Consumer Workshop

This document contains a brief summary of the outcomes of the workshop held on the 18th of February 2019 in Campbell Town. Although the organisation is yet to have an official name, for the purposes of this document we will refer to it as the Health Consumer Organisation (HCO). This document does not analyse or provide any commentary on the workshop, rather simply presents the key messages from the day, in the *words* of the participants.

The workshop had three key sessions including; Where are we now? Where do we want to be? and how will we get there? At the end of the workshop, participants were asked to summarise the key points from these three sessions and their work is outlined below.

Principles

Some guiding principles for the HCO were suggested at the workshop:

- Being representative of the Tasmanian community
- Communicating so everyone can understand: All communication is accessible and inclusive being aware of the low literacy, multicultural communities and disability communication. Need to speak government language and plain language.
- Transparency and accountability so everyone knows what you are doing
- Relationship building (breaking down silos)

Where are we now?

The HCO has:

- asked the questions that need to be asked
- secured foundation funding for 3 years
- an advisory group and Executive Officer
- engagement underway
- unwavering commitment
- significant support from everyone today
- some governance structures

Where do we want to be?

5 core functions for the HCO were suggested:

Core functions	Tasks
1. Building Capacity ▪ Capability – where its transferred to consumers ▪ Contribute, participate, represent ▪ Resourcing consumers to participate – give them the knowledge ▪ Strong research – networking ▪ Peer support	▪ Co-design process ▪ Broad engagement of community so consumers can identify and engage ▪ Investigate needs ▪ Peer support
2. Education ▪ Continuing professional development and evaluation within the organisation ▪ Strategic collaborations in education e.g. college and tertiary sector, NGOs. ▪ Educating clinicians and stakeholders on health and wellbeing from the point of view of the consumer ▪ Training stakeholders/service providers on how to put the consumer first ▪ Public awareness of organisation ▪ Education and training for consumer organisation and support for training ▪ Education around: duty of care, confidentiality, responsibility ▪ Skill development for dealing with the whole issue perspective (complex cases) ▪ Consumer at the heart of everything ▪ Building capacities by developing skills of consumers to communicate services and to listen to other consumers.	▪ Education in consumer advocacy ▪ Meet with educators from colleges, Tafe and University and discuss ways of increasing consumer perspectives into curriculums ▪ Website – including formal reports/publications that government can access ▪ Tasmanian Health Literacy Network (26TEN) and other healthy consumer advisory groups (CCEC, Calvary etc.) ▪ Workshops ▪ Preventative Health Focus ▪ Strategic Collaborative Approach. i.e. utilise/facilitate.
3. Co-design ▪ Consumer-centred care/policy ▪ The consumer voice is included and provides legitimacy to every level of policy development and service delivery planning ▪ Promote co-design principles to health organisations	▪ Build capacity for consumers to be representatives in diverse settings ▪ Co-design to be an inherent part of planning/design – don't let the consumer just be an invited guest ▪ Train and educate to cause cultural change in health sector

▪ Credibility and sincere collaboration - control of resources ▪ Co-design is very important	
4. Advocacy ▪ Who are we advocating for and what are the boundaries? ▪ Influence policy and service from within the system respectfully at the table ▪ Advocacy for system intervention ▪ Advocacy on behalf of member organisations ▪ Advocacy on behalf of individuals	▪ Get a representative on Labour's Health and Wellbeing Consultation Group (Sarah Lovell) ▪ Develop a "marketing plan/stakeholder map" ▪ Membership vs no membership? Need a process to decide ▪ Develop an advocacy strategy that includes a really, really wide consultation of Tasmania's postcodes
5. Co-ordination ▪ Coordinate effort of voices (gateway) ▪ Speaking with peak bodies/ NGO/ government organisations/ communities both local and state-wide ▪ Reduce/avoid silos and increase both collaboration and advocacy	▪ With the 'champion' person in each local council ▪ Develop a list of all current "consumer advocacy" organisations ▪ Coordinate community sector budget submissions. ▪ Develop central database ▪ Hold public meetings/ boards in communities

How will we get there?

There could be two key groups that the HCO will report to/engage with:

1. Board
    - Skills based board
    - chair with extra responsibility
2. Consumer Advisory Group
    - Skills based
    - Representative
    - Will provide consistency
    - Will provide a reporting mechanism back to the consumer
    - Providing a formal structure for this group is important

A number of processes were discussed on how these groups would be established:

- Recruitment: Transparent process through advertising, although some key people may be encouraged to apply
- Key relationships between the HCO Executive Officer, the Chair of the board and the Chair of the Consumer Advisory Group were discussed and said to be vitally important
- Remuneration was discussed with a variety of opinions on who and how people should be renumerated (or not) considering funding restrictions
- Membership of the HCO was an important piece of the puzzle that is still to be discussed and resolved

- Workshop participants provided a variety of options on the relationships (reporting/power etc) between the board the Consumer Advisory Group and the HCO operation team.

Extra thoughts not to be lost

1. Organisation name: Participants suggested numerous possible names for the new organisation
2. Key issues: Participants suggested a wide variety of key issues for the HCO to focus on in the first twelve months
3. HCO should have a separate function for improving the knowledge base – research with advocacy
4. Review of outcomes/processes will be important for the HCO to do every year
5. HCO could be auspiced by another organisation in the first few years
6. HCO should be a peak body for consumer voice and help to prevent silos
7. HCO is a consumer voice for change
    - equitable
    - inclusive
    - not tokenistic
    - not accepting the status quo
8. Use partnering/mobilising for change (rather than the word 'advocacy')
9. Health and wellbeing Focus (within advocacy) don't always focus on those who are unwell
10. Influencing and promoting co-design and co-production
11. Collaboration rather than coordination
12. Empowerment
13. Collaboration rather than coordination
14. What do we mean by "consumer" are we limited to the health consumer?
15. Co-design of new policy development and service delivery planning
16. Gateway
    - Information brokerage
    - Comprehensive understanding of what is available