

# Consumer and Community Engagement Professionals – Community of Practice: 2025 Report

## Executive Summary

This document provides a detailed overview of the Consumer and Community Engagement Professional Community of Practice (CoP), a cross-organisational group dedicated to advancing consumer and community engagement across the South Australian health system. The group operates on a collaborative, distributed leadership model, with meeting chair responsibilities rotating among the membership. This structure fosters shared ownership and integrates diverse system-wide perspectives.

Membership is comprehensive, drawing from a wide array of LHNs, statewide services such as SA Pathology and the SA Ambulance Service (SAAS), and external partners like the Leukaemia Foundation, ensuring a holistic approach. In 2025, the group's agenda balanced high-level strategic health topics, such as Palliative Care, with a significant focus on operationalising "Inclusive Engagement." This included addressing Disability Access and Inclusion Plans, SA Autism Strategy, Aboriginal and Torres Strait Island representation and the practical governance of consumer representation, including onboarding, training, and fee structures.

Attendance data indicates a core of consistently engaged members, suggesting a stable foundation for its activities, while the overall structure presents a robust model for establishing effective Communities of Practice in other health domains.

## 1. Governance and Operational Structure

The working group's operational framework is defined by a structured meeting schedule and a collaborative leadership model, ensuring consistent progress and shared responsibility across the health system.

The CEIH acts as administrative support, hosting the communication channel and sharing agendas and action logs.

### 1.1 Meeting Schedule

The group convened on a bi-monthly basis throughout 2025. The established schedule was as follows:

Date	Status
25 Feb 2025	Scheduled
23 Apr 2025	Scheduled
24 Jun 2025	Scheduled
27 Aug 2025	Scheduled
28 Oct 2025	Scheduled
December 2025	<b>CANCELLED</b>

## 1.2 Distributed Leadership Model

A key feature of the group's governance is its rotating chair model, which distributes leadership responsibilities among member organisations. This approach promotes engagement and ensures that priorities from different parts of the health system are represented.

The designated chairs for 2025 meetings were:

- **February & April:** Commission on Excellence and Innovation in Health (CEIH)
- **June:** Barossa Hills Fleurieu Local Health Network (BHFLHN)
- **August:** Northern Adelaide Local Health Network (NALHN)
- **October:** Department for Health and Wellbeing (DHW)
- **December (Cancelled):** Southern Adelaide Local Health Network (SALHN)

## 2. Membership and System-Wide Representation

The group's effectiveness is underpinned by its diverse membership, which reflects a comprehensive, system-wide commitment to consumer engagement.

### 2.1. Organisational Composition

The group comprises representatives from a wide spectrum of Government and non-Government health entities in South Australia, ensuring that discussions and initiatives are informed by varied operational contexts.

Category	Participating Organisations and Networks
<b>Local Health Networks (LHNs)</b>	Barossa Hills Fleurieu (BHFLHN), Northern Adelaide (NALHN), Southern Adelaide (SALHN), Women's and Children's (WCHN), Flinders and Upper North (FUNLHN), Central Adelaide (CALHN), Eyre and Far North (EFNLHN), Riverland Mallee Coorong (RMCLHN), Limestone Coast (LCLHN), Yorke and Northern (YNLHN)
<b>Statewide Services</b>	SA Pathology, SA Ambulance Service (SAAS), Department for Health and Wellbeing (DHW), Commission on Excellence and Innovation in Health (CEIH)
<b>Non-Government Organisations</b>	Leukaemia Foundation, Royal Flying Doctors

### 2.2 Professional Roles and Expertise

Members hold roles directly relevant to the group's mandate, primarily focused on consumer and community engagement, quality and safety, and strategic partnerships. Key roles include:

- Consumer/Community Engagement Officer, Advisor, or Consultant
- Director of Consumer and Community Engagement
- Quality, Risk, and Safety Coordinator/Manager
- Senior Project Officer, Safety and Quality
- Patient Experience Partner
- Director of Partnerships

This professional composition ensures that the group is equipped with the necessary expertise to drive meaningful change in how the health system partners with consumers.

## 2.3 Attendance and Engagement Patterns

Attendance records for 2025 meetings reveal a core group of highly engaged members who participate consistently. Most organisations demonstrated high attendance. Other members exhibit more variable participation, frequently submitting apologies, which indicates a continued commitment to the group's purpose even when physical attendance was not possible.

## 3. Thematic Focus and Strategic Priorities

The group's agenda was designed to address both specific, high-priority clinical areas and the foundational structures required for effective and inclusive consumer representation as well as community engagement.

### 3.1 Defined Meeting Themes

The 2025 schedule included meetings with pre-defined, strategic themes:

- **February 25, 2025: Palliative Care**
  - Chaired by CEIH, this meeting focused on Palliative care and the need for considered consumer and family input.
- **June 24, 2025: Inclusive Engagement**
  - Chaired by BHFLHN, this meeting had a comprehensive and multi-faceted agenda aimed at embedding inclusivity into health services and consumer partnership structures. Key sub-topics included:
    - **Disability Access and Inclusion Plans:** Addressing systemic barriers for people with disabilities.
    - **SA Autism Strategy Action Plans:** Focusing on specific needs of the autistic community.
    - **SA ED Improvement Project:** Integrating consumer perspectives into emergency department enhancements.
    - **Consumer Representative Support:** A focus on the operational framework for consumer representatives, covering Onboarding, Training, and establishing a Sitting Fee Budget Line. This demonstrates a commitment to professionalising and sustaining the role of the consumer representative.
- **October 28, 2025:**
  - Chaired by DHW, this meeting focussed on a number of state-wide systemic issues as well as sharing work with Aboriginal and Torres Strait Island consumers:
    - **Aboriginal Community Forum:** CALHN shared a video of recent work in engaging Aboriginal consumers and next steps following the forum.
    - **Sitting fees consultation:** DHW shared the consultation process for sitting fees policy and shared with the group for consultation.

### 3.2 Flexible Agenda Setting

Several meetings in the latter half of the year (April, August, October) had themes listed as "TBC" (To Be Confirmed). This suggests a flexible and responsive agenda-setting process, allowing the group to adapt to emerging priorities and member needs throughout the year.

### 4. Conclusion: A Model for Communities of Practice

The structure and operation of the Consumer and Community Engagement Professionals Community of Practice provide a compelling blueprint for establishing effective Communities of Practice (CoPs) in other critical health domains, such as Clinical Networks and Priority Focus Areas.

The key factors that make this a replicable model include:

1. **Distributed Leadership:** The rotating chair model is fundamental. It prevents centralisation of power, fosters a sense of collective ownership among participating entities, and ensures a diversity of perspectives in leadership. A CoP for Allied Health, for example, could rotate leadership among LHNs to highlight different service models and challenges.
2. **System-Wide Representation:** The inclusion of all LHNs, key statewide services, and relevant external partners ensures that initiatives are developed with a holistic understanding of the entire health ecosystem. This comprehensive membership is essential for fostering collaboration and enabling system-wide adoption of best practices.
3. **Dual Focus on State-Wide Systems and Strategy and Operations:** The model effectively balances high-level, system-wide strategic discussions (e.g., Palliative Care strategy, sitting fees policy for consumers in SA) with the critical operational mechanics needed to support the workforce (e.g. training and remuneration for consumer representatives). Any successful CoP must similarly address both the "what" (strategic goals) and the "how" (practical implementation and support). The model also allows to celebrate work being done across the sector with an opportunity to replicate and share (e.g. Aboriginal Health Consumer forum held by CAHLN).
4. **Central Coordination and Support:** The implicit role of a central body like the CEIH provides the necessary administrative backbone, stability, and continuity for the CoP. This coordinating function is vital for maintaining momentum, managing logistics, and sustaining the group's activities over the long term.

By adopting this framework, other health areas could establish robust CoPs that bring together practitioners and policymakers to share knowledge, solve common problems, and drive consistent, system-wide improvements in care delivery.

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