



Partnership Model

Our guide for NMHS and consumers, carers and community to work together

The Partnership Model was developed by consumers, carers, families and staff of North Metropolitan Health Service (NMHS).







Acknowledgement of Country

We acknowledge the Whadjuk Noongar people as the traditional owners and custodians of the land on which we work, and pay respect to their elders both past and present.

The North Metropolitan Health Service recognises, respects and values Aboriginal cultures as we walk a new path together.



Introduction

The Partnership Model provides guidance for NMHS and consumers, carers and families to work together to design, deliver and evaluate health services, so that they work better for people who use them. The content in this first version of the model was developed to address barriers identified by NMHS and consumers, carers and families when trying to work together.

The Partnership Model will evolve over time with more content for more audiences, based on learning what is needed to support two-way engagement and partnership. This version is focused on building strong foundations to move forward together by focusing on how to work together.

How it was developed

The Partnership Model was co-created and named by consumers, carers, families, and staff of NMHS through a series of workshops and forums. The choice of the term Partnership was very specific. During its development consumers, carers and NMHS felt the name needed to underpin a philosophy of working together in which consumers are treated with dignity and respect, information is shared and collaboration in healthcare and consumer engagement processes are encouraged and supported to the extent that consumers choose.



Why use the Partnership Model?

Our vision at NMHS is to be a leader in contemporary consumer engagement across WA Health, with robust measurement, monitoring and evaluation of partnerships in a West Australian healthcare context.

Working in partnership with consumers, carers and families leads to:

- · Better access to care
- Improved quality of care
- Greater efficiency of care
- Better health outcomes
- Improved experience of healthcare
- Services that meet the diverse needs of the community NMHS serves



Who is it for?

Consumers, carers and families

who want to contribute to shaping our health services so they work better for people who use them

NMHS staff

wanting to engage with consumers, carers and families to shape NMHS so that they work better for people who use them

NMHS sites and services seeking to embed consumer partnership practice as a core part of service design, delivery, evaluation and decision making across the organisation

Key drivers



NSQHS Standard 2 - Partnering with consumers

Aims to create health service organisations in which there are mutually beneficial outcomes by having:





- Consumers as partners in planning, design, delivery, measurement and evaluation of systems and services
- Patients engaged as partners in their own care to the extent that they choose

Sustainable Health Review - Recommendation four

Commit to new approaches to support citizen and community partnership in the design, delivery and evaluation of sustainable health and social care services and reported outcomes. This includes real-time consumer feedback mechanisms, transparent public reporting, greater shared decision-making, and consumer and carer voices embedded in governance structures.





NMHS strategic priorities





Enabling healthy communities:

- We will empower people in our communities to live healthy lives
- We will co-design and collaborate to improve services and deliver community-centred care
- We will partner to improve the health of people in the first and last 1000 days

People-centred care:

- We will provide services that recognise individuals, their abilities and cultures
- We will listen to our consumers and carers about what matters to them
- We will respect the consumer and carer as essential members of the healthcare team
- We will ensure our health service delivers the best care all the time



Our people

NMHS staff and consumers, carers and families are calling for more effective ways to work together to shape how NMHS designs, delivers and evaluates services.

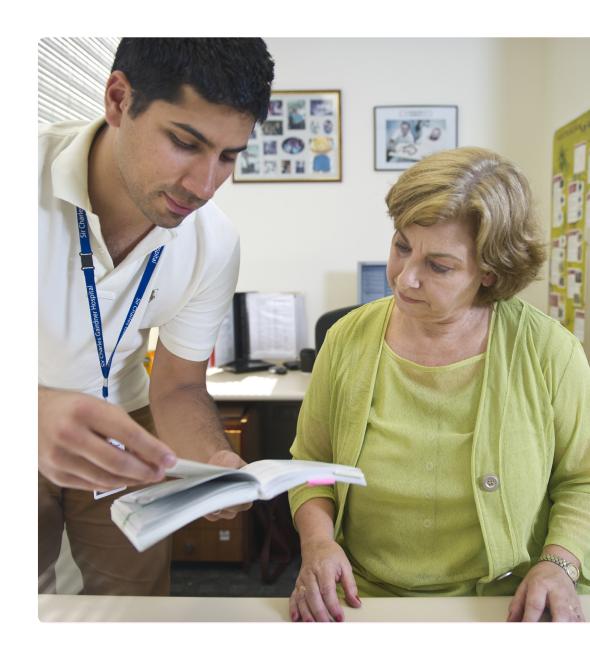


Supporting frameworks

The Partnership Model is designed to support authentic, safe and respectful ways of working together for staff, consumers and carers. The model is a guide and it is acknowledged that one toolkit cannot meet the needs of every health service scope and context. We encourage users to complement use of the model by considering a range of other frameworks for consumer and carer engagement.

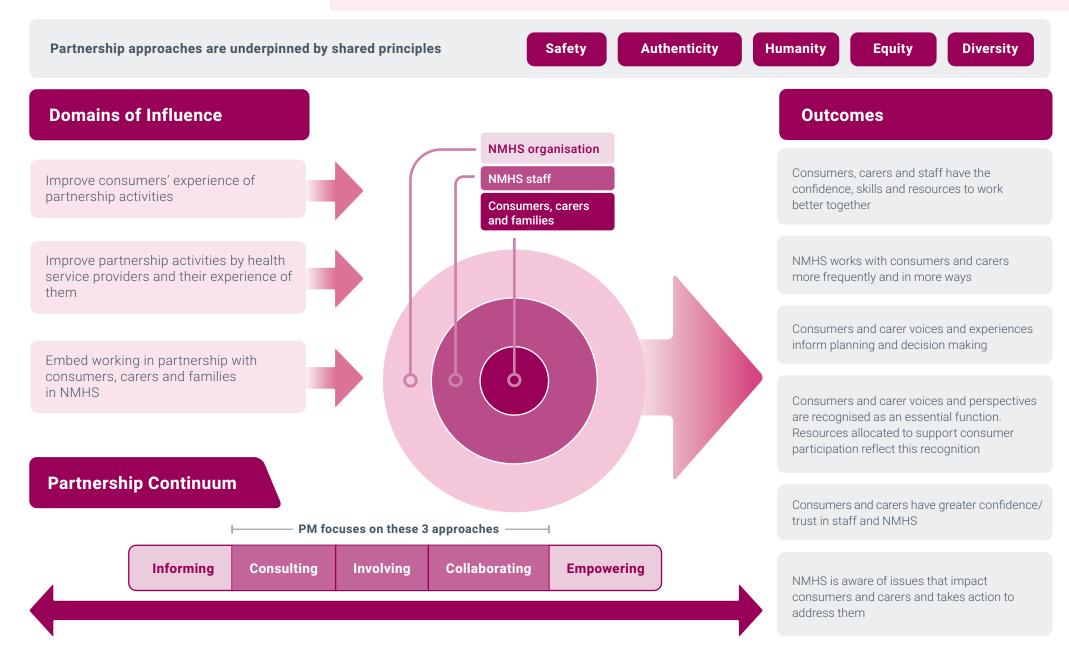
These include:

- Department of Health; <u>You Matter: A guideline to support engagement</u> with consumers, carers, communities and clinicians in health
- Mental Health Commission; Working Together: Mental health and alcohol and other drug engagement framework 2018-2025 and Toolkit
- National Mental Health Commission; <u>Lived Experience (Peer)</u> Workforce Guidelines
- North Metropolitan Health Service; <u>C4 Engagement Framework</u>
- WA Council of Social Services; <u>Lived Experience Framework: Principles</u> and practices for Lived Experience Partnerships
- WA Health Translation Network; <u>Involving Consumers in Health and Medical Research: A practical handbook for organisations, researchers, consumers and funders</u>



Partnership Model

The purpose of the Partnership Model is to improve how NMHS designs, delivers and evaluates health services together with people who use them.



Using the Partnership Model

The Partnership Model contains elements and resources to support practice in four phases of working together known as pillars.

Pillar 1: Principles for working together

Pillar 2: Planning to work together

Pillar 3: Engaging with and accessing

each other -

Pillar 4: Learning as we work together to continue to adapt for impact

The elements and resources included in this first version of the Partnership Model address what is being called for now, to better enable NMHS and consumers, carers and families to work together.



PRINCIPLES FOR WORKING TOGETHER



How do we build a strong foundation to work together?

Partnership Principles

NMHS Partnership Principles describe guiding principles and practices for effective partnership between NMHS and consumers, carers and families.

Partnership Principles and Strategies provide guidance about how to bring the principles to life.

PILLAR 2

PLANNING TO WORK TOGETHER



What is the best approach to working together based on what we need to achieve?

Partnership Continuum

NMHS Partnership Continuum describes different approaches to working together depending on the purpose of the work, so that the most appropriate approach can be used to achieve the best outcome.

Partnership Continuum in Practice describes the five approaches to working together and explains how each can be defined in terms of power, time and commitment and what is needed for each approach.

How do we plan for partnership from the start?

Designing and planning partnership projects and activities

The **NMHS Partnership Project Scoping Tool** is a tool that supports planning of projects and activities that involve working together with consumers, carers and families so that capacity to do this well is built from the start.

The **Consumer: Assessing an Involvement Opportunity** is a tool to support consumers and carers to decide if they want to take up an opportunity to work with NMHS and what they need to make it a success.

PLANNING TO WORK TOGETHER



What do we need to know as we get started?

Where can we find more information?

Partnership case studies

NMHS Partnership case studies provide examples of projects for different approaches on the Partnership Continuum and lessons learned from the process.

Consumer Engagement Resource Hub

The **NMHS Consumer Engagement Resource Hub** provides guidance, information, tools and resources about:

Partnership Model: The 'how-to' guide to work together effectively with consumers, carers and NMHS

Consumer experience: The ways in which we hear from consumers about their experience with our health service, including MySay surveys and Care Opinion, and how we use this information to drive service improvements at our sites

Consumer recruitment

How to access and support the process of working together.

- 1. For consumers and carers to work with NMHS
- 2. For NMHS staff to work with consumers, carers and families

Consumer Advisory Councils: Purpose, priorities, functions, success stories, and governance, resources and information

Embracing diversity: Working in partnership with diverse populations including CaLD, Aboriginal people, people with disability, and LGBTQIA+ community

Community of practice: Learning from others via case studies and sharing success stories, challenges and inspirations

Carers: A dedicated space to provide resources, education and support to embed the voice of carers in the health journey

Complaints management: How we respond to and manage complaints from consumers at NMHS

Training & education: Training and education opportunities to support staff and consumers to work together

ENGAGING WITH AND ACCESSING EACH OTHER



How can we connect with consumers, carers and families, or with NMHS?

Community Partnership Network

The **Community Partnership Network** is a register of consumers and carers who are interested in shaping the way NMHS designs, implements and evaluates services to make them work better for people who use them.

The **Community Partnership Network registration form** and promotional material can be used to support and build the growth of this community in our health service.

How do we pay people for their contributions?

Partnership contributions and payments

The **NMHS Partnership Contributions and Payments Matrix** describes ways consumers and carers contribute to shaping NMHS services and the rates of payment for those contributions.

The **NMHS Partnership Payment Toolkit** supports consistent and appropriate payment that reflects the valuable contribution consumers make.

ENGAGING WITH AND ACCESSING EACH OTHER



What does a Community Advisory Council need for success?

Community Advisory Council (CAC) Model

The **Community Advisory Council Model** contains foundational elements and resources to support CACs, including:

- What CACs do
- CAC role descriptions
- CAC membership
- Recruitment of members and roles
- Organising and facilitating CAC meetings
- Governance and reporting





How can we measure if the way we worked together made a difference and reflected partnership?

Measurement and evaluation framework and resources

The **NMHS Partnership Model Theory of Change** describes how the elements of the Partnership Model contribute to outcomes and results for those people and organisations working to embed partnership practice.

The **PPEET (Public and Patient Engagement Evaluation Tool)** is a validated tool used to measure the effectiveness of partnership activities on service improvement and its impact.

How can we learn with others to continue to improve partnership practice?

Learning together

The **Consumer Engagement Community of Practice** brings together health staff and consumers, carers and families to reflect and learn, share success, challenges and inspiration to build partnership practice.

Glossary of terms

Carer: A carer refers to an individual who provides ongoing care, support and assistance to a person with disability, a chronic illness (including mental illness) or who is frail, without receiving a salary or wage for the care they provide. (Carers Recognition Act 2004).

Clinician: All healthcare professionals who provide direct patient care, including medical, nursing, peer support and allied health staff. This care can be provided in a hospital, outpatient service, community clinic, skilled nursing facility, or in a patient's home.

Community: A group of people who share something in common. It may be location, interests, culture, language, beliefs, values or traditions. Individuals can be members of many communities. Communities can also identify and form around issues. These issues may magnify the similarities or differences of community members. This may result in the identification and adoption of different methods and techniques when undertaking engagement.

Consumer: A current, potential or previous user (in the last five years) of the North Metropolitan Health Service (NMHS). This can include a patient, their family or carer and is inclusive of all ages, genders, people living with a disability, people from diverse cultural and ethnic groups, socio-economic status and social circumstances, health, and illness conditions.

Engagement: Informed dialogue between the organisation and consumers/ carers/support workers/community/clinicians that encourages sharing of ideas, options and collaborative decision making in areas including planning, policy, research, service delivery, quality improvement and evaluation.

Health Service Provider: a Health Service Provider as established under the Health Services Act 2016 for an area, and may include North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS), Child and Adolescent Health Service (CAHS), WA Country Health Service (WACHS), East Metropolitan Health Service (EMHS), PathWest Laboratory Medicine and Health Support Services (HSS).

Lived experience: A person's expertise gained from having a specific life experience. This 'context expertise' contrasts with academic, 'learned' or 'content expertise'.

Partnership: Working together collaboratively to make decisions, sharing responsibility for decisions and collectively owning outcomes. The Partnership Model includes a range of ways to work together that include partnership as described above.

Staff: Any person working in NMHS who is undertaking a partnership initiative with consumers, carers or families.

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