Southern Adelaide Local Health Network

Community Engagement Strategy 2021-2024

To listen, act, make better, together

Government of South Australia

Health
Southern Adelaide Local Health Network

Acknowledgement

Ngadlu tampinthi, Kaurna Miyurna yaitya yarta-mathanya Wama Tarntanyaku. Ngadlu tampinthi purkarna pukinangku, yalaka, tarrkarritya. Parnaku yailtya, parnaku tapa purruna, parnaku yarta ngadlu tampinthi. Yalaka Kaurna Miyurna itu yailtya, tapa purruna, yarta kuma puru martinthi, puru warri-apinthi, puru tangka martulayinthi.

We acknowledge the Kaurna people are the traditional custodians of the Adelaide Plains and pay respects to Elders past, present and future. We recognise and respect their cultural heritage, beliefs and relationship with the land. We acknowledge that they are of continuing importance to the Kaurna people living today.

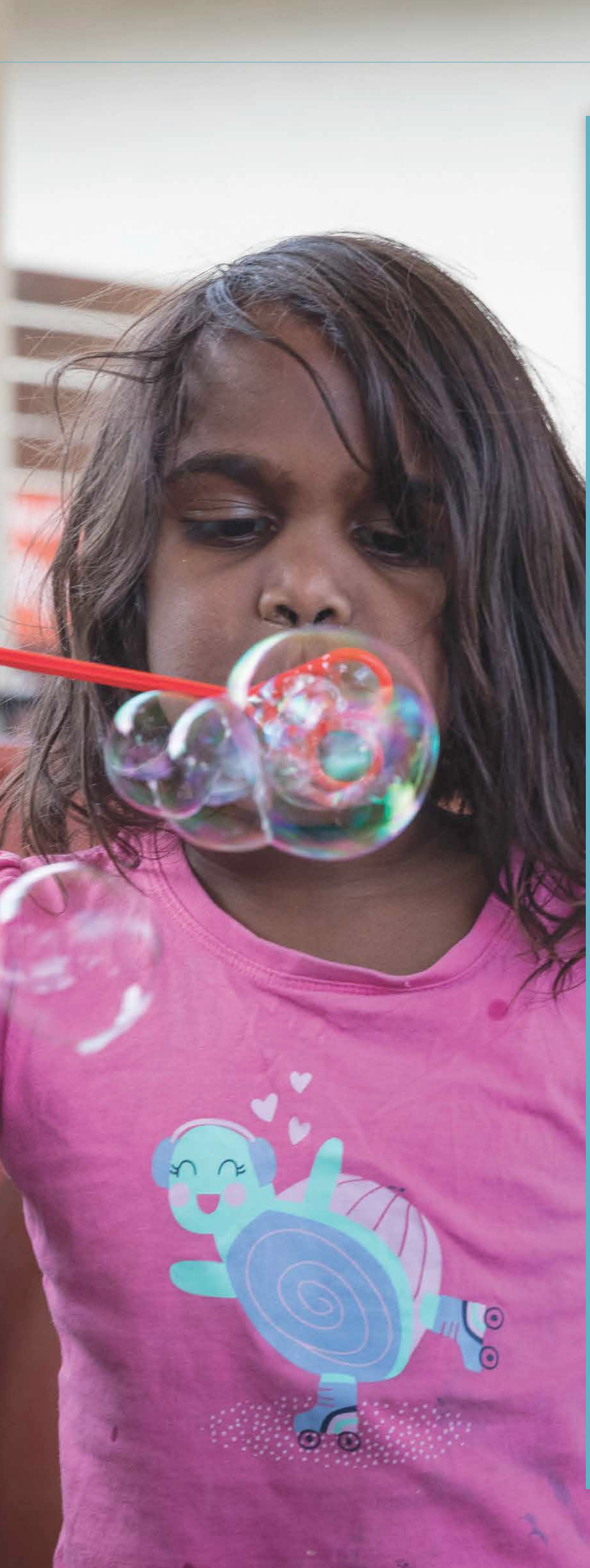
We also pay respects to the cultural authority of Aboriginal and Torres Strait Island people visiting and attending from other areas of South Australia/ Australia.

The Aboriginal and Torres Strait Islander Community

The Southern Adelaide Local Health Network acknowledges that Aboriginal and Torres Strait Islanders are the First Peoples of Australia. We accept the wrongs of the past. We understand that past government policies and practices still negatively impact on Aboriginal and Torres Strait Islander people's health today. We are committed to working in partnership with the Aboriginal and Torres Strait Islander community to provide empowering environments that enable self-determination. The voice of the Aboriginal and Torres Strait Islander community is essential in our consultation processes. We are committed to collaborating with Aboriginal and Torres Strait Islander people to maximise their lifelong health outcomes.

Definition

The term Aboriginal is used with respect in this document as an all-encompassing term for Aboriginal and Torres Strait Islander people and culture.



A thriving community, providing reliable and respectful healthcare

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Our Board and Executive message

Caring for you and your health takes an entire community. Our staff, including clinicians, our consumers, relationships and research, all support our community's health. Our work at Southern Adelaide Local Health Network (SALHN) is driven by your needs.

Many people in our community live and work in the south. Others visit from outside our geographic boundaries, including from rural, remote, and interstate locations, to access our highly specialised, state-wide services. Some people may have never used our services but are connected to us as carers, members of groups who serve the community, such as local government, primary and allied-health practitioners, families, schools and educators. Everyone plays a crucial role in creating a strong local health service.

In preparing this strategy, we started by assessing our current community engagement activities and partnerships, and asked you what is working well. We used this information to help us think about what we can improve. Other new ideas will also come from you, our community, when we work together.

"Our aim is to strengthen the relationships we have with our community, and this Community Engagement Strategy is our blueprint."

JULIE MITCHELL
Chair, Southern Adelaide Local Health Network Board Community Engagement Subcommittee

"I look forward to working with our community to build on our innovative, caring, reliable and respectful health services."

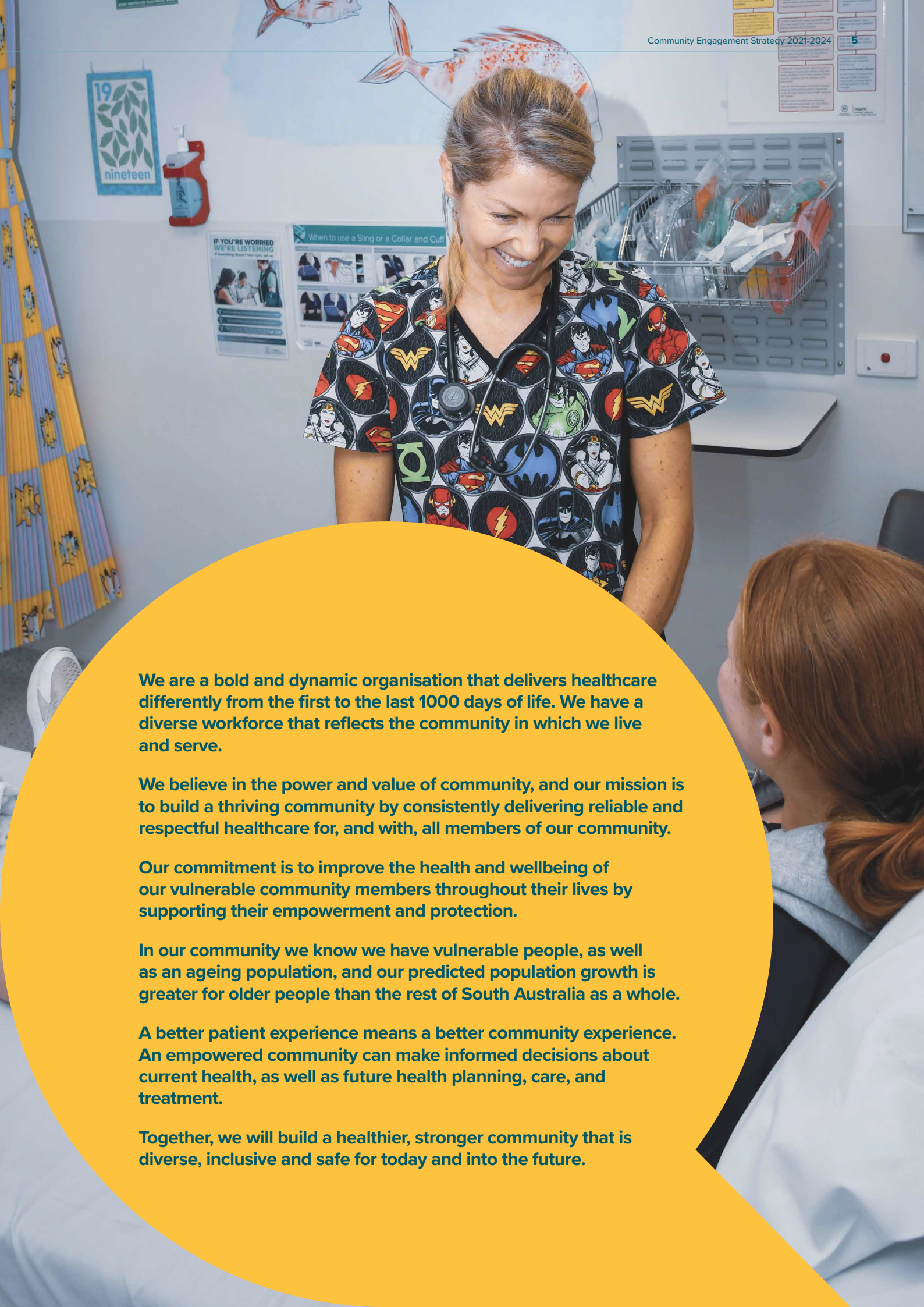
WAYNE GADD
Acting Chief Executive Officer, Southern Adelaide Local Health Network

"We know we will make better decisions if those decisions are informed by the needs and expectations of our community."

MARK BUTCHER
Chair, Southern Adelaide Local Health Network

This strategy is intended to guide our approach to community engagement. We want to:

- Create strong, trusting, and meaningful relationships with our community to better align our clinical services to our community's needs based on projected population changes. Many such relationships already exist, and our aim is to strengthen them.
- Achieve excellence in person and family-centred care, to build partnerships to improve and innovate, to become a destination for world-class research and training, and to ensure academic and evidence-based research is aligned to clinical care.
- Ensure you, the citizens in our community, can access information about health and help you develop knowledge about your own health and the health system that supports you now and into the future.
- Create more opportunities for our community to help us plan, deliver and evaluate our healthcare and systems. We will engage in a meaningful way and we will support you to participate.



We are a bold and dynamic organisation that delivers healthcare differently from the first to the last 1000 days of life. We have a diverse workforce that reflects the community in which we live and serve.

We believe in the power and value of community, and our mission is to build a thriving community by consistently delivering reliable and respectful healthcare for, and with, all members of our community.

Our commitment is to improve the health and wellbeing of our vulnerable community members throughout their lives by supporting their empowerment and protection.

In our community we know we have vulnerable people, as well as an ageing population, and our predicted population growth is greater for older people than the rest of South Australia as a whole.

A better patient experience means a better community experience. An empowered community can make informed decisions about current health, as well as future health planning, care, and treatment.

Together, we will build a healthier, stronger community that is diverse, inclusive and safe for today and into the future.

Our profile

Who we care for

At SALHN we provide healthcare for more than 350,000 people who mainly live in southern Adelaide. We also care for people from regional South Australia, the Northern Territory and New South Wales.

63%
The over 70 years of age group is predicted to grow by 63% (up to 2031)

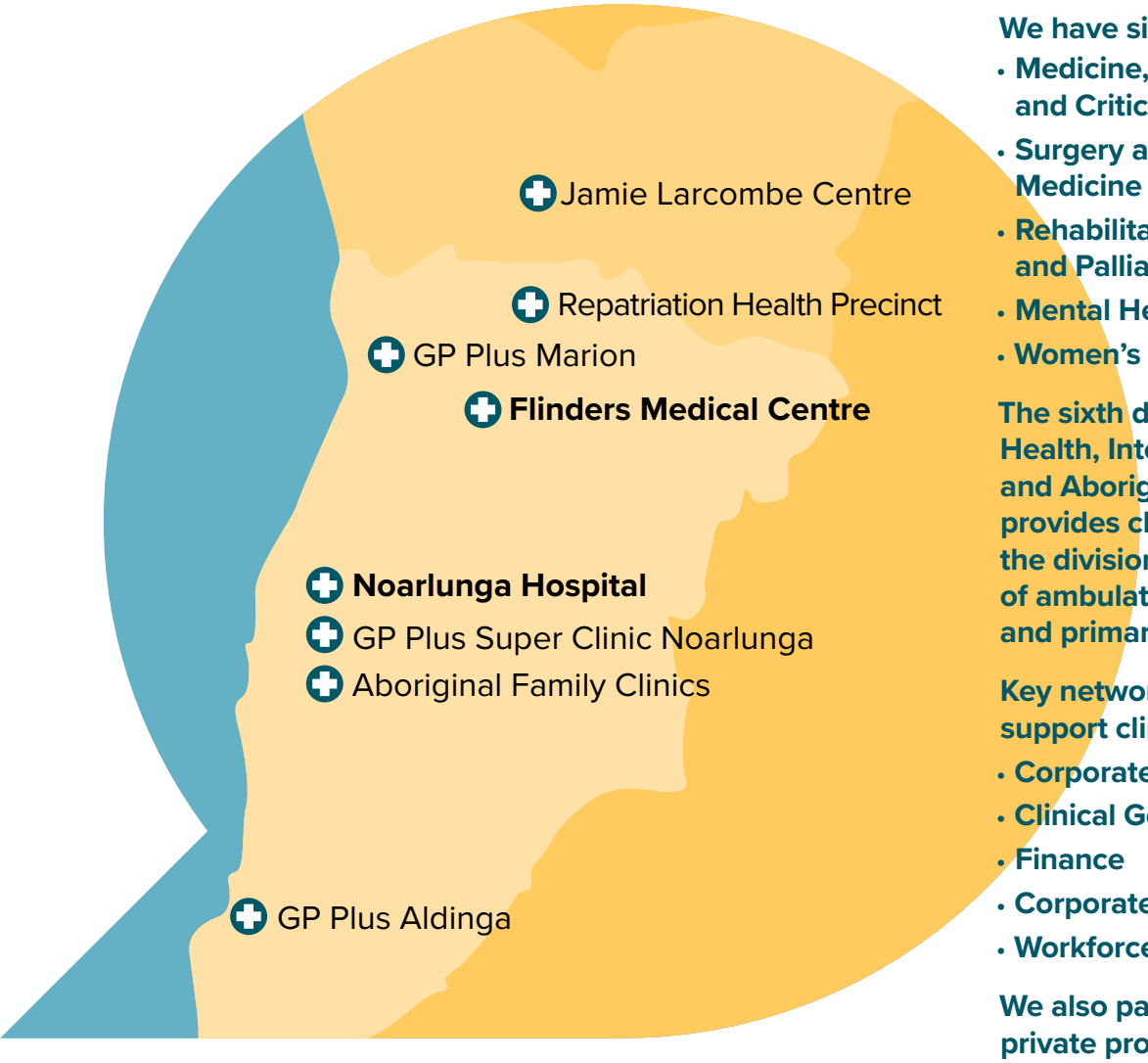
28%
were born overseas primarily in the UK, China or India

1.2%
are Aboriginal or Torres Strait Islander

17%
are under 14 years

18%
are over 65 years

Source: Clinical Services Plan: 2017-2018



Our services

We have six clinical divisions:

- **Medicine, Cardiac and Critical Care**
- **Surgery and Perioperative Medicine**
- **Rehabilitation, Aged Care and Palliative Care**
- **Mental Health**
- **Women's and Children's.**

The sixth division is Allied Health, Intermediate Care and Aboriginal Health, which provides clinical services across the divisions as well as a number of ambulatory, community and primary-health services.

Key network services support clinical divisions:

- **Corporate Governance and Risk**
- **Clinical Governance**
- **Finance**
- **Corporate**
- **Workforce.**

We also partner with several private providers across multiple sites to deliver services and have home-based services.

Our core health services include medical, surgical, rehabilitation, aged care, palliative care, mental health, allied health, Aboriginal health and women's and children's services, ranging from acute to primary health services.

Our state-wide services include liver transplant and adult cochlear implant services, eye bank, adult eating disorder service, gambling therapy, veterans mental health, older persons mental health, obstetric trauma and Drug and Alcohol Services South Australia.

Our affiliated services include Flinders Private Hospital, the Metropolitan Referral Unit, the Artificial Limb Scheme, Flinders Reproductive Medicine and McLaren Vale and Districts War Memorial Hospital.

We are a leading research and teaching organisation providing a clinical environment for medical, nursing and midwifery and allied health research.

What is community engagement?

There is no universal definition of community engagement. For us, community engagement means involving people in issues affecting them and deepening relationships to work collaboratively with groups or individuals who have a common interest in health and wellbeing. Here we explain some terms we use in this document that relate to community engagement.

For SALHN, community engagement involves connecting with the community to build long-term relationships, share information, plan and build capacity to shape our healthcare system for the benefit of our community.

What do we mean by community?

Community is made up of the people who live, work, and visit a place, or have a common interest. There are communities of place and communities of interest. **Communities of place are where** people identify with a defined geographical area, e.g. a council, a housing precinct or a neighbourhood. **Communities of interest are where** people share a particular experience, or characteristic such as gender identity, sexual orientation, young people, faith groups, older people, people living with a disability and migrant groups.

Why is community engagement important for us?

Developing healthcare systems and services in partnership with patients, families, carers and the community is known to improve clinical and individual health, as well as the quality and safety of health services. Patient satisfaction, perceptions of healthcare organisations, advocacy, and workforce satisfaction are all improved through robust community engagement, enabling health services to be more responsive to community needs.

What is a consumer?

Consumers are patients, users or potential users of health services. Consumers can also be advocates, families and carers, paid or unpaid.

What is a stakeholder?

Any person or group who provides, receives, manages or has an interest or concern in our healthcare are stakeholders. For SALHN, our stakeholders include our local university, supporter groups, schools, councils and special interest groups such as our tenants, and our health providers, including general practitioners, allied health and other health suppliers.

Who is our community?

These are the individuals and groups who make up our community.

Who they are

Health consumers	**CONSUMERS** are individuals who currently use our services, have used our services in the past or might use them in the future.
Interest groups	**CHARITIES**, not-for-profits, schools, churches, community-service organisations, chamber of commerce organisations, media, families, local businesses, organisations representing consumer's interests.
Stakeholders	**VETERANS**, mental and behavioural health services, dental health, other local health networks, non-government organisations involved with health and wellbeing, universities and industry representatives, service-delivery partners, allied-health practitioners, general practitioners, government departments, royal colleges and professional associations, community groups, LGBTQIA+ people and organisations, government agencies, the private sector, not-for-profit and membership organisations, local councils, law enforcement, social service agencies, migrant health services.
Staff	**OUR** workforce includes nurses, midwives, doctors, allied-health professionals, clinicians, clerical and administrative staff, knowledge-based workers, executive, program managers, maintenance services, volunteers, students (current and future), health researchers.
Our established consumer advisory groups	**SALHN** Partnering with Consumers Advisory Group, Aboriginal Consumer and Community Group and Mental Health Lived Experience Group.

Note: Examples of the types of individuals and groups are not definite, and examples may fall under more than one category, eg, a consumer can also be part of a group, including our established consumer advisory groups.

Why are they important?

WE partner with consumers so they can influence their own individual care and health outcomes, to ensure the consumer perspective is considered with our engagement practices.

WE involve these groups in service design, planning and evaluation to enable us to deliver the best health outcomes that are respectful, appropriate, and accessible.

CONNECTING with our stakeholders allows us to build long-term relationships, share information and collaborate to deliver services that best meet the needs and improve health outcomes of the community and individual.

CLINICAL and non-clinical staff have both direct and indirect influences on consumers and their experience, including advocacy. Staff may also live in the south, may have relationships with consumers and stakeholders, bring in new ideas and act as ‘community champions’.

WE support these groups to represent and advocate for consumers who have a common interest. Consumer involvement within the Board Community Engagement Sub-Committee is essential in influencing long-term governance, policy, service and program development, implementation and evaluation, research, infrastructure design, education, consumer-targeted information, and campaigns.

Why we developed this strategy

We understand improving community health is best addressed locally, by the citizens and stakeholders who are connected in our community. We already partner with our consumers to improve our health services and we want to broaden our community connectivity to help shape our local healthcare system now and into the future.

We have a strong focus on research and are getting through COVID-19 together. We are aware of the challenges and demands ahead: an ageing population, an increase in mental ill-health and chronic disease, the rising cost of healthcare, ageing infrastructure, learnings from a global pandemic and technology transformation.

Some recent health service improvement projects include: expanding our Flinders Medical Centre Emergency Department, the busiest emergency department in South Australia, which will make it the biggest in the state; moving from a paper-based medical record system to an electronic one; and repurposing the Repat Health Precinct.

Effective partnering is more than effective healthcare, it includes sharing knowledge, resources and information, building diversity and inclusion knowledge, providing education and training, as well as strategic planning, enhancing policy guidance together and developing health-literacy information and networking.

We acknowledge collaborative relationships are ongoing, can be complex and take time. We are committed to open communication that involves listening to you, keeping you informed and being clear about how your contributions help us. This approach is about recognising and understanding the values, beliefs, perceptions and ideas of our community.

We are committed to open communication that involves listening to you, keeping you informed and being clear about how your contributions help us.

How we consulted with our community

In developing this strategy, we created genuine dialogue and collaboration with the people connected to us, inviting a broad range of community-based stakeholders to focus groups, interviews, surveys and listening posts.

Through this process we heard from our consumers, staff, volunteers, service-delivery partners, advocates and stakeholders, including general practitioners, about what is important to you.

Here is what you told us to consider.

Communication

WHETHER during a pandemic, or delivering vital services, we need to share credible, factual, evidence-based, clear, simple and trusted information from our experts to our community.

Continue to include our consumers as part of our community

WE have well-established and engaged consumer advisory groups, including our Partnering with Consumers Advisory Group, our Aboriginal Consumer and Community Group and our Mental Health Lived Experience Group, who will continue to contribute to our service-planning process and provide regular feedback at various stages of the consumer healthcare journey. We have an opportunity to build on this with our community.

Strategise with the people connected to us

TAKE time to explain the strategic direction of our organisation and involve the community where appropriate to help shape clinical services and upgrades or changes to infrastructure.

Respectful, responsive, and inclusive

OUR approach must always be respectful of, and responsive to, all consumers, including minority groups and people experiencing vulnerability and disadvantage. We must always recognise that varied life experiences are an asset.

Loop back

WE should give feedback on people's involvement and explain how their input has been included, considered, and incorporated into our projects and services.

Our vision for community engagement

We want to be an active partner with our community. Our aim is to support our community over the next three years to:

- better understand your own health and the health system that supports you through health **education**
- participate in activities that help shape healthcare now and into the **future**
- embrace new **technologies** and ways of receiving healthcare to improve health outcomes for everyone in the community.

How will we do this?

Community engagement is about **relationship development, informed decisions** and **capacity building**. These concepts are not mutually exclusive and they can work hand-in-hand. Each is an essential goal, which will help us achieve our vision.

Relationship Development

GOAL: Develop and sustain meaningful, effective relationships with our wider communities, between our workforce, including our leadership and clinical services, our research partnerships, our consumers and our established consumer advisory groups.

How we will do this:

- Work with our leaders and staff, including clinical services and research areas, consumers and our established consumer advisory groups to identify our current, potential, and future relationships.
- Connect with our community to better understand how we should communicate and engage with you, then register and record this analysis.
- Create an ongoing two-way conversation with our stakeholders on your expectations of healthcare now and into the future, and ask you how you think we can align our services to projected population changes and digital transformation over the next decade.
- Respectfully continue to support consumers and our established consumer advisory groups to be active partners in your own healthcare as well as the planning, design, delivery, measurement and evaluation of our systems, processes, purpose, infrastructure and services.
- Ensure our community engagement involves specific strategies and projects designed to include and address the diversity of need and capacity for engagement, including the provision of cultural safety and inclusivity.
- Establish and implement ways for forming new partnerships including with Aboriginal communities, mental health groups and culturally, linguistically and diverse organisations and LGBTQIA+ organisations.
- Provide our community with balanced, accessible, and inclusive information to help them understand problems and solutions.
- Support effective partnering by regularly providing information, education, and policy guidance to build relationships and engagement expertise with the community.

Informed Decisions

GOAL: Provide engagement opportunities for our community to inform the decisions we make to enhance the planning, design, delivery and evaluation of our services, processes, systems, infrastructure, strategies and policies.

How we will do this:

- Review and discuss opportunities for new or emerging community engagement with executive, clinical services, program and project leads, staff, volunteers and our consumer advisory groups.
- Provide opportunities for the community to contribute to the planning, design, delivery and evaluation of our services to improve our quality of care.
- Test feedback and exchange information with the community.
- Communicate the outcomes of engagement.
- Regularly ask communities for feedback about our health services information and communication channels.
- Ensure our communication and engagement is meaningful, diverse, and inclusive to support the community to participate.

Capacity Building

GOAL: Continue to build the capacity of our community internally and externally, to support effective community engagement and relationships from design to delivery and evaluation feedback.

How we will do this:

- Further develop our organisational culture, systems and workforce capability to ensure community are at the centre of what we do.
- Support staff in planning, designing, undertaking and evaluating community engagement activities, by providing tools, mentoring and training.
- Support effective partnering by continuing to promote community engagement tools, education and policy guidance to build relationships and engagement expertise with our workforce and community.
- Identify, empower and support dedicated champions for engagement; provide more advanced training for identified staff.
- Seek advice, support and input from our diverse workforce and community.
- Record and measure the outcomes of community engagement, share learnings with staff and discuss community feedback with them about what worked well.

Our goals

We will undertake the work needed to meet our goals in a phased approach over the next three years.

PHASE 1

Understanding our stakeholders and developing relationships, establishing engagement approaches and building a community engagement plan with measures of success, tools and training.

Build the basics

Structure and approach

PHASE 2

Equipping our community for engagement opportunities, and providing the tools and training developed in phase one to create informed decisions.

Goal oriented

Learning by doing

PHASE 3

Ongoing support for community engagement, making sure it is embedded into our organisational policy and governance, service design and provision by evaluating against our developed measures of success.

Becoming a way of life

Embed and refine

2021

2024

Our relationships

This community engagement strategy aligns with our SALHN Strategic Direction Map 2019-24. In particular, it supports the strategic plan's 'relationship pillar', however this strategy is connected to all four strategic pillars and driven by our community's needs. The other three pillars are our clinical services, our consumers and our research, which are all supported by our people including clinicians.

Our mission

To build a thriving community by consistently delivering reliable and respectful healthcare for, and with, all members of our community.

To be a

Clinical

Build strong and trusting relationships with all clinicians and empower them to lead change, continuously improve the quality and safety of our services by equipping them with the skills and opportunities they need to be effective.

- Developing supportive and collaborative relationships.
- Creating a respectful work environment.
- Employing a consistent and systematic way to manage and solve problems.

- Connecting clinicians.
- Collaboration and driving enquiry in improvement, innovation and research.
- Providing opportunities for clinicians to feel valued and be heard.
- Clear and transparent communication, providing feedback and closing the loop.
- Supporting high-functioning multi-disciplinary teams for the best patient care, experience and outcomes.

SALHN Clinician Engagement Strategy 2021-2024

Our purpose

We will care for you every step of the way. We will partner with community and non-government care providers so all members of our community can access and live meaningful lives.

Our principles

- Developing supportive and collaborative relationships.
- Creating a respectful environment.
- Employing a consistent way to manage and solve problems.

Our relationships

To build partnerships to improve and innovate.
destination for world-class treatment, research and training.

Community

Actively partner with our community by sharing information, collaborating, and enabling our community to have meaningful involvement in decision making about planning, design, delivery and evaluation of effective healthcare for our current and future population.

- Relationship development.
- Decision-making opportunities.
- Capacity building.

People

Our people feel they are part of the Southern Adelaide Local Health Network, where they are valued for their contribution and work in partnership together, in complementary roles, to enable the delivery of reliable and respectful healthcare.

- Promote and value the wellbeing of our people.
- Attract and recruit talented, diverse people.
- Develop leadership excellence and capability.

Our objectives

- Develop and sustain meaningful, effective relationships with our wider communities.
- Provide engagement opportunities with our community to enhance the planning, design, delivery and evaluation of our services, processes, systems, infrastructure, strategies and policies.
- Continue to build the capacity of our leaders, volunteers and staff, including clinical services, to support effective community engagement and relationships from design to delivery and evaluation feedback.

SALHN Community Engagement 2021-2023 SALHN

- Promote psychological health awareness – taking care of self and others.
- Plan for future workforce requirements always looking forward and being responsive to changing needs to ensure sustainability.
- Streamline our recruitment process and use smart technology.
- Build an Aboriginal workforce that better reflects and supports the needs of the community we serve.
- Build leadership capability to support teams.

SALHN People Blueprint 2021-2024

Our commitment to engaging with our community

We know we are 'better together'. Purposeful engagement helps create better decisions by giving our citizens a voice on the issues relevant to them. Consultation with our community will focus on the safety and quality of health services, service planning and design, service delivery and the monitoring and evaluation of service delivery.

We are genuinely committed to a two-way dialogue about health on key drivers to the south. This includes digital transformation, an ageing population with complex health and social issues, and infrastructure challenges, to create a high-quality, effective stakeholder and community engagement culture.

When engaging with our community we commit to the following engagement principles:

We know why we are engaging

We are clear about what we are asking the community to consider and how much they can influence the decision or outcome to avoid unrealistic expectations. We clearly articulate timeframes, processes and how we communicate decisions.

We know the history

We determine what we already know and research background information. Where possible, we build on previous engagement activities and identify opportunities to coordinate current engagement activities. If a new process is required, we explain why.

We know who to engage

We identify stakeholders using a transparent process to make sure we promote trust in the engagement process. We ensure the community have various opportunities to contribute their opinions and expertise, including diverse voices, and in various ways.

We start together

Meaningful engagement takes time and continued effort. We start together to build a sense of ownership and to save time and resources down the track. Community engagement is a consideration at the beginning of decision-making and change processes.

We are genuine

We are honest about our intent and clear about the purpose and level of engagement. Our commitment to communication and engagement is reflected within our plans and actions. We listen to understand. We close the feedback loop and let people know how they contributed to and influenced outcomes and how their voice has been heard.

We are relevant and engaging

We put our community at the centre of the engagement process and make it relevant, accessible, and interesting. We are creative, innovative, and responsive in the various ways we engage.

How we will engage with our community

Engagement with our community may include strategic planning, developing information about health issues, or making decisions about their own care. Community engagement can occur within different groupings such as:

Individuals – consumers, patients, their families, carers (paid and unpaid) and advocates as partners in their own healthcare and treatment

Services – partnerships connected to how programs, services or facilities are designed, structured, evaluated and improved at a local level

Networks – regional engagement across service providers enabling input into broader plans across health

Systems – policy, reform, strategies and legislative influence across the health system.

Engagement Options

Inform	Consult	Involve	Collaborate	Empower / Community Led
Provide clear information about something that is going to happen or has happened to assist the community to understand issues, alternatives and solutions.	Have a two-way communication process aimed at obtaining feedback on analysis, alternatives and decisions.	Directly work with community throughout the process to identify issues and views from a range of perspectives.	Work together in partnership to identify alternatives and preferred options and to support decision making.	Provide opportunities and resources to directly contribute to determining the outcome.

Our promise to the community

We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how community input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will work with you and implement what you decide.

Engagement Technique Examples

Inform

- Regular SALHN written communication, eg. newsletters, intranet, internet, flyers, media releases
- Social media, eg. Facebook, Instagram
- Face-to-face meetings
- Emails and mail outs
- Community newsletters
- Invitation letters
- Advertising at bus shelters, the cinema, radio, television
- Information booths at shopping centres, schools, fairs
- Patient-information sheets.

Consult

- Focus groups
- Written, telephone, email or face-to-face surveys
- Workshops for discussion
- Mobile phone apps
- Public meetings
- Leveraging local council and other service initiatives
- Community listening posts (in shops etc)
- Open and tour days
- Meet and greets

Involve

- Focus groups
- Survey design
- Short-term project committees
- Consumer, carer and community representatives in meetings
- In-depth interviews
- Community Shark Tank ideas pitch
- Community groups help plan a meeting or tour day

Collaborate

- Focus groups
- Consumer register
- Short-term project committees
- Consumer, carer and community representatives in meetings
- Active feedback from stakeholders, eg. Residential aged care facilities

Empower / Community Led

- Ballots
- Citizen juries
- Work with the public to implement jointly agreed solutions
- Go out to the community (their networking and communication tactics)
- Our established consumer advisory groups, eg Partnering with Consumers Advisory Group

When engaging with our community, we will use different options depending on what is needed in each situation.

Note: It will rarely be one engagement option used in any one process. We will always 'inform' during engagement but may use a mixture of techniques. This has been adapted from the globally recognised IAP2 Public Participation Spectrum (2018), which is a useful framework for community engagement around decision-making, but we acknowledge it is less useful for relationship development and capacity building which are also community engagement objectives.

Our accountability

Responsibility for our community engagement is held by different individuals, teams and groups within SALHN.

Preparing and planning for community engagement will involve:

- **Setting the agenda**: developing objectives, expectations and measures of success
- **Informing**: providing information and data to support engagement
- **Involvement and collaboration**: improving structures, processes and support for consultation/ debate
- **Empowerment**: investing in skills, capabilities and opportunities to lead change and feedback.

From any point of care, to the Board and back, SALHN will ensure community participation occurs from the Board and Executive level, through to the program, ward and unit level, as well as through our established, consumer advisory groups.

This approach ensures the community can partner with SALHN at all levels.

The way consumers are involved with partnerships of their own care, and in service design and governance that includes:

- Patient and Family Care
- Patient and Family Representative Program
- Patient Satisfaction Survey
- Consumer Feedback and Management (complaints and compliments).

Who is accountable?	In what way?
ORGANISATION	
Our Board	Governance, endorses strategy, aligns to SA Health Policy, provides oversight
Our Chief Executive Officer	Approves implementation and monitors strategy
Community engagement Board sub-committee	Regularly monitors engagement outcomes
Executive	Supports strategy, provides oversight and ensures integrated approach
Communication division (currently called media and communication)	Supports the process, committee, executive and Board reporting. Provides capability building for the community and liaises with our established consumer advisory groups
PROGRAM/CLINICAL SERVICES	
Clinical directors	Reviews and discusses opportunities with their teams to include community engagement with programs and projects
Program delivery managers, medical leads, nursing leads, allied health leads	Identities opportunities for community engagement
Community of practice for community and consumer	Representatives from each of the service areas CAC/ CAGs will meet quarterly with a focus on selection, information sharing, ideas and experiences.
Community of practice for staff	Staff with an interest or responsibility for community engagement within the organisation. Focused on sharing ideas and experiences as well as building capacity of staff to drive change in their service or unit areas. Ongoing meetings.
PROJECT	
Program and project leads	Identifies opportunities and discusses this with the relevant program manager, medical, nursing leads and allied health leads, which is discussed with communication division
Project team and or steering committee	Regularly reviews projects with a focus on engagement, determines whether the strategy is being appropriately managed and applied
Executive level project sponsor	Maintains oversight of engagement within the project and provides guidance

How we will continuously improve our community engagement

Making sure we continue to improve our community engagement culture is important and we will do this by:

Asking our community for feedback

We will regularly ask for feedback from the community. This feedback will form a continuous feedback loop.

We will listen in different ways, ensuring it is appropriate for the diverse needs of our community. This will include through surveys, regular evaluation of engagement opportunities through our established consumer advisory groups and collating community stories to understand and record community-driven solutions and insights.

We will close the loop - "you said, we did"

Through this feedback we will regularly monitor our community and relationship activities, evaluate the impact of these partnerships and consider how these actions could be improved.

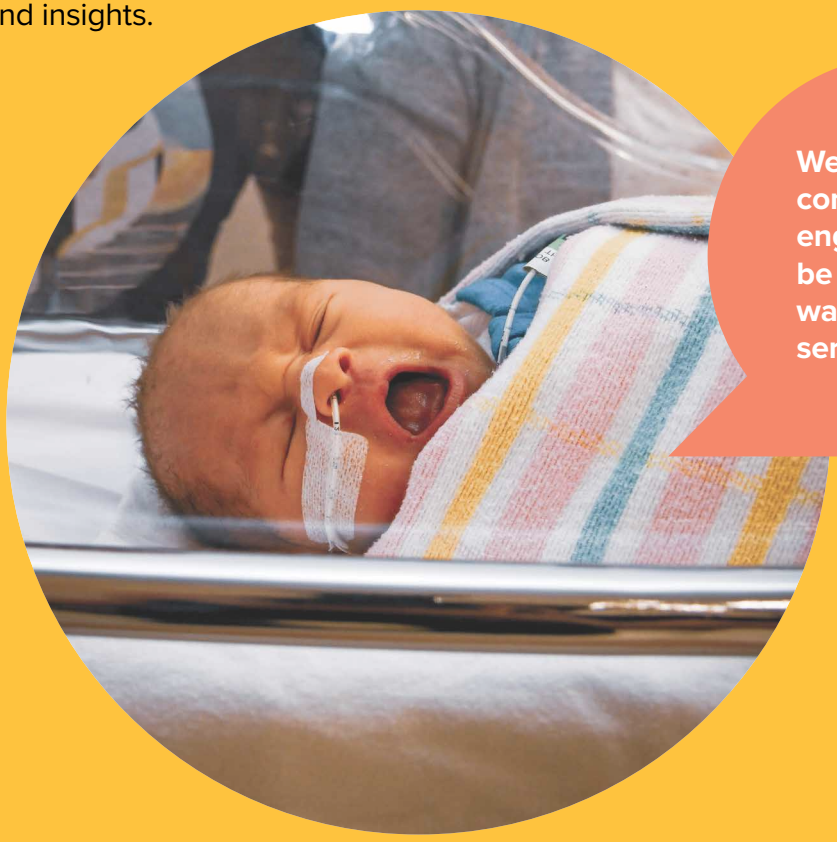
We will keep our community in the loop about the feedback we receive, including the influence it has had across all areas of our health service.

We will embed community engagement into the way we work

We want community engagement to be a part of the way our health service operates so it is embedded in our organisational culture, policy and governance, as well as in service design and provision.

Reviewing and reporting

Reporting on our community engagement efforts will be made to leadership groups and governing bodies. We will formally report on our community engagement achievements against our developed measures of success in our annual report on the Southern Adelaide Local Health Network.



We want community engagement to be a part of the way our health service operates.

Resources and strategic context

The SALHN Governing Board was established in July 2019, strengthening the input of the community in the design, delivery and evaluation of our health services. The Board's input is vital for us to meet community expectations, deliver better outcomes and as well as to achieve National Safety and Quality Health Service Standards. A Board engagement strategy will be developed to further strengthen links between community, clinicians, health providers and our people.

This community engagement strategy outlines our commitment to engaging with the community. It also responds to the Health Care (Governance) (No 2) Amendment Bill 2019 and amendments to the Health Care Act 2008. These require local health network governing boards to develop, publish and implement community engagement strategies. This strategy is available online via the SALHN website.

This strategy is informed by national and international standards including:

- SALHN *Strategic Direction Map 2019-2024*
- SALHN *Consumer Engagement Procedure 2019*
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For more information
Office of the CEO
Southern Adelaide Local Health Network
Telephone 8204 4066
Email Health.SALHNCEOOffice@sa.gov.au
www.sahealth.sa.gov.au/SALHN

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