

Collaborating in Health Strategy 2022–24



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Glossary

Person-centred care – healthcare that is respectful of and responsive to individual choices, preferences and needs including cultural, linguistic, spiritual, social and health-related.

Strategy – a document that guides our values, actions and behaviours over a period of time to achieve a shared vision.

Consumer – a person who is accessing or may need access to health services including their family and carers. Consumers may represent an individual or the interests of a group according to age, gender, sexuality, cultural background or health and social needs.

Patient – a person who is accessing health services. The term “patient” can be interchanged with “client”, “consumer” or “resident” depending upon the healthcare context.

Carer – an individual who provides, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of disability, frailty, chronic illness or pain, requires assistance with everyday tasks.

Community – refers to groups of people with diverse characteristics who are connected through common location, attitudes, cultures or interests. Individuals can be considered to be members of multiple communities at once. In the health context, it can be used to describe the population of the area serviced by an organisation, a cultural group or a group of people who all experience a particular health condition¹.

Community partner – an organisation or representative of an organisation with whom Metro North Health partners to deliver healthcare.

Consumer feedback – an umbrella term for all feedback received from consumers and carers about our services. Feedback can be verbal or written and includes, complaints, suggestions, compliments and patient reported outcome measures (PREMs).

Patient reported measures experience (PREMs) – patient perspectives, in their own words, on their healthcare experiences collected using standardised surveys and that guide our actions to improve healthcare. Measures can be quantitative (using scoring methodology) and qualitative (descriptions of experience).

Patient reported outcome measures (PROMs) – a person’s reported experience of a health condition that comes directly from the person experiencing that condition, without interpretation by a health professional or anyone else. Patient reports may include their health status, quality of life or ability to carry out activities of daily living associated with healthcare or treatment.

Co-design – a meaningful and authentic process, supported by theory and tools, that uses common language, shares power and builds partnerships to co-create health services. Co-design considers consumers and community representatives to be partners involved from the research and conception phase of an initiative (or reconceptualisation) through detailed planning, design, delivery and review.

Health advocacy

Individual advocacy - the act of representing a consumer, supporting the consumer to represent their own interests and ensuring people are empowered to voice their perspectives.

Systemic advocacy - to introduce, influence or produce positive long-term changes to attitudes, systems, policies and procedures, to remove barriers, address discriminatory practices and to ensure the collective rights and interests of health consumers are attained and upheld².

Health literacy

Individual health literacy is the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action.

Health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services³.

Digital literacy - the skills one needs to live, learn and work in a society where communication and access to information is increasingly through digital technologies like internet platforms, social media, and mobile devices⁴.

National Safety and Quality Health Service Standard 2: Partnering with Consumers - this is one of eight National Safety and Quality in Health Service Standards (2nd edition) ensuring that health services are responsive to patient, carer and consumer input and needs⁵.

Directorate - Metro North Health's organisational structure has 8 directorates. They include: Royal Brisbane and Women's Hospital; The Prince Charles Hospital; Redcliffe Hospital; Caboolture/Kilcoy Hospitals and Woodford Correctional Centre; STARS (Surgical Treatment and Rehabilitation Services); Community and Oral Health; Mental Health Services; and Clinical Support Services.

1 Health Consumers Queensland. (2017). Consumer and Community Engagement Framework.

2 Health Consumers Queensland (2011). Health Advocacy Framework: Strengthening health advocacy in Queensland.

3 Australian Commission on Safety and Quality in Healthcare. (2021). Health Literacy at Health literacy | Australian Commission on Safety and Quality in Health Care

4 Western Sydney University. (2021). Library Study Smart: What is digital literacy? at What is digital literacy? | Western Sydney University

5 Australian Commission on Safety and Quality in Healthcare. (2021). The NSQHS Standards at The NSQHS Standards | Australian Commission on Safety and Quality in Health Care.

Foreword

Board Chair and Chief Executive



Jim McGowan AM
Board Chair
Metro North Health



Jackie Hanson
Acting Chief Executive
Metro North Health

The Board and Executive are committed to improving our services in partnership with the consumers and communities we serve. This is Metro North Health's fourth strategy supporting the evolution of consumer and community partnerships. Over the next 3 years we will focus on the known gaps, such as expanding the diversity of community representation in our improvement activities and empowering consumers as partners in their healthcare journey.

We will listen to, learn from and work together to tackle the persistent and emerging challenges in healthcare. This Strategy provides a coherent direction for collaborating, in an authentic and meaningful way, with our diverse communities. The Board and Executive will expand our systems and processes to enable action on the 5 priorities within this Strategy. We will monitor progress on the performance measures each year and adapt our actions as the need arises.

In the words of Don Berwick (2013), our *Collaborating for Health Strategy 2022-24* will ensure that consumers and communities are “*present, powerful and involved*” in decisions “*at all levels of healthcare... from the wards to the board*”.

A message from consumers

As an ongoing patient at Metro North Health, I became a consumer advocate in order to make a positive contribution towards improving the healthcare system for everyone. It's also given me insight into how committed staff are to providing excellent care.

– DEB

I am a consumer advocate and I have been grateful for the opportunity to provide feedback. My voice as an advocate is respected and listened to and I believe I am making a valuable contribution to the health service. The process is indeed collaborative and I believe making a difference.

– PETER

Introduction

The *Collaborating in Health Strategy 2022 – 2024* unites our workforce and communities to focus on 5 priorities for collaboration to generate healthcare improvements. Our five organisational values underpin our behaviours and actions for authentic and productive partnerships. These values are: Compassion, Respect, Integrity, High performance, and Teamwork.

Metro North Health Strategic Planning Framework

Collaborating in Health Strategy 2022 – 2024 is an important component of our local and State strategic priorities. The Metro North Health strategic planning framework is outlined below.



Our services

Metro North Health is the largest public provider of health services in Australia. Our vision is to deliver excellent healthcare, working together, strong and healthy communities. Our services include rural, regional and tertiary hospitals, mental health services and community and oral health services.

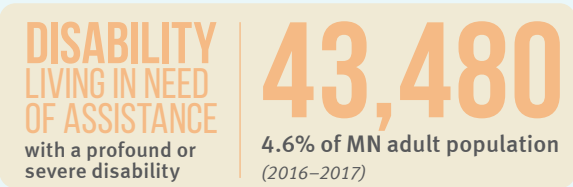
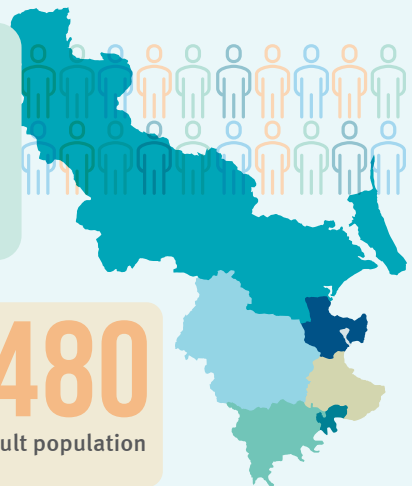
Our communities

Metro North Health delivers care across a region stretching from metropolitan areas on the northern banks of the Brisbane River to rural areas surrounding Kilcoy, as well as providing specialty services for people residing throughout Queensland, Northern New South Wales and the Northern Territory. We have a growing, ageing and diverse population. As a culturally and linguistically diverse community, we recognise that culture, language and health literacy can be barriers to accessing healthcare. Aboriginal and/or Torres Strait Islander peoples and some of our culturally and linguistically diverse community continue to experience poorer health outcomes including having a high burden of chronic disease and illness.

The infographic opposite provides a summary of the population residing in Metro North Health's local catchment.



LARGEST PUBLIC PROVIDER



Culturally and linguistically diverse population



Aboriginal and/or Torres Strait Islander people



Third highest HHS population in Qld (11.4%) behind Cairns and Hinterland HHS (13.4%) and Metro South HHS (12.9%)
(as at June 2018)

Areas of disadvantage



HIGH LEVELS OF SOCIO ECONOMIC DISADVANTAGE

- Caboolture
- Caboolture Hinterland
- Bribie – Beachmere
- Narangba – Burpengary
- Redcliffe

Health risk factors



*The Health Of Queenslanders 2020, Report of the Chief Health Officer Queensland
Better or similar to the rest of the State – but could be better*

Community views on health issues

Brisbane North PHN and Metro North Health undertook extensive consultation with consumers, staff and community partners from May to August 2021 to explore community views on local health issues. The consultation results highlight issues impacting the region as reported by people who participated, which included representatives from Aboriginal and/or Torres Strait Islander communities and culturally and linguistically diverse communities. Results are summarised in Appendix A and include responses from 502 consumers and/or community members, 46 hospital staff, 202 GPs and other health practitioners, 10 partnership groups, and 27 community partners.

Consumer and community networks

As the largest Hospital and Health Service in Australia, Metro North Health has established many consumer and community networks to guide health service governance across and within each of our 8 directorates. These networks are evaluated regularly and improved to strengthen consumer voices in shaping health services. In 2020-21 more than 120 consumers were engaged in activities across our services.

Our intent for collaboration

Metro North Health supports the use of the International Association for Public Participation (IAP2) framework as a mechanism to better understand community and consumer engagement. Figure 1 articulates how consumers' and the communities' perspectives are sought, and how this has an impact on decision making in healthcare improvements. While all engagement stages are relevant at different times, and they can all be done together, Metro North Health aims to increase the number of initiatives that are undertaken collaboratively as described in Figure 1.


INCREASING IMPACT ON DECISIONS AND EXPERIENCE OF CONSUMER EMPOWERMENT 					
	INFORM	CONSULT	INVOLVE	COLLABORATE	COMMUNITY-LED
ENGAGEMENT GOAL	To provide consumers and community with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain consumers and community feedback on analysis, alternatives and/or decisions.	To work directly with the consumers and community throughout the process to ensure that their concerns and aspirations are consistently understood and considered.	To partner with the consumers and community in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of consumers and community.

Figure 1: Adapted IAP2 Spectrum of Public Participation. International Association for Public Participation www.iap2.org.





Who is responsible for ensuring we deliver on our commitments outlined in this Strategy?

Realisation of this Strategy is a shared responsibility involving the Metro North Health Board, executives, clinicians and frontline staff, volunteers, students, consumers, communities and partner organisations. The Metro North Partnering with Consumers Procedure details the roles and responsibilities of many of these stakeholders in our day to day operations. Implementation of our Collaborating in Health Strategy will focus on 5 priorities. These are outlined below.

Our priorities for consumer and community engagement

Priority 1

Create authentic partnerships with our diverse communities to improve healthcare access and experiences.

What we will do

1.1 Build respectful relationships and trust with the following communities to facilitate authentic partnerships:

- Aboriginal and/or Torres Strait Islander peoples
- People living with disabilities
- Culturally and linguistically diverse (CALD) communities
- People from refugee and asylum-seeking backgrounds
- Young people
- Carers
- People who are homeless or vulnerably housed
- Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ+) people
- Older people
- People living in rural or remote communities.

1.2 Empower and resource communities to engage with our services using culturally appropriate and community-led engagement methods.

1.3 Increase representation of consumers, who identify with communities listed in 1.1, in healthcare design and improvements.

1.4 Support the implementation of the Multicultural Action Plan and Health Equity Strategy for Aboriginal and/or Torres Strait Islander peoples and Reconciliation Action Plans.

What we will measure	Frequency	Performance indicator
The views of consumers who identify with communities listed in 1.1 are represented and reflected in quality improvement activities.	Annually commencing in 2022	All directorates can demonstrate at least 5 quality improvement activities that specifically address the issues or concerns of communities listed in 1.1.
Consumer feedback for communities listed in 1.1 is being collected by all directorates and reported to operational leadership teams for action.	Annually commencing in 2023	Consumer feedback is tabled at operational leadership meetings in all directorates and actions taken to respond to feedback are recorded in minutes.
There is evidence of community involvement in the Multicultural Action Plan (MAP) and Health Equity Strategy for Aboriginal and Torres Strait Islander peoples and Reconciliation Action Plans.	Annually	Progress reports for the MAP and Health Equity Strategies document consumer and community involvement.



Priority 2

Cultivate an organisational culture that values, respects and acts upon consumer input and feedback.

What we will do

- 2.1** Develop workforce competencies, relevant to the role that staff perform, to support greater consistency and quality of consumer and community engagement practices.
- 2.2** Continue to expand consumer participation in staff recruitment and selection.
- 2.3** Support the workforce to collect, interpret and act upon qualitative data provided by consumers.
- 2.4** Increase public reporting of consumer feedback and patient reported experience measures (PREMs) and action taken by the health service in response.

What we will measure	Frequency	Performance indicator
Consumers involved in improvement activities feel valued for their time and expertise.	Annually	100% of consumers report feeling valued in the “consumer check-in survey”.
An evaluation of consumer participation in staff recruitment is undertaken.	2023	Staff and consumers have had the opportunity to participate in the evaluation.
Public reporting of consumer feedback and action taken to improve patient experiences.	By 2024	PREMs results and other forms of consumer feedback are published on Metro North websites, along with service improvements implemented in response to feedback.

Priority 3

Improve health and digital literacy to support cultural, linguistic, spiritual, social and health needs of consumers.

What we will do

3.1 Develop tailored health communication that is relevant, timely and acceptable to our diverse communities listed in 1.1.

3.2 Improve the quality and consistency of health information, in written and digital formats, to enable communities to access, understand and act upon health information.

3.3 Increase the use of proven health literacy practices, by health professionals, such as “teach back” and “show me” when communicating with patients and carers.

3.4 Collaborate with consumers to increase access to relevant and timely healthcare information, particularly emerging issues of concern such as COVID-19.

3.5 Establish partnerships to collaborate on enhancements to health and digital literacy within our communities.

What we will measure	Frequency	Performance indicator
Demonstration of a variety of communication channels to disseminate health information, such as websites, community forums, radio, newspapers and social media groups is evident.	By 2023	Surveys of departments or teams show a variety of communication channels have been used.
An increase in the proportion of inpatients indicating “yes definitely” to receiving information that prepared them for managing care at home, as reported in the Queensland inpatient experience survey.	Annually	80% of inpatients indicate “yes definitely” to receiving information that prepared them for managing care at home, as reported in the Queensland inpatient experience survey by 2024.
An increase is observed each year in the proportion of inpatients indicating they received culturally or spiritually appropriate resources as reported in the Queensland inpatient experience survey.	Annually	80% of inpatients indicate “yes” to receiving culturally or spiritually appropriate resources by 2024.

Priority 4

Empower consumers, as partners in, rather than recipients of, their healthcare.

What we will do

4.1 Continue to expand and utilise PREMs (patient reported experience measures) to monitor and improve patient involvement in treatment and care decisions.

4.2 Implement a PROMs (patient reported outcome measures) framework to guide a consumer-centric approach to the collection and use of patient reported data.

4.3 Co-design and co-implement tools that equip consumers with the information and resources they need to be active participants in decisions about their care and treatment.

4.4 Partner with community organisations who advocate for and support consumer empowerment.

What we will measure	Frequency	Performance indicator
An increase in inpatients indicating, “yes definitely” to being involved as much as desired in treatment and care decisions in PREMs surveys increases each year.	Annually	90% of inpatients indicating, “yes definitely” to being involved as much as desired in treatment and care decisions, as reported in the Queensland inpatient experience survey by 2024.
A PROMs framework, developed with consumer input, has been implemented.	By 2022	There is evidence clinicians are using the framework to improve patient involvement in treatment and care decisions.

Priority 5

Strengthen the collective voice of consumers and communities in healthcare innovation, research and improvements.

What we will do

5.1 Build consumer and community understanding of the healthcare system to strengthen their ability to influence decisions.

5.2 Facilitate consumer collaboratives on issues of importance to consumers to influence system level change.

5.3 Contribute to the published evidence for collaboration with consumers and communities in healthcare.

5.4 Support the workforce to engage consumers and community organisations in co-designing innovation and research.

5.5 Acknowledge and celebrate consumers’ contributions to health service improvements.

What we will measure	Frequency	Performance indicator
An increase in consumers who engage in Metro North Health activities report being involved in decisions, or collaborating or leading an innovation, service improvement or re-design.	By 2023	At least 60% of consumers completing the consumer check- in survey indicate they were involved in collaborating, influencing decisions or leading an innovation, service improvement or re-design.
Directorates have initiated or progressed at least 3 organisational co-design activities annually with consumers and community.	Annually	At least 3 co-designed initiatives have commenced, progressed or been completed each year.
A framework for co-designing healthcare with consumers has been developed in collaboration with consumers.	By 2022	A framework is accessible to staff and consumers who collaborate on health service initiatives.

Critical success factors

For *Collaborating in Health Strategy* to be successful we commit to:

Organisational culture and capability:

- Delivering, monitoring and evaluating person-centred outcomes for health care
- Improving reach and inclusiveness of engagement, focusing on who is not engaged and how to connect with these people and networks
- Understanding that collaboration requires lead-in time and good planning with resources and time dedicated to building trusting relationships and implementing meaningful activities and initiatives
- Collaboration that is seen as a necessary, long-term process and not a ‘tick the box’ compliance exercise
- An organisational culture that is open about its processes and performance and partners with consumers and community organisations to continuously improve
- Drivers and leaders of collaboration at the executive-level and “from the ground-up”
- Valuing, respecting and recognising the contribution of consumers and community representatives
- Processes and systems to support the organisation to partner with consumers
- Collection of data and evidence of what is working and where improvements could be made.

Skilled, caring and engaging workforce:

- Developing a workforce that has a strong appreciation for diversity including culture and languages and the need to ensure both are accommodated in delivery of inclusive services
- Investing in a skilled and empathetic workforce with the ability to build trust and relationships and deliver person-centred care
- A mindset of care and respect that values and empowers consumers as active partners, rather than recipients, in their own health
- Networking and knowledge sharing for service improvement and leveraging off solutions already working in Metro North Health as well as other organisations.

Consumer and community sector capacity and relationships:

- Accessing specialised support and advice from Health Consumers Queensland
- Building capacity within consumer and community sector to enable collaborative partnerships
- Enabling consumers to develop knowledge, skills and experience that allows them to participate as partners to advocate for themselves and for others.

Issues and risks

Issues and risks if our *Collaborating in Health Strategy* is not adhered to include:

- **Clinical** level – when consumers are not engaged as active partners in their health care and not integral to the services that are delivered, we cannot guarantee high quality, safe services and treatment that result in improved individual outcomes.
- **Service** level – service design that does not take into account local consumer and community experiences and needs will result in misallocation of resources incommensurate to local needs, or not targeted to those who would most benefit from them.
- **System** level – services will be fragmented, poorly coordinated with an inconsistency of standards between facilities and services, across clinical areas, and primary and secondary health care settings. Demand for the most costly and least consumer-centric healthcare will grow and be poorly managed, resulting in a disjointed system that is difficult to navigate.
- **Community partner / sector** level – relationships will be damaged and sector capacity to participate as partners and community will be diminished by tokenistic, poorly-planned and one-way engagement activities that lack integrity.
- **Community / population** level – a lack of targeted and active engagement built into all aspects of health care will result in widening disparities in health outcomes as those with the highest burden of disease and risk factors continue to increase while those with the least needs continue to take advantage of all the available resources.

Implementation and evaluation

Metro North Health is committed to implementing this *Collaborating in Health Strategy 2022-24* with oversight and guidance from the Board Community Advisory Committee. The Strategy will guide the health service priorities for consumer and community engagement from our wards and community health services to our directorates and clinical streams. It will provide direction for directorate and clinical services plans, as well as our strategies.

The Metro North Partnering With Consumers Committee will oversee the implementation of the Strategy through regular reviews and progress.

The Strategy progress will be monitored and reported on an annual basis (at the end of financial year). Progress reports will provide a summary of achievements against the performance measures and be considered by Metro North Executive Safety and Quality Committee, Senior Executive Team, Board Safety and Quality Committee, Board Community Advisory Committee and the Board. These processes will allow for consideration of new and emerging issues that require collaboration with consumers and communities.

Appendix A – Community views on health issues

Brisbane North PHN and Metro North Health, Health Service Strategy and Planning Unit undertook extensive consultation with consumers, staff and community partners from May to August 2021. The consultation results highlight the health needs impacting the Metro North region as reported by people who participated which included representatives from Aboriginal and/or Torres Strait Islander communities and culturally and linguistically diverse communities. Results are summarised below and include responses from 502 consumers and/or community members, 46 hospital staff, 202 GPs and other health practitioners, 10 partnership groups, and 27 community partners.

Health needs

- Mental health services and support across all age groups was overwhelmingly identified as a need by both consumers and health practitioners. Better availability and access to services, and affordability in addition to ‘safe’ culturally appropriate services was highlighted. Respondents focused on social, emotional wellbeing alongside mental wellbeing.
- A majority of community respondents experienced mental health challenges and a high percentage of respondents have supported someone with a mental health challenge. Similarly, health practitioners identified mental health as both a priority and a health area that was causing significant impact on the wellbeing of their patients.
- Older persons and aged care were a health area that was often identified by carers or when asked to think about the needs of their community.
- Children and young persons were a demographic that were repeatedly identified as needing targeted support and health care services. Children were a specified demographic across specific health concerns and by both community respondents and health practitioners.
- Partnership groups and health practitioners moderately highlighted the growing need to address the health of individuals experiencing alcohol and other drug use, particularly considering increased mental health and alcohol and drug presentations. One highlighted area of need was to reduce stigma and raising awareness for alcohol and drug services.
- Many women’s health services were identified as a need. These included gynaecology services, maternity, access to midwifery and birth centre, home birth, water birth, maternity support services such as lactation services, pregnancy loss support services, breast surgery and in vitro fertilisation services across Metro North Health.

Health principles

Responses throughout the consultation highlighted potential inequities or social determinants that impact community. Of the social determinants or inequities that were highlighted the following prominently featured as negatively impacting on the community’s ability to maintain wellbeing or seek healthcare:

- cost and the affordability of primary, allied, and specialist care
- homelessness and those at risk of homelessness
- lack of tailored health care to populations considered vulnerable such as Aboriginal and Torres Strait Islander people, CALD, LGBTIQ+, people with disability, and those at risk or experiencing domestic violence
- provision of culturally appropriate, non-discriminate and safe care.

Health literacy and the education of patients and carers received attention in nearly all health areas, highlighting the need to empower the community in achieving positive health behaviours and reducing the risk of acute or tertiary care. Consultation identified that education and empowerment may reduce some barriers that prevent people from receiving appropriate and timely care. In addition, education and empowerment coincided with a greater focus on active preventative health in the community.

System navigation, care coordination, and integration were identified as challenge across all health areas, by both community members and health practitioners in PHN consultation.

Service needs

- Both community respondents and health practitioners recognised general practitioners (GPs) as the “gate keepers” for pathways to other services and placed great importance on their ability to provide quality healthcare.
- Community members and practitioners nominated chronic pain as causing significant impact on the wellbeing of community, particularly due to its complex relationship with other co-morbidities.
- Consumers identified a need for more dental services that were affordable or covered by Medicare as one of the top areas of need.

