CEIH Partnerships and Networks

Commission on Excellence and Innovation in Health.

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Government of South Australia

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Why we partner and engage

People are at the centre of everything we do. Our partnerships and networks aim to ensure that clinicians, consumers, carers and other collaborators are engaged in a meaningful way, and that their experience and expertise guide our work so that we can successfully achieve our strategic outcomes:

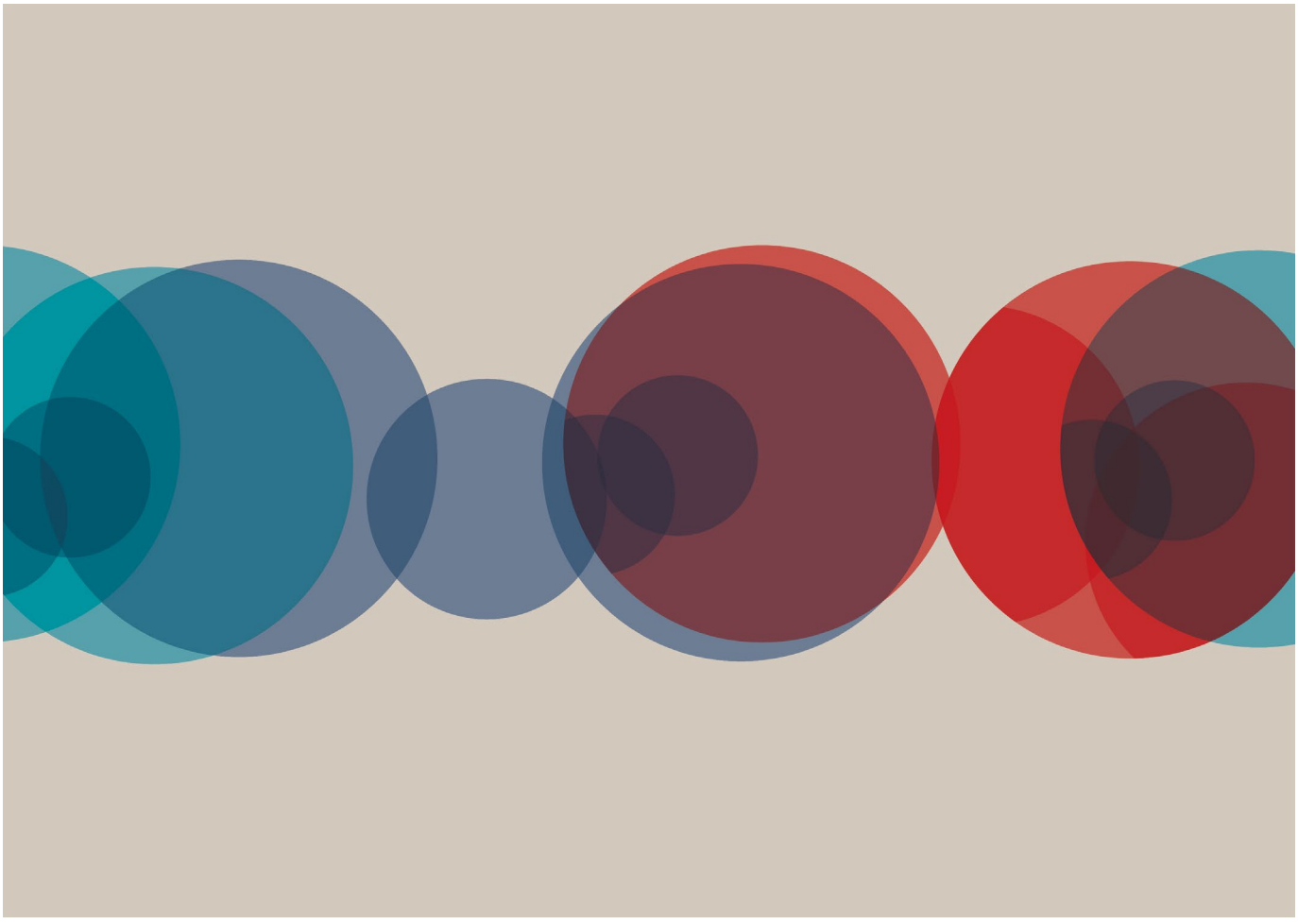
- Excellent health outcomes.
- Excellent experiences for everyone.
- Consumers, carers and clinicians engaged in design, delivery and evaluation of health services.
- Increased confidence and pride in the South Australian health system.
- A culture in the health system of innovation and striving for excellence.
- SA recognised as having an excellent health system and being a leader in healthcare innovation.

Who we partner and engage with

We consider everyone that we interact with to be our 'customers'. However, our three main focuses are:

- Clinicians and other healthcare workers.
- Health consumers, carers and the community.
- The South Australian healthcare system.

Our primary focus is to help clinical people do things better and that requires co-designing solutions with clinicians, leaders, consumers, carers and other collaborators to achieve better health outcomes and experiences for all South Australians. Collaboration and knowledge-sharing are fundamental to better healthcare, they provide rewarding processes for all involved and create sustainable solutions.



How we partner and engage

The following principles ensure we engage in a genuine way in all of our work (see Appendix 1 for a tool to assess against these principles).

Our principles for engagement

Principle		Statement	In Practice
1	**Partnership**	We work in partnership with all those involved in healthcare, particularly clinicians, consumers, carers and other collaborators in all aspects of our work.	We will develop clear mechanisms to collaborate with people. For example, for consumers and carers this includes the Community of Consumers, membership on Statewide Clinical Network Steering Committees and other advisory committees and engagement in projects. For others it may include formal partnerships or other clearly defined mechanisms for working together.
2	**Participation**	We support people to actively engage, participate and contribute to decision making and, in the planning, design, implementation and evaluation of all our work.	We will develop a person-centred process to understand people's needs and values and provide the required training or other support for active and meaningful engagement.
3	**Respect**	We value equally, the different experiences and skills people bring. This includes both the recipients of health care as well as the providers of health care.	We will undertake all engagement processes with mutual respect, demonstrated by treating people with courtesy and politeness, encouraging the open expression of ideas, actively listening and adopting a non-judgemental approach.
4	**Accessibility**	We recognise there are barriers to meaningful engagement and take action to remove barriers to ensure inclusion and accessibility for everyone, especially those people from marginalised or disadvantaged communities.	We will proactively identify barriers to effective engagement and do whatever we can to eliminate them in order to ensure that people are able to participate.
5	**Diversity**	We value engagement with diverse groups of people, including all sorts of clinical and non-clinical backgrounds, people with a disability, older people, young people, people from culturally and linguistically diverse backgrounds, Aboriginal people, people from rural or remote areas, and LGBTIQA+ people.	We will actively seek input from a diverse range of people. Where this is difficult, we will work with people and communities to develop strategies that support their engagement in our work.

Quality assurance for engagement

We align with the International Association for Public Participation (IAP^2) Quality Assurance Standard Process for Community and Stakeholder Engagement in order to ensure quality engagement. For more Information, see the IAP^2 website.

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
Purpose Of Engagement	**Information giving**	**Information seeking**	**Information sharing and joint planning**	**Participatory decision making**	**Stakeholder leadership**
Level of Engagement	**Minimal**	**Low**	**Moderate**	**High Involvement**	**Stakeholder Control**
Methods of Engagement	▪ Website ▪ CEIH mailbox ▪ Social media ▪ Newsletters ▪ Educational programs ▪ Commissioner's updates	▪ Frank. Idea and collaboration platform ▪ Surveys ▪ YourSAy	▪ Capability building programs ▪ Advisory groups	▪ Strategic partnerships ▪ Financial partnerships ▪ Statewide Clinical Networks	▪ Community of Consumers ▪ Statewide Clinical Communities of Practice ▪ Consumer led initiatives

Ways we currently partner

Strategic

Strategic partnerships are generally project or time-limited and involve mutual benefit for all partners. We provide innovation support which often includes non-financial resources such as project management and expertise across a range of areas such as improvement science, data and analytics, human centred design and stakeholder management.

Capability

We are dedicated to building the capability of clinicians, other health staff and consumers in improvement and innovation sciences. We are looking to partner with other parties to share knowledge and develop programs to build this capability.

Financial

Financial partnerships involve a financial contribution from the CEIH. Our contribution may be purely financial or may also involve non-financial resources similar to a strategic partnership. Financial partnerships should also involve mutual benefit for all parties and aim to improve healthcare in the State.

External Innovation

South Australia is an amazing breeding ground for health innovators outside of our traditional health systems. Innovation hubs at Lot 14 and Tonsley Innovation District are home to start-ups and health tech companies that are changing the way healthcare is delivered across Australia and the rest of the world.

CEIH actively builds relationships with these organisations to:

- Create connections to the broader health sector
- Provide advisory and consultancy support
- Leverage emerging capabilities and technologies to drive improved care delivery

Whether it's facilitating webinars & workshops, co-designing product/service development roadmaps, or sharing challenges to crowdsource solutions, CEIH views these collaborations with external industry innovators as a key component of their strategy to ensure better healthcare for all South Australians.

Statewide Clinical Networks

Statewide Clinical Networks are established to achieve two main functions: develop a network of clinicians, consumers and the community with an interest in a specific area in health, and to resolve identified problems that will lead to significant improvement in health outcomes for South Australians. Each network has a clinical and/or consumer lead and a steering committee to develop the vision, goals and work programme for the network. See Appendix 2 for frequently asked questions about Statewide Clinical Networks.

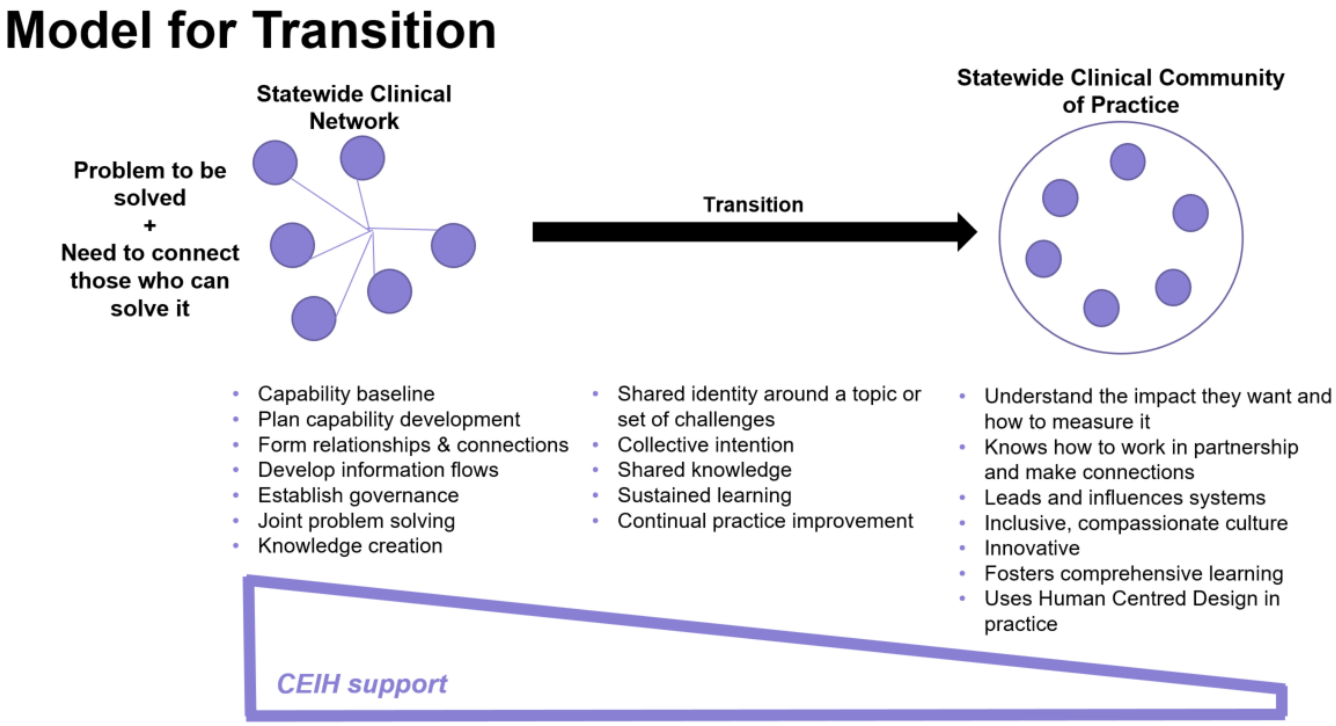
The CEIH assists in the establishment of Statewide Clinical Networks and provides resources to manage and inform clinical improvement projects as well as build the capability of the members to navigate the policy and practice environment of government and other parts of the health system. The CEIHs Model for Transition and Capabiltiy Development Framework provide a capacity building mechanism with a view to long-term sustainability and growth system wide.

Once they are established and have developed strong connections, Statewide Clinical Networks transition to a Statewide Clinical Communities of Practice.

Statewide Clinical Communities of Practice

A Statewide Clinical Community of Practice (SCCoP) is a sustainable, informed, valued and largely self-sufficient network of clinicians, other health care workers, consumers and the community.

Statewide Clinical Networks that have achieved their initial work program (including capability building to navigate the health system) will transition to becoming a SCCoP generally in a three to five-year period. This will allow new Statewide Clinical Networks to be developed and evolve into SCCoPs so building a breadth and depth of capacity and capability in increasing numbers of areas of care.



The CEIH will assist Statewide Clinical Networks and other mature networks to transition to becoming a SCCoP. Generally, a host Local Health Network or statewide service will self-identify to host and support the SCCoP.

SCCoPs can propose Strategic Partnerships with the CEIH to work on identified improvement projects.

Clinical Network Executive Group

The Clinical Network Executive Group (CNEG) brings together the SCN Leads, SA Health's chief professional officers, SA Health's key executives and Wellbeing SA representatives. This connection fosters collaboration and forms relationships across agencies to deliver better healthcare with minimal bureaucracy.
The group appoints a chair, who focuses them on responding to clinicians' requests for advice and finding opportunities to share knowledge and learn from each other.

Consumer, Carer and Community Engagement Framework

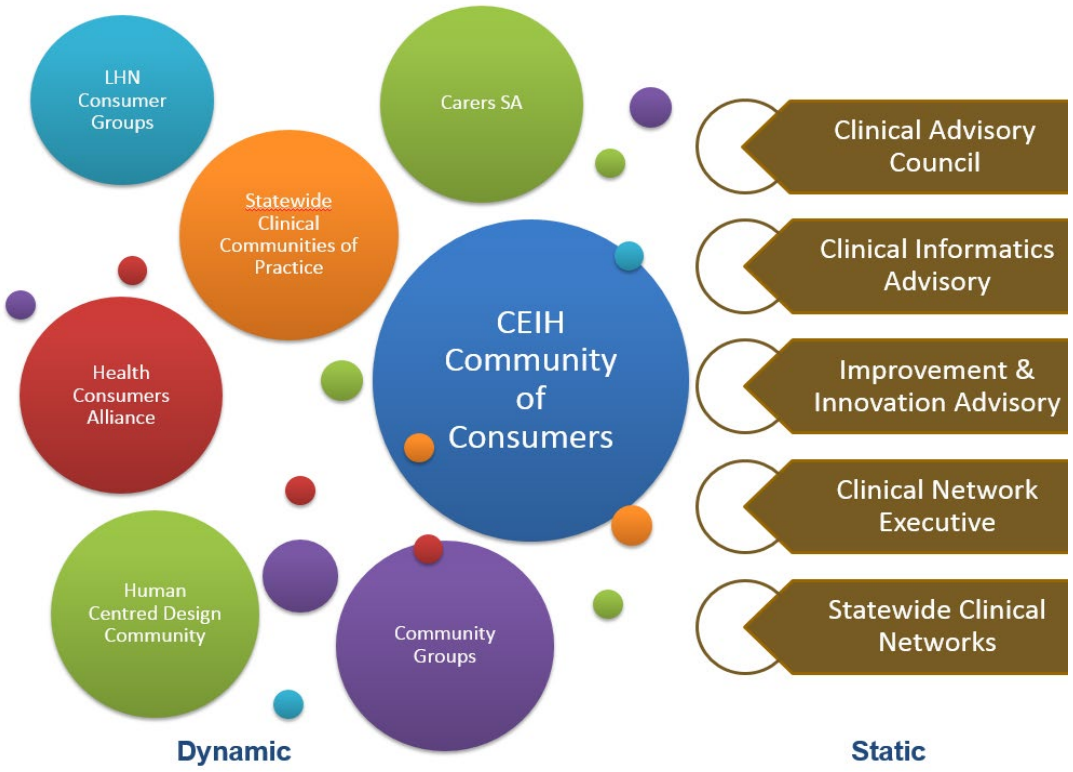
Engaging with consumers, carers and the community is essential to our work.

Community of Consumers

The CEIH Community of Consumers formed to engage consumers, carers and the community in a meaningful way to ensure their experiences and expertise guides the CEIH in its program of work.

The overarching purpose is to:

- Provide a stronger voice for consumers, carers and the community in the work of CEIH and other health organisations.
- Provide consumer, carer and community connections and networking with other groups.
- Support opportunities for capability development and greater understanding of clinical engagement.



Consumer Consultant

Our Consumer Consultant is appointed for a period of 12 months.

The Consumer Consultant supports the Community of Consumers by:

- Working with the CEIH team to facilitate connections with the Community of Consumers including opportunities for face-to-face communications.
- Leading collaboration across the Static and Dynamic groups to ensure the Community of Consumers is working with the CEIH and the engagement is meaningful and valued.
- Providing a singular voice for the Community of Consumers where required on important issues.
- Providing feedback to the CEIH Leadership team for effectiveness of executing strategies and opportunities for improvement.

The Consumer Consultant is a member on the CEIH Clinical Advisory Council (the peak advisory body to the CEIH and the Commissioner).

Future opportunities to engage

Potential partners can currently contact the CEIH via our email address CEIHExcellence-Innovation@sa.gov.au or by completing our online form at https://ceih.sa.gov.au/contact-us.

Get involved

When there are particular opportunities to get involved we might seek Expressions of Interest for specific purposes, for example, to participate on a Statewide Clinical Network Steering Group or involvement in forums, workshops and planning sessions.

In addition to formal channels for engaging with people, we want to make sure that everything we do includes partnership with the relevant people and organisations, so we are always delighted to hear from people who are interested in learning about, or supporting, the work we do.

Visit our website for more information at www.ceih.gov.sa.au (open in Chrome).

Social Media

Twitter:

Facebook:

LinkedIn:

More Information

For any enquiries, please contact us via email:

- Cancer - CEIHCancer@sa.gov.au
- Cardiology - CEIHCardiology@sa.gov.au
- Urgent Care – CEIHUrgentCare@sa.gov.au
- Palliative Care - CEIHPalliativeCare@sa.gov.au
- Surgical and Perioperative Care – CEIH.SurgicalPeri-operative@sa.gov.au
- Adolescent Transition Care – CEIH.AdolescentTransition@sa.gov.au
- Clinical Genomics – CEIH.ClinicalGenomics@sa.gov.au
- Chronic Pain – CEIH.ChronicPain@sa.gov.au

Appendix 1: Self-Assessment for Engagement

Before commencing projects or other initiatives, we will undertake a 'self-check' to ensure clinicians, consumer, carer and community engagement is considered from inception. Below are suggestions of questions to consider when conceiving of a proposal.

Self-Check for Clinician/Consumer Engagement		
	Question Prompt	**Further Description**
1	Has an Aboriginal Impact Statement been completed?	Linked to the CEIH Principle: Respect, Diversity An Aboriginal Impact Statement is required (as per the Aboriginal Impact Statement Policy Directive) to ensure Aboriginal stakeholders have been engaged in the decisions that affect their health and wellbeing. Culturally respectful and meaningful engagement will ensure that proposals optimally address Aboriginal health disparities.
2	Is the proposal linked with any existing specific initiatives? Have consumers, clinicians already been engaged?	Linked to the CEIH Principle: Partnership The risk of duplication or overlap between CEIH work and that of DHW, Wellbeing SA, LHNs and other institutions was identified as a key theme in feedback on the CEIH discussion paper. Considering the proposal in the broader context and undertaking a basic scoping exercise of whether it has connections with initiatives and activities already underway can identify opportunities for coordination & partnering.
3	Gathering the right team: what consumer/clinician(s) are appropriate for this proposal and at what points in the project development phase?	Linked to the CEIH Principle: Diversity, Participation The following questions may prompt some thought and research: If the proposal involves a specific health condition and/or illness, is it more pronounced for a particular group of consumers / community? Consider the differences in metropolitan, rural and remote experiences. Are there gaps in data and information collection in this area? E.g. is it an often undetected or under reported condition or issue? Is the proposal a statewide initiative or is it specific to a particular geographic region or Local Health Network? Will different consumers or clinicians be useful at different points in the project (e.g scoping stage, initiation/ implementation, evaluation stage)?
4	What engagement model is being considered?	Linked to the CEIH Principle: Participation, Diversity, Access, Partnership The level of engagement required might be informed by the level of anticipated impact the proposal will have. Engagement models may include: • Inform – CEIH provides the consumer, clinician and community with information (e.g. newsletters, email updates) • Participant – invited to forums or topic-specific workshops/panels etc that are of interest to the participant & asked to provide feedback on surveys etc • Representative - A consumer/community member with demonstrable links to their community, and attends or contributes on behalf of their community. Similar to consumer a clinician demonstrate links to their LHN or region.

5	How will community, clinician and consumer voice be included in the project, i.e. what methods of engagement will be most effective and useful?	Linked to the CEIH Principle: Partnership, Access The method of engagement may depend on the model and what may be most appropriate. Consider if it will involve: social media, print, correspondence through existing organisations (HCA, LHNs, Consumer groups etc), partnerships with community groups and other sectors (e.g. with other government departments, private sector, NGOs etc)
6	Does the proposal impact on harder-to-reach populations? How with the involvement of these populations be included?	Linked to the CEIH Principle: Access, Diversity For example, has the following been considered: inclusion of homeless or vulnerable populations, disability access (e.g. sign language interpreters for deaf consumers), CALD access (e.g. are interpreters required or language translation on printed materials), rural and remote participants (e.g. is video/teleconferencing required).
7	How will the CEIH support meaningful engagement?	Linked to the CEIH Principle: Participation, Access Consideration of what training the group will require to enable active and meaningful participation, consideration of appropriate reimbursement, understanding and eliminating potential barriers to engagement etc.

Appendix 2: Statewide Clinical Network Steering Committee - Frequently Asked Questions

What time commitment is required?

The time commitment required depends on the specific purpose of involvement. For example, it is anticipated that Statewide Clinical Networks meetings will initially occur monthly until established and then quarterly for approximately one to two hours.

There may be the need for some general communication in between meetings. Members may also be asked to complete some actions from the meetings.

There may be other forums and planning sessions that members are invited to attend.

Do I have to work in a public hospital to apply?

No. Statewide Clinical Networks bring together the providers of a particular speciality from across hospital and community settings. This creates an environment for clinicians from Local Health Networks, primary care, non-government organisations and the private sector, to come together and consider how their service can best develop in response to changing community needs. Steering Committee membership will be constructed to reflect this.

How will I be supported?

We will work closely with you and assist you in your role. If you join a Clinical Network we will provide appropriate orientation before you commence membership.

I haven't been involved as a clinician, consumer or carer representative before.

Yes! We welcome involvement from those who are passionate about improving care for patients and have experience as a patient or carer.

Will I be paid for my time?

Yes. Consumer representatives and GP's are eligible for sitting fees and reimbursement. The exception to this is if consumer representatives are attending on behalf of an organisation which they are employed by. For more Information, please refer to the Sitting fees and reimbursement information on the SA Health website.

Can I apply if I live in a regional or rural area?

Yes, CEIH welcomes clinicians, consumers and carers from across metropolitan and rural settings, so regional and rural consumers are encouraged to apply.

Will teleconference or videoconference be available for meetings?

Yes. The meeting format will be a combination of teleconference, videoconference and face to face to support participation of members living in regional and rural areas and to comply with COVID-19 social distancing recommendations.

It is the responsibility of members using these arrangements to ensure they are in a private location where information/ discussions can remain confidential.