

POLICY	COMMUNITY INVOLVEMENT
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Purpose	<p>This policy outlines how NMDHB:</p> <ul style="list-style-type: none"> Keeps the community informed. Promotes interest in its activities. Facilitates participation in planning and funding decisions.
Background	<p>NMDHB will endeavour to involve the community beyond the compliance requirements outlined in the legislation, NZ Health Strategy and the DHB accountability documents.</p>
Scope	<p>This policy provides the over arching framework for the community's involvement in Board activities. Supporting policies exist covering the mechanisms or processes essential to implementing this policy.</p>
Policy	<p>NMDHB is committed to keeping the community informed and ensuring that the community has the opportunity to have input into planning processes, recognising that this will enhance planning decisions.</p> <p>NMDHB as an agency of the Crown endorses the special relationship with Maori. NMDHB wishes the principles of partnership, participation and protection to underpin the involvement of Maori in the organisation's activities:</p> <ul style="list-style-type: none"> Partnership – working together with iwi, hapu, whanau and Maori communities to develop strategies for Maori health gain and appropriate health and disability service. Participation – involving Maori at all levels of planning, development and service provision. Protection – safe guarding Maori cultural concepts, values and practices and ensuring Maori have the opportunity to enjoy the same level of health and wellness as non-Maori. <p>NMDHB has ultimate governance responsibility and accountability. Determining the extent, (beyond compliance) and means of community involvement for a particular issue is the organisation's prerogative. The Board will however aim to involve the community to the extent commensurate with the extent of community interest.</p>
Objectives	<p>The organisation's objectives for involving the community in its activities are to:</p> <ul style="list-style-type: none"> Be accountable by providing the community with the opportunity to question or comment on any decision or activity. Obtain community contribution to the development of policy and strategic directions. Enhance decision-making by receiving information, opinions, ideas and feedback from the community. Understand the community's needs and priorities

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- Build positive relationships with consumers, providers and the wider community, encouraging co-operation, understanding, respect and support.
- Build consensus and obtain acceptance of decisions by encouraging understanding of issues and problems.

Principles

The principles that underpin the Board's relationship with the community are:

- **Sincerity**
 - interaction open, honest and genuine in its intent and response.
- **Accuracy**
 - information and communication is as correct as possible, reflecting the reality of the issue or situation.
- **Timeliness**
 - information is provided when it can be utilised in a meaningful way and time frames encourage full participation.
- **Organised**
 - engagement well planned with targeted messages, audiences and outcome clearly identified. Results evaluated.
- **Inclusive**
 - engagement strategies and processes encourage full participation of all affected sections of the community and develop a sense of partnership.
- **Empowerment**
 - strategies and processes serve to increase individual and group knowledge and understanding and that the community recognises that its contribution is influential.
- **Well targeted**
 - the engagement occurs with the relevant groupings of the community, the level of engagement, the strategies and the processes are perceived as fitting for both the audience and the issue or situation.
- **Responsive**
 - contribution of the community is valued, utilised and feedback provided.

Classifying the Community

NMDHB recognises that because individuals and sections of the community will have different levels of interest in particular issues it is useful to be able to consider sub-groupings of the community. For this purpose the organisation classifies the community as follows.

General Public – all members of the community, actual and potential users of the service.

Specific Populations – subgroups of the community differentiated by such factors as gender, age, ethnicity, domicile, socio-economic status, occupation, illness or disability.

Target Populations – subgroups of the community with particular health risks, illnesses or disability.

Communities of Interest – subgroups of the community with a special or

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particular interest in an aspect of health or disability support. May be constituent, advocacy or support groups or may be professional or occupational groups.

Expert Groups – group of individuals, all of whom have a particular expertise in a specific health or disability issue. The basis of this expertise may derive from personal exposure to, or experience of, the situation or from developing professional expertise through study, experience and interest.

Extent of Community Involvement

The level of community interest (which will usually determine the extent of its involvement in the organisation’s activities), will vary over time and issues, as will the Board’s need for advice and expertise from the community. The level of interest and involvement is shown as follows.

Extent of Community Interest	Degree of Board Involvement
To have confidence in the Board and its Officers.	Disclose – make known, expose to view. Inform – give information, enlighten.
To be aware of the Board’s purpose and activities.	Inform – give information, enlighten. Explain – make clear or give meaning to.
To understand influences on health and disability and be able to make informed choices.	Educate – train or instruct. Advise – give advice or opinion and recommend.
To be able to advocate for health and disability needs.	Receive – accept information and advice and examine merits. Respond – behave in answer to.
To be able to influence Board’s decisions.	Consult – seek information or advice from and examine merits. Recognise – acknowledge validity of advice in forming decisions.
To contribute to Board activities.	Participate – take part in. Include – contribution in decisions.
To share decision making.	Collaborate – work jointly and make agreed or consensus decisions.

Structure

NMDHB has established a structure and formal linkages with a wide range of participants and stakeholders in the Health and Disability sector so that the community can be kept informed, as a channel for promoting interest and facilitating participation in its activities. This structure and network also enables the Board to access appropriate information and advice.

The Community and Public Health Advisory Committee (CPHAC), the Disability Support Advisory Committee (DSAC) and the Hospital Advisory Committee (HAC) provide the key linkages between the Nelson Marlborough community and the Board.

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The committees act as a conduit for all access to the Board. They also provide the core of a concentric model which extends out to encompass all the communities of interest and the public in general. This is shown in the Appendix to this Policy.

The dimensions of the structure linking with the committees are:

Advocacy and Expert Reference Groups.

These groups, set up by the Board form the first link in connecting the Board Committees with the community. A separate policy covers the establishment and operation of these groups.

The Board has Advocacy and Expert Reference Groups established to deal with:

- The health and disability support of Child & Youth,
- The health and disability support of the Elderly,
- The health and disability support of Maori.

Action Groups

From time to time it is necessary to set up a work group to deal with a particular circumstance or issue such as:

- Strategies for identifying with issues specific to a particular service e.g. Mental Health.
- Reviewing service access for rural communities.
- The development of strategies to improve primary/secondary integration.
- Improving the health status of minority ethnic groups
- Strategies for reducing youth suicide.

The structure allows for the establishment of an expert group to operate for a finite time period according to Terms of Reference or project plan agreed by Committee/Officers. A separate policy covers the establishment and operation of these groups.

Community Network

The most extensive and significant connection with the community is through clearly defined formal linkages with the communities of interest and expert groups. The linkages serve to create a comprehensive network of interest and involvement across the range of health and disability consumers, advocates, supporters, volunteers and professionals.

The network includes at least the following communities of interest;

- Iwi and other Maori
- Geographical location – e.g. community health groups.
- Health need – e.g. Diabetes societies.
- Disability Support – e.g. CCS
- Provider groups – e.g. Pharmacy Guild, IPAs, Rest Home Assoc.
- Professional organisation – e.g. NZNO, NZMA.
- Social Services – e.g. education, housing, work and income.
- Purchasers – e.g. ACC, insurers.

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- Voluntary, charity and religious groups – e.g. Cancer Society, Salvation Army.
- Advocacy & Support – e.g. Women’s Refuge, SF Nelson, Grey Power.
- Local Government

Processes are in place to establish and maintain regular communication and involvement with the organisation when appropriate.

General Public

Accessible systems and processes provide access to the organisation for all actual or potential users of the Health and Disability Services, either as individuals or as groups operating on behalf of the public.

Regular communication with the general public provides up to date information as to the organisation’s activities and upcoming events.

Process and Systems

The following range of processes and systems are in place to support and effectively manage community involvement at each level of involvement. Separate policies cover those systems listed in bold print.

NB – These policies are freely available to the public.

Level of Engagement

Board Process/Systems

Disclosure

Agenda availability

Open meetings

Written response from Board Officer.

Published meeting summaries.

Information/Explanation

Newsletters

Community newspapers

Articles

Presentations

Media

Website

Hot lines

Open letters

Educate/Advise

Publications –

Flyers

Promotional pamphlets

Articles

Discussion documents

Position Papers

Interpreters

Receive/Respond

Written and Verbal -

Suggestions system

Incident reporting system

Complaints systems

System for Submissions

Response from Board Officer

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Consult/Recognise

Meetings
 Hui
 Discussion documents
 Special Hearings
Consultation
 Written
 Face-to-face
 Telephone

Participate/Include

Set up and support -
 Focus Groups
 Project Groups
 Workshops
 Talking Heads
 Seminars
 Iwi group with Crown
 agencies.
 Utilise when appropriate –
 Independent facilitators

Collaborate

Set up and support -
 Joint work groups
 Task forces.

Resourcing

Since the Board is committed to maximising the community's involvement funds are available to facilitate this.

The costs, particularly for consultation, are however substantial so it is recognised that the demand for resources will always exceed the available funds.

The Board endeavours to utilise this funding in a manner which maximises the community's input into significant decisions.

Evaluation

The objectives and principles outlined in this policy underpin the criteria used to regularly evaluate the effectiveness of the policies and procedures relating to community involvement.

Policy Note

NMDHB wants interested individuals and community groups to get involved in our activities. Here's how:

- ***If you wish to be part of the Board's community network then please make sure you are on the Board's mailing list.***
- ***If you have a particular issue you think the Board should be aware of (and you have advice for them) then you can make a submission. You can find out how to make a submission from the Submission Policy, available to you on request. Staff are available to give you guidance should you wish.***

For assistance with any of the above you can contact:

Raewyne Irvine – Wairau Hospital 03-577 1944
Claire McKenzie – Nelson Hospital 03-546 1664

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