




**REFRESHING THE CAC VISION
– A DECADE ON
CONSUMER ADVISORY COMMITTEES
FORUM 2010**

Forum Report

August 2010

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ACKNOWLEDGEMENTS

Health Issues Centre would like to acknowledge and sincerely thank the following Consumer Advisory Committee (CAC) members and Community Advisory Committee support staff for their invaluable contribution to the program and process of the forum:

Working group members

Irene Ryder (CAC member), Royal Women's Hospital
Paul Oppy (CAC member), Austin Health
Heather Watson (CAC member), Peter MacCallum Cancer Centre
Godefa Gher (CAC member), Alfred Health
Carol Lucas (CAC member), Bendigo Health
Diane Steward (CAC member), Melbourne Health
Tanya Hendry (RO), Alfred Health
Elena Wilson (RO), Bendigo Health
Assunta Morrone (RO), Western Health

Presenters

Maree Harris, CAC member, Ballarat Health
Helen Roberston, CAC member, Austin Health
Florence Kingsley- Matthews Janney Wales, CAC members, Melbourne Health
Pauline Hopkins, CAC Chairperson, Kathleen McAleer, CAC member and Colleen Berryman, Community Participation Coordinator, Southern Health
Suzie Taylor and Paul Prendergast CAC members, Bendigo Health
Heather Watson, CAC member and Fiona Watson, Director Quality & Organisational Development, Peter MacCallum Cancer Centre
Cath Harmer, Manager Quality, Safety & Patient Experience, Department of Health
Nicola Bruce, Senior Project and Research Officer Health Issues Centre
Sophy Athan, CAC member, Eastern Health
Gus de Groot, CAC member and Elaine Hillis Community Participation Program Manager, Peninsula Health

Table Facilitators

Tanya Hendry, Alfred Health
Assunta Morrone, Western Health
Colleen Berryman, Southern Health
Jose Urias, Dental Health Service Victoria
Kellie Michel, Royal Victorian Eye and Ear Hospital
Elaine Hillis, Peninsula Health
Nicola Bruce, Health Issues Centre
Nicky Barry, Health Issues Centre
Tere Dawson, Health Issues Centre

Health Issues Centre is proud to acknowledge the Aboriginal owners of the land on which the Forum was held. We pay our respects to the elders past and present and make an ongoing commitment to address indigenous health inequities.

INTRODUCTION

This report provides information about the process and learnings of a one-day Forum organised by Health Issues Centre and funded by the Victorian Department of Health (DoH) which was held on 27 July, 2010 at Victoria University (VU) Conference Centre in Melbourne.

The Forum was entitled “Refreshing the CAC Vision – A decade on”.

The working group, which consisted of Consumer Advisory Committee (CAC) members, CAC support staff and Health Issues Centre made clear decisions regarding the program and process of the Forum.

First, three key themes for presentations were decided. These were:

- ▶ Stories of Achievements
- ▶ CAC Journeys
- ▶ Learning to influential and strategic

The working group decided that the Forum would be recognition of the efforts made and lessons learnt by CACs across the 20 legislated CACs in Victorian public health services. The forum would provide central place to consumer voices, reflections and ideas through their presentations. The Forum would also act as platform to building connections across the CACs. The priority for attendance would be to legislated CACs, but opportunities would also be given to non-legislated CACs.

10 presentations were made – eight of which were from CACs and all of which had CAC members as key presenters. The presentations were passionate, informative and shared the complexity of the role and relationship between CACs and health services. They inspired participants with examples of commitment, transparency, and slowly transformative changes within health services through the efforts of CACs.

The Forum remained in an informal plenary setting for the whole process. Presentations by CACs were made in response to each theme followed by facilitated table conversations and discussions between people sitting at tables. Tables had members from different CACs.

Over ninety consumers, all of whom were involved in CACs, most of whom were from legislated CACs (but not all) and health service staff, attended the Forum.

The reflections and ideas that were repeated across many of the table discussions and for all of the themes included:

- ▶ Continuity over the long-term
- ▶ Relationships are critical between all levels
- ▶ Importance of communication between CAC and Board
- ▶ Clear, achievable objectives and projects
- ▶ Diversity of participation
- ▶ Clear and supported organisational processes for and within CACs
- ▶ From operational to more strategic – including linking personal stories and motivation to a whole-of-organisation approach to participation, and an organisational readiness to integrate the strategic role of the CAC.

The presentations were an ongoing resource for CACs wanting to find out more about the particular initiatives by CACs and their health services.

The presentations are available on the home page of the HIC website and can be viewed <http://www.healthissuescentre.org.au/>

SUMMARY OF REFLECTIONS AND DISCUSSION BY PARTICIPANTS

The following is a synthesis of key reflections documented during small table discussions after presentations on each theme. Table discussions were facilitated and given focus by two key questions. The questions are included under each theme.

It is interesting to note that discussion under each of the three themes generated common considerations for understanding and strengthening CACs and consumer participation in health.

This synthesis is prepared to be a useful point of reference for CACs in their ongoing development. Please refer to Appendix 1 for the full program of the Forum.

Theme 1: Stories of Achievements By CAC

Three presentations

- ▶ **Reviewing our services at Ballarat Health**
- ▶ **A case of Consumer Participation at Austin Health – a story of gradual achievement**
- ▶ **A CAC project on accessing quality health information on the Internet, Melbourne Health**

What stood out for you from the presentations?
How did they reach their achievements?

Importance of Communication between CAC and Board

- ▶ Role and skills of the Chairperson – it doesn't matter whether Chair is a community member or a member of the Board, but what is important is that they gain respect for the role/contribution of the CAC within the Board.
- ▶ Chair needs to open up the formal space for conversations to take place between CAC members.
- ▶ CAC-Board-CAC communication and feedback loop needs to be clear – one way is for CAC to identify a priority issue and place on the Board agenda as Item.

Continuity

- ▶ Long-term view: there is strength in knowing that change takes time.
- ▶ Following up – items staying on the agenda no matter how long it takes.
- ▶ Cultural and organisational change takes time.

CAC as champions

- ▶ In the three presentations, Ballarat Health, Austin Health and Melbourne Health, the CACs ensured that processes and projects were consumer-centred.
- ▶ CACs need to put up proposals/ideas/solutions – a positive contribution. A complaint is not a solution.

It's all about relationships

- ▶ Trusting relationships.
- ▶ Collaboration between CACs and managers, departments and CEO.
- ▶ Support from hospital management/ executive support is essential.
- ▶ Credibility of the CAC is critical.
- ▶ Collaboration is essential for success – inside health services and outside e.g. neighbourhood houses, State Library.

Communication between CACs

- ▶ Listening to other CACs is inspiring.
- ▶ How can we know what other CACs are doing?
- ▶ Need to develop forms of communication between CACs - an online tool?
- ▶ Exchange visits?
- ▶ Sharing the resources we produce and use e.g. Ballarat service review tool – how can we get it?

Clear, achievable objectives and projects

Processes for and within CAC meetings

- ▶ Focus on one task really well e.g. one task each meeting instead of 20.

Diversity of participation

- ▶ How to engage with, reach out to and make things accessible to people from culturally diverse backgrounds?
- ▶ We need to do more to include diverse consumers in diverse participation opportunities.

Evaluation of CAC initiatives

- ▶ Clarifying what CACs add.
- ▶ Continuous evaluation as a process for learning and improving CAC initiatives.

From operational to more strategic

- ▶ Moving from task-focused and hands-on approach to one that influences participation across the health service can be difficult.
- ▶ The Ballarat service review was an example of a strategic initiative delivered at an operational/departmental level.

Theme 2: CAC Journeys

Three presentations

- ▶ **Consumer Participation Training for Managers at Southern Health**
- ▶ **CAC's journey into a more strategic direction at Bendigo Health**
- ▶ **Our Journey at Peter Mac**

What stood out for you from the presentations?
How did their journeys of change happen?

Continuity

- ▶ It takes time to get things working right.
- ▶ “Hang in there” .
- ▶ Consumer participation is a long-term developmental process.

It's all about relationships

Importance of Communication between CAC and Board

- ▶ Understanding role of CAC, by CAC members, executive sponsors and the Board.
- ▶ One size CAC doesn't fit all – whether Chairperson is a Board member or a community member needs to reflect and consider overall organisation and impact on Board.
- ▶ Great that a CAC Chairperson can be a community member.

Clear, achievable objectives and projects

- ▶ Runs on the board should be recognized early in the life of CAC.
- ▶ Keep ensuring that CAC membership is engaged .

Transparency

- ▶ It hasn't all been easy at Peter Mac or Bendigo Health – both have learnt from their difficulties and have been willing to share.
- ▶ One key difficulty is the relatively high turnover of ROs. Why?

Processes for and within CACs

- ▶ Agendas were streamlined to be more effective.
- ▶ Good orientation process is essential.
- ▶ Great to have informal time for consumers to meet and build their relationships – and then contribute to better discussion and decisions at formal CAC meetings.
- ▶ Important to have ‘free’ discussions between consumer members.
- ▶ Support continuity of membership.
- ▶ Passion.
- ▶ Importance of Resource officers to pull it all together.
- ▶ Resource officer – important for them to know each CAC member and their interests and strengths.
- ▶ Support new members to understand direction of CAC.
- ▶ Clarity of members' roles and clear goals of committee.

Diversity of participation

- ▶ CAC is *one way* to engage consumers – How else? What can CAC do to open up participation of others?
- ▶ Consumer register is a broader group of consumers within the health service –but important to have a link with CAC

From operational to more strategic

- ▶ Need to constantly be aware of your Community Participation Plan (CPP) and review it - use it as a tool to measure how your CAC is working.
- ▶ Be strategic about who is on your CAC.
- ▶ Important to have methods to monitor and acknowledge achievements along the way.
- ▶ Self reflection & self assessment and honesty about what and how CAC is doing.
- ▶ Consumer participation training or managers (CP actions increased by 30% across Southern Health).
- ▶ Training embeds change.
- ▶ Consumers involved as ‘trainers’ in participation.
- ▶ Study patient journey.
- ▶ Consumer participation included in all staff job descriptions.
- ▶ Consumer impact statement on every project template.
- ▶ Consumer involvement from start of project.
- ▶ Measuring and evaluating what is the contribution of consumer participation in health care delivery and health outcomes – let’s build our evidence.
- ▶ Selecting projects carefully and making a direct link to health service strategic plan.
- ▶ Be involved in defining the health service strategic plan.

Theme 3: Learning to be strategic and influential

Four presentations

- ▶ **Wanting to listen - Department of Health**
- ▶ **Consumer voices contributing towards health workforce policy and planning - Health Issues Centre**
- ▶ **Developing a new framework at Eastern Health for consumer, carer and community engagement**
- ▶ **Peninsula Health values partnership**

What stood out for you from the presentations?

How can CACs become more influential across their health services?

Continuity

- ▶ It is important to recognize the diversity of how CACs work and that we are in constant evolution.

It's all about relationships

- ▶ Healthy humour in all projects and communication.
- ▶ CACs must build relationships with all levels within the health service – the RO and the Executive Director/sponsor are critical in this.

Processes for and within CACs

- ▶ Training for consumers, but to be also be aware of the limitations/contradictions of 'a trained consumer' (if train consumers too much then they're not a consumer anymore – when do you cross over that line?).
- ▶ Resource officers are very important.
- ▶ Buddy system between CAC members.
- ▶ Importance of orientation include tour of hospital and different sites of health service.
- ▶ CACs need to have skills to know what questions to ask.
- ▶ Sometimes CACs lack the confidence in their role – support for building confidence and capacity not confident.
- ▶ Need safe environment.
- ▶ Executive Director's role in clarifying important places of influence in health service at different times..
- ▶ CACs need members who are concrete, practical and want to get directly involved as well as those who want to work more strategically – need both.

Communication between CACs

- ▶ Sharing skills, knowledge and experience and supporting each other.

Clear, achievable objectives and projects

- ▶ Choices – CACs could do a hundred things - best to do a few.
- ▶ Small gains that work and get results are important.
- ▶ Be sure of what your focus is.
- ▶ Develop priorities every 12 months that which are linked to an ongoing plans (CPP).

Diversity of participation

- ▶ Peninsula Health has different ways of involving consumers and community members – from volunteer program to different advisory groups across different sites and different priority issues.
- ▶ CACs need to have stronger links with consumers involved in other committees and projects within health service.

From operational to more strategic

- ▶ There has to be organisational readiness and support for CAC to operate at a more strategic level.
- ▶ Personal stories can inform and motivate and move CAC towards a more strategic role.
- ▶ Understanding the complexities of the health service (mix of rural/suburban and sites and levels of healthcare services) and of the needs and communities.
- ▶ Important that CPP is developed *with* CAC and linked to their work.
- ▶ CPP belongs to and is the responsibility of the whole organisation not just CAC.
- ▶ Broader consultation regarding CPP and strategic plan so that planning involves not just CAC but broader communities.
- ▶ Resourcing (financial and staff) is required for participation to work well.
- ▶ Importance Right kind of training e.g. how to find voice as a consumer
- ▶ Document and evaluate all participation processes.
- ▶ Peninsula Health framework is a whole-of-organisation approach to Consumer participation.
- ▶ Consumers participating in defining policies of health services and of government.

EVALUATION

Fifty-five participants responded. 37 participants identified themselves as CAC members, five as general consumers and thirteen as working in health. Overall feedback of the Forum was positive and approving. The Forum was timely for many CAC members, both in well-established and newer CACs. It strengthened and energised the existing commitment and amongst CAC members and staff. Overwhelmingly participants valued the opportunity to hear and learn from one another through CAC presentations and discussions.

The following is a synthesis of some of the most common and key points raised in the evaluation of the Forum.

When asked what the most interesting aspect of the Forum was, the most common response by CAC members and consumers were:

- ▶ Presentations by CACs
 - Learning from other consumers, hearing about the gains and also the challenges along the way – dynamic and evolving.
 - Gave a wonderful insight to review and each think about our own CACs.
 - The diversity of ideas and initiatives.
 - The commonality of challenges.
 - Seeing the passion, integrity and competence of CACs.
- ▶ Talking at the table
 - Hearing each other's interpretation of the presentations.
 - Meeting people from a wide range of CACs.
 - Exchanging ideas.
 - Facilitated analysis.

When asked what the most interesting aspect of the Forum was, the most common response by health service workers, were:

- ▶ Presentations by CACs
 - Hearing what other services are doing; the good, the bad, fixes, ideas.
 - Identifying commonalities across health services.
 - Hearing the amazing strategies and actions combined with persistence to realise consumer participation initiatives.
- ▶ Well-designed process
 - Table concept worked very well. Met lots of people.

When asked what changes participants would make to the Forum, the most common responses by CAC members and consumers were:

- ▶ Set-up and process
 - It was hard to hear around the tables – need a larger space.
 - Better facilitation.
 - Start earlier and finish earlier (to allow travel to and from home).
- ▶ All presentations and tools e.g. Ballarat service review tool, need to be made available for sharing.
- ▶ More hospital executives, professionals and Board members included.

When asked what changes participants would make to the Forum the most common responses by health service workers were:

- ▶ Better support for facilitators.
- ▶ Greater representation from Department of Health and health services.

When asked what topics could be prioritised in the future, some of the ideas by CAC members and consumers were:

- ▶ Strategic planning tips for CACs.
- ▶ Ways to attract appropriate/complimentary new members to a CAC and manage the change in membership.
- ▶ How to address the barriers to effective participation.
- ▶ How to influence management.

When asked what topics could be prioritised in the future, some of the ideas by health service workers were:

- ▶ How can we evaluate the work of CAC's.
- ▶ Would like to hear from CEOs and Board members on their experiences in working with their CAC.

Additional comments:

- ▶ A great, empowering day. Certainly refreshed my own vision and motivation for our CAC.
- ▶ Wonderful! Thank you for the wonderful organisation and friendly staff.
- ▶ 'Informative, interesting and useful, have taken back many ideas of celebration...'
- ▶ The realisation that one size does not fit all – there are many CACs out there. Great to be part of the passion in the room.

CONCLUSION

The content and process of the Forum responded to the current context of CACs in Victorian public health services. After 10 years, there were many stories to be told and shared – stories about wonderful initiatives which open up health services in their relationships with consumers and communities; as well as stories of the challenges in the role and effectiveness of CACs and how they have been addressed.

Health Issues Centre was proud to be able to collaborate with members of the working group to develop a vision and process for the Forum. Health Issues Centre was also pleased to collaborate with CACs and their support staff who were willing to share their stories. The feedback from the evaluation was clear as to the importance of ongoing exchange between CAC members, as well as workers. Health Issues Centre hopes to continue to facilitate mutual learning and collaboration between legislated CACs, as well as between the growing number of non legislated CACs in many public and community health services across Victoria.

The Forum was a celebration and acknowledgement of the energy, commitment and contribution by consumers in a process of ongoing change in healthcare that is inclusive and participatory.

We extend our sincere gratitude to all presenters, facilitators and participants.



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PROGRAM

Tuesday, 27 July 2010

**Victoria University Conference Centre
Level 12
300 Flinders Street
Melbourne**

TIME	DETAILS	SPEAKERS
8.30 am	Registrations and Morning Tea	
10.00 am	<p style="text-align: center;">FORUM OPENING</p> <p>WELCOME AND REFRESHING THE CAC VISION</p> <p>ACKNOWLEDGEMENT OF TRADITIONAL OWNERS</p>	<p style="text-align: right;">Panayiota Romios Health Issues Centre</p>
10.10 am	Process of our Forum	<p style="text-align: right;">Jackie Mansourian Health Issues Centre</p>
10.15 am	THEME 1: STORIES OF ACHIEVEMENTS BY CACS	
Moderator: <i>Panayiota Romios</i>	1.1 Reviewing our services at Ballarat Health	<p style="text-align: right;">Maree Harris Ballarat Health CAC member</p>
10.25 am	1.2 A case of Consumer Participation at Austin Health – a story of gradual achievement	<p style="text-align: right;">Helen Robertson Austin Health CAC community member</p>
10.35 am	1.3 A CAC project on accessing quality health information on the Internet, Melbourne Health	<p style="text-align: right;">Janney Wales and Florence Kingsley-Matthews Melbourne Health CAC member</p>
10.50 am	TABLE DISCUSSIONS	
	<p style="text-align: center;">WHAT STOOD OUT FOR YOU FROM THE PRESENTATIONS?</p> <p style="text-align: center;">HOW DID THEY REACH THEIR ACHIEVEMENTS?</p>	<p style="text-align: right;"><i>Table Facilitators</i></p> <p style="text-align: right;">Nicky Barry, Colleen Berryman, Nicola Bruce, Tere Dawson, Tanya Hendry, Elaine Hillis, Kellie Michel, Assunta Morrone, Jose Urias</p>
11.30 am	<p>Sharing with the whole group</p> <p>Key reflections and considerations from table discussions</p>	<p style="text-align: right;">Facilitator: Jackie Mansourian</p> <p style="text-align: right;">4-5 tables share their key point</p>
11.45 am	Shaking and moving	<p style="text-align: right;">Nicky Barry</p>
11.50 am	THEME 2: CAC JOURNEYS	
Moderator: <i>Panayiota Romios</i>	2.1 Consumer Participation Training for Managers at Southern Health	<p style="text-align: right;">Pauline Hopkins Southern Health CAC Chairperson</p> <p style="text-align: right;">Kathleen McAleer CAC member</p> <p style="text-align: right;">Colleen Berryman Community Participation Coordinator</p>
12.00 pm	2.2 CAC's journey into a more strategic direction at Bendigo Health	<p style="text-align: right;">Suzie Taylor and Paul Prendergast Bendigo Health CAC members</p>
12.10 pm	2.3 Our Journey at Peter Mac	<p style="text-align: right;">Heather Watson Peter MacCallum Cancer Centre CAC member</p> <p style="text-align: right;"><i>and</i></p> <p style="text-align: right;">Fiona Watson Director Quality & Organisational Development</p>

TIME	DETAILS	SPEAKERS
12.20 pm	TABLE DISCUSSIONS	
	<p style="text-align: center;">WHAT STOOD OUT FOR YOU FROM THE PRESENTATIONS?</p> <p style="text-align: center;">HOW DID THEIR JOURNEYS OF CHANGE HAPPEN?</p>	<i>Table Facilitators</i>
1.00 pm	<p>Sharing with the whole group</p> <p>Key reflections and considerations from table discussions</p>	<p style="text-align: right;">Facilitator: Nicky Barry</p> <p style="text-align: right;">4-5 tables share their key point</p>
1.15 pm	LUNCH	
2.10 pm	THEME 3: LEARNING TO BE STRATEGIC AND INFLUENTIAL	
Moderator: <i>Panayiota Romios</i>	3.1 Wanting to listen	Cath Harmer Manager Quality, Safety & Patient Experience Department of Health
2.20 pm	3.2 Consumer voices contributing towards health workforce policy and planning	Nicola Bruce Senior Project and Research Officer Health Issues Centre
2.30 pm	3.3 Developing a new framework at Eastern Health for consumer, carer and community engagement	Sophy Athan Eastern Health CAC member
2.40 pm	3.4 Peninsula Health values partnership	Gus de Groot Peninsula Health CAC member <i>and</i> Elaine Hillis Community Participation Program Manager
2.55 pm	TABLE DISCUSSIONS	
	<p style="text-align: center;">WHAT STOOD OUT FOR YOU FROM THE PRESENTATIONS?</p> <p style="text-align: center;">HOW CAN CACs BECOME MORE INFLUENTIAL ACROSS THEIR HEALTH SERVICES?</p>	<i>Table Facilitators</i>
3.35 pm	<p>Sharing with the whole group</p> <p>Key reflections and considerations from table discussions</p>	<p style="text-align: right;">Facilitator: Jackie Mansourian</p> <p style="text-align: right;">All tables share one key point</p>
4.05 pm	News from HIC – International Conference on Consumer Participation	Panayiota Romios
4.10 pm	Evaluation of the Forum and Giveaways	Nicky Barry
4.20 pm	<p>Where to with our presentations and reflections</p> <p>Thank you and Close</p>	Jackie Mansourian