved to seek an appropriate resolution.

For any complaints, concerns, or positive feedback regarding direct patient care contact:

Patient Liaison Service

Phone: (07) 4226 8244

Email: chhhs_feedback@health.qld.gov.au

11. Remuneration

The Health Service values community representatives participating on the Community Consultation Committees. The Board endorsed remunerating the Committees through sitting fees for attendance at meetings (in person or via teleconference/ video conference) and some travel expenses.

Sitting fee

A community representative appointed to a Cairns and Hinterland Hospital and Health Service committee (such as the Community Consultation Committees) to provide specialist skills and expertise on the Committee is eligible for remuneration.

- Remuneration is at a rate of \$187 per meeting less than four hours (travel time not included) plus reimbursement of travel costs as per Level One – Reimbursement.
- Remuneration is at a rate of \$374 per meeting more than four hours (travel time not included) plus reimbursement of travel costs as per Level One – Reimbursement.

Sitting fees are applicable to community representatives only. If you attend committee meetings on behalf of your work including local government or the Health Service, you are not eligible for sitting fees. Eligible committee members must attend three quarters of the meeting to be eligible to claim the sitting fee.

Travel costs (Level One – Reimbursement)

- Travel costs – A standard payment of mileage @ \$0.70 per kilometre with a minimum of 15 kilometres travelled, one payment per vehicle per day. Travel costs are to be calculated and paid based on the return distance travelled from home or work to the meeting place.
- Reimbursement of parking fees is to be discussed and agreed to by the Chair of the meeting being attended.

Reimbursement procedure

Committee members requesting reimbursement for sitting fees and/or travel relating to their duties on the Committees are required to:

- Complete the Statement by Supplier and FAMMIS Vendor Setup Forms. These forms only need to be completed once.
- Complete and return the Community Consultation Committee Member Invoice form for each meeting. (The invoice needs to be completed electronically)
- Reimbursement funds are deposited directly into the nominated bank account within 30 days of being processed.

The Consumer and Community Engagement Officer will provide all required forms to members.

Insurance

Committee members are covered under Health Service public liability insurance at all our facilities. Members are not covered for travel to and from meetings by the Health Service insurance but by personal and compulsory third party liability insurance.

12. Orientation and Training

A range of training options will be provided for orientation and ongoing development of Committee members. This may include:

- Onsite orientation and training workshops
- Videoconference and teleconference sessions
- Web based information.

13. Tips for Members

Be patient – Community participation is about change and this can take time to achieve. Sometimes progress may not be obvious for a while. Each small change you make as a member of the Community Consultation Committees adds value in patient/ consumer participation, which will realise benefit in the long term. Your role is important to us, even if you think progress may be slow.

Be confident – There are no right or wrong answers. Be confident to speak up. Your opinion as a member of the Community Consultation Committees is needed and appreciated. It may take several meetings before you feel comfortable and familiar with meeting procedures and issues. Give yourself time to adjust to the new environment. As you become more experienced you will feel more confident and comfortable.

Recognise your own expertise – remember that you are the one with the expertise when it comes to understanding the patient/ consumer perspective.

Before the meeting:

- Ensure you have received the agenda for the meeting with enough time to read, understand and consult other members if needed.
- If you are struggling with any terminology or concepts within the meeting material, contact the Consumer and Community Engagement for clarification.

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- Gather views or issues raised from previous meetings and ensure you have captured the patient/ consumer's perspective appropriately.
 - Submit agenda items to the Senior Advisor Consumer and Community Engagement two weeks prior to the meeting.
 - Check previous minutes of meetings and review agreed action items.

At the meeting:

- Introduce yourself to the Chair and Secretariat when you arrive.
- Complete personal notes on the discussions, outcomes and actions of the meeting.

After and in between the meeting:

- Follow up any action/ agenda items identified in the meeting that you have been allocated or are interested in.
- Reflect on and evaluate your involvement in the meeting in an ongoing manner.