

Collaborating in Health Strategy 2022–25



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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. The term consumer can also include other people important to the consumer (if the consumer chooses to include them) including carers, care partners, kin, close others. Throughout this document the word ‘consumer’ is used for simplicity, but it often includes this broader group of people.

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.

Lived experience – knowledge, insights, understanding and wisdom individuals gather through personal firsthand experience.

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 formal surveys including patient reported experience measures (PREMs).

Patient reported experience measures (PREMs) – patient perspectives 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 in their own words).

Patient reported outcome measures (PROMs) – capture a person’s perception of their own health through questionnaires. They enable patients to report on their quality of life, daily functioning, symptoms, and other aspects of their health and well-being².

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 upheld.

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 7 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; and Mental Health Services.

Clinical Streams – Metro North Health’s clinical structure additionally includes clinical streams to support clinical service improvement, with governance provided by Healthcare Excellence and Innovation, an office of the Clinical Services directorate. The streams cover all healthcare services delivered by Metro North Health, except for Mental Health (as a separate directorate). These are Cancer Care Services; Emergency Medicine; Heart and Lung; Medicine; Research; Surgery; and Women’s and Children’s Services.

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1. Health Consumers Queensland. (2017). Consumer and Community Engagement Framework.
 2. Australian Commission on Safety and Quality in Healthcare. (2024). Patient-reported outcome measures at Patient-reported outcome measures | Australian Commission on Safety and Quality in Health Care.
 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



Bernard Curran
Board Chair
Metro North Health

The Board and Executive are committed to ensuring the rights of people are met when accessing and receiving care at Metro North Health. We do this by listening to and responding to what our community tells us. Not only is this the right thing to do and an important part of our organisational strategy, but it is also underpinned by legislation and accreditation to national safety standards.

We know that good consumer and community partnerships are based on trust, open-hearted conversations and keeping our promises. We also know that an effective consumer and community engagement strategy will only be so if it has been co-designed with consumers in a genuine partnership. We value the need to have effective systems in place to enable consumers' choices and their voices in our healthcare system.

This is why we are extending the life of this strategy for an extra year to give us more time to develop our next consumer and community engagement strategy in genuine partnership with the people we provide care to and with the clinicians and staff who provide it.

We will continue to listen to, learn from and work together to tackle the persistent and emerging challenges in healthcare. The review of this Strategy with consumers and staff assures us there is a shared commitment to collaborate in authentic and meaningful ways with our diverse communities. The Board and Executive will act 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 2022-25* will ensure that consumers and communities are “present, powerful and involved” in decisions “at all levels of healthcare... from the wards to the board”.



Jackie Hanson
Chief Executive
Metro North Health



Board Consumer and Community Engagement Committee

This committee, one of five sub-committees of the Board, oversees and guides consumer and community engagement in the development and strategic direction of Metro North Health.

Aimee McVeigh
Chair, Board Consumer and Community Engagement Committee
Metro North Health

Introduction

The *Collaborating in Health Strategy 2022 – 2025* 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.

Intended outcomes

The intended outcome of the Strategy is to:

- make it easier for people to access care and ensure their rights are met,
- ensure consumers' goals of care are met, and
- improve the experience of care for those receiving it and their loved ones.

These outcomes will be met by partnering with consumers and community in the decision-making related to planning, delivering/implementing, monitoring/evaluating:

- Health service care,
- Plans and strategies,
- Major infrastructure initiatives including the roll out of digital health infrastructure and services,
- Organisational development and governance,
- Research projects.

A message from consumers

In the process of reviewing this Strategy, many consumers from across Metro North Health have attended a consultation or provided feedback in other ways. The consumers who partner with Metro North Health are committed to work in partnership with staff to improve healthcare experiences and outcomes for others. They want to be involved early in planning, often during decision-making processes and monitor the impact of the changes.

“Time is precious. Time is important and valuable to all of us. I would like to see more results. As a consumer, I’m here for action. I want to see the results of our works. And see that we’re making a difference ... it shows that you’re valued as a consumer.” – ANTON

“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

Metro North Health Strategic Planning Framework

Collaborating in Health Strategy 2022 – 2025 is an important component of our local and State strategic priorities, as partnering with our consumers is integral to the Metro North Health strategic planning framework (outlined below).

Government priorities



Health Q32: A vision for Queensland's health system

Health Q32: A vision for Queensland's health system commits to partnering across the health system to deliver accessible, equitable and sustainable healthcare for everyone. Metro North Health will continue to have an ongoing commitment to respect, protect and promote human rights for everyone, everywhere, every day.



Hospital and health service strategic plan



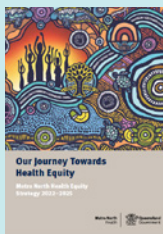
The *Metro North Health Strategic Plan 2024 – 2028* outlines our future direction and supports the Governments objectives for the community. The four objectives of the plan are: To always put people first; to improve health equity, access, quality, safety and health outcomes; to deliver value-based health services through a culture of research, education, learning and innovation and to be accountable for delivery of sustainable services, high performance and excellent patient outcomes. Collaborating with consumers is essential to the delivery of all these objectives.



Strategies



Health Services



Health Equity



Research



There are several headline strategies for Metro North Health focusing on key functions. The strategies confirm the strategic directions and objectives of the relevant area and outlines the priority strategies required to achieve the desired outcomes. The Health Service Strategy focuses on health service delivery and links with the other Metro North strategies and plans *Our Journey Towards Health Equity: Metro North Health Equity Strategy 2022-2025* and the *Disability Services Action Plan 2024-2029*, all of which will be achieved by partnering with consumers and community.



Inclusive Employee Engagement



Community Engagement



Disability Services Action Plan

Actions



Our services

Metro North Health is the largest public provider of health services in Australia. Our vision is to deliver excellent healthcare by working together to maintain strong and healthy communities. Our services include rural, regional, satellite and tertiary hospitals, mental health services including alcohol and drugs, community and oral health services, and care provided at home through digital health and hospital in the home.

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 living throughout Queensland, northern New South Wales, the Northern Territory and Norfolk Island. We have a growing, ageing and diverse population. We recognise that culture, language, spirituality, socio-economic status and health literacy can be barriers to accessing healthcare. Aboriginal and/or Torres Strait Islander peoples, some of our culturally and linguistically diverse communities and some people living with disability and/or mental health conditions continue to experience poorer health outcomes including experiencing a higher burden of chronic disease and illness.

The infographic on page 10 provides a summary of the population residing in Metro North Health's local catchment.



Metro North

LARGEST PUBLIC PROVIDER

4157

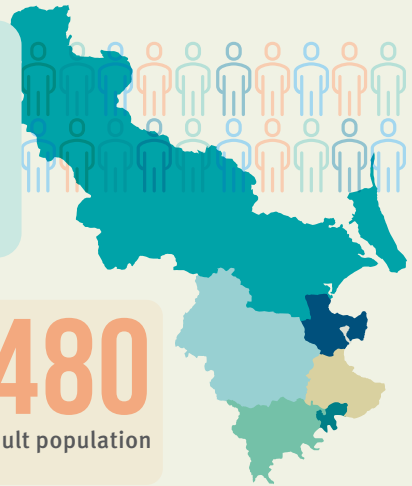
SQ. KM

NORTH OF BRISBANE RIVER TO KILCOY

1,062,907

PERSONS

(as at June 2020)



DISABILITY LIVING IN NEED OF ASSISTANCE

with a profound or severe disability

43,480

4.6% of MN adult population (2016–2017)

Culturally and linguistically diverse population

1 IN 5 BORN OVERSEAS

221,963 PEOPLE



Aboriginal and/or Torres Strait Islander people



26,982

3975 (AGED OVER 50+ YEARS)

2.6% of MN population (as at June 2019)

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 Island– Beachmere
- Narangba – Burpengary
- Redcliffe

Households receiving highest % of rental assistance from the Australian Government: Caboolture 31%, Bribie Island–Beachmere 25%, Narangba–Burpengary 24%.

Health risk factors

OBESITY

23.5 per cent of people aged 18-75 years were classified as obese

PHYSICAL ACTIVITY

37.5 per cent of people aged 18-75 years reported insufficient or no physical activity

SMOKING

8.7 per cent of people aged over 18 years were daily smokers

ALCOHOL CONSUMPTION

20.1 per cent of people aged over 18 years had lifetime risky drinking consumption

NUTRITION

46.8 per cent of people aged over 18 years had less than recommended fruit intake and 94.0 per cent of people aged over 18 years had less than recommended vegetable intake

*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

In 2021, a consultation was undertaken with consumers, staff and community partners to explore community views on local health issues, as summarised in Appendix A. It includes responses from 502 consumers and/or community members, 46 hospital staff, 202 GPs and other health practitioners, 10 partnership groups, and 27 community partners. In 2025, a far-reaching consumer, community and staff consultation program will be undertaken to guide Metro North Health in the way forward to effective engagement. This consultation program will be informed by the community views on health issues identified by the Joint Regional Needs Assessment undertaken in 2024.

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 seven directorates and our Clinical Streams. Clinical Streams ensure all patients in the health service are able to access the same quality service with the same outcomes and experience across Metro North.

These networks are evaluated regularly with improvements adopted to strengthen consumer voices in shaping health services. In 2023-24 more than 440 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 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 may also coincide, 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, researchers, volunteers, and students. Consumers, communities and partner organisations have a key role but are not responsible for the implementation of this Strategy. The Metro North Partnering with Consumers and Carers Policy 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 five priorities. These are outlined below.



Figure 2: Collaboration in action

Our priorities for consumer and community engagement

Priority 1

Create authentic partnerships with people to improve healthcare access and experiences, with a specific focus on diverse communities.

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.

We recognise the diversity of lived experience within these groups is important, as well as the increased complexity when a person identifies as a member of multiple communities (intersectionality).

1.2 Establish relationships with key community and multicultural leaders and communities to co-design how they would like to partner with Metro North Health in the future.

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

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

1.5 Support the implementation of the Health Equity Strategy for Aboriginal and/or Torres Strait Islander peoples and Reconciliation Action Plans, the Metro North Health Disability Services Action Plan and the Queensland Health Multicultural Health Policy and Action Plan 2024-2029.



What we will measure	Frequency	Performance indicator	Responsible owner
The views of consumers who identify with communities listed in 1.1 are represented and reflected in quality improvement and research activities.	Annually	All directorates can demonstrate at least 5 quality improvement or research activities that specifically address the issues or concerns of communities listed in 1.1.	Directorates
Consumer feedback for communities listed in 1.1 is being collected by all directorates and reported to operational leadership teams for action.	Annually	Consumer feedback is tabled at operational leadership meetings in all directorates and actions taken to respond to feedback are recorded in minutes.	Directorates Metro North
There is evidence of community involvement in the implementation of the Health Equity Strategy for Aboriginal peoples and Torres Strait Islander peoples and Reconciliation Action Plans, the <i>Metro North Health Disability Services Action Plan</i> and <i>Queensland Health Multicultural Health Policy and Action Plan</i> .	Annually	Progress reports for major equity and inclusion initiatives document consumer and community involvement. Refer to Health Equity Strategies, Disability Service Action Plan and Multicultural Health Policy and Action Plan.	Aboriginal and Torres Strait Islander Health Leadership Team Disability Director Multicultural Health Director
The development of the new consumer and community engagement strategy will be inclusive of people identified in action 1.1.	Annually	Report on the opportunities provided that demonstrate inclusion, and also be transparent with reporting about the number of people who identified with one or more of these characteristics.	Metro North Consumer and Community Partnerships



Priority 2

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

What we will do

- 2.1 Develop workforce skills, 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 about their care and through consumer/community engagement activities.
- 2.4 Support consumer involvement in the development of a program to raise staff awareness of the Metro North Health Compassionate Care Principles.

What we will measure	Frequency	Performance indicator	Responsible owner
Maintain Consumer and Community Engagement Subcommittee of the Board	Annually	That meetings are held as per Terms of Reference, that quorum is met, and each meeting has consumers attending. That consumers who attend the meetings feel valued and heard.	Secretariat of sub committee.
Consumers involved in improvement activities feel valued for their time and expertise.	Annually	90% of consumers report feeling valued in the “consumer check-in survey”.	Metro North Consumer and Community Partnerships
Consumers involved in recruitment panels have access to resources and/or training so they understand their role and responsibilities. Develop a register of consumers who have completed the training. An evaluation of consumer participation in staff recruitment is undertaken. Consumers are involved in the recruitment of staff in engagement lead roles.	2025	Publish/deliver resources and training for consumers to support them when involved in recruitment panels. Survey the register (of consumers who have completed the training) to determine: <ul style="list-style-type: none"> • The number of times consumers have been involved in recruitment panels. • When the consumer perspective on the panel was useful, listened to, and influenced the outcome. • The experience of consumers. Staff have had the opportunity to participate in the evaluation.	Metro North Consumer and Community Partnerships
That consumers were involved in the development of the program to raise awareness of Compassionate Care Principles.	2025	90% of consumers involved in the development of visual artefacts on Compassionate Care Principles felt valued.	Clinical Skills Development Service

Priority 3

Improve practices to support consumers and their significant others with their emotional, psychological, cultural, linguistic, spiritual, family, social and health needs.

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 Collaborate with a diverse cohort of consumers to improve the quality and consistency of health information, that meets the needs of all consumers. This will make it easier for consumers from diverse backgrounds to access, understand and act upon.
- 3.3 Promote and support staff to follow best practice guidance on developing written information for consumers including the uptake of Easy Read English training.

What we will measure	Frequency	Performance indicator	Responsible owner
The increase in health information being translated into other languages.	Annually	That each Directorate translates at least 2 documents intended to communicate to consumers such as webpages, brochures, fact sheets (as opposed to one individual e.g. a person's discharge summary).	Directorates and Metro North Health Language Services (Multicultural Health)
An increase in written information for consumers being written in Easy English.	Annually	70% of staff who have attended the Easy Read training have contributed to an Easy Read publication for consumers that has commenced, progressed or been completed.	Disability Director and Metro North Consumer and Community Partnerships
Increase in staff awareness and ability to write in Easy Read English.	By December 2025	That all Metro North Health licenses for Easy Read English staff training have been used.	Disability Director
That a diverse cohort of consumers have provided feedback about written information.	Annually	Maintained registers of written information for patients indicate that over the year a diverse cohort of consumers have been offered an opportunity to provide feedback.	Directorates and Metro North Consumer and Community Partnerships
That co-design practices are being used to develop more written information for patients.	By December 2025	Each Directorate and Metro North Health co-design with consumers at least one written publication.	Directorates and Metro North Consumer and Community Partnerships



Priority 4

Enable consumers to be active partners in their healthcare.

What we will do

- 4.1 Review how patient reported experience measures data is shared and used to make quality improvements related to patient involvement in treatment and care decisions.
- 4.2 Support the implementation of Julian's Key so staff know how and when to use it; and consumers are supported to complete it.
- 4.3 Partner with community organisations who advocate for and support consumer empowerment in the development of the new Strategy.

What we will measure	Frequency	Performance indicator	Responsible owner
Develop relationships with key community organisations.	By December 2025	At least 10 community organisations are working in partnership with Metro North Health to work on disability reform.	Disability Director and Metro North Consumer and Community Partnerships
The implementation and use of Julian's Key by staff and consumers.	By December 2025	That a process is in place to collect data on the number of Julian's Key Chart summaries uploaded onto ieMR (in hospitals that use ieMR).	Digital Metro North

Priority 5

Strengthen consumer and community partnerships in healthcare innovation, research and infrastructure.

What we will do

- 5.1 Facilitate consumer consultations on innovation, research and infrastructure initiatives so consumers can influence system-level change.
- 5.2 Increasing staff awareness of when and how to involve consumers on future-focused system level changes.
- 5.3 Contribute to the published evidence for collaboration with consumers and communities in healthcare, research and innovation.
- 5.4 Support staff to engage consumers and community organisations in co-designing innovation, research and infrastructure projects.
- 5.5 Acknowledge and celebrate consumers' contributions to health service research and improvements.
- 5.6 Provide training opportunities for consumers who are interested in being involved in research.
- 5.7 Continue to expand the ways we partner with consumers in research to ensure consumer voices are heard and considered in the research we conduct.

What we will measure	Frequency	Performance indicator	Responsible owner
Consumers who engage in Metro North Health activities (including research) report being involved in decisions, collaborating or leading an innovation, service improvement or re-design.	Annually	At least 60% of consumers completing the consumer check-in survey indicate they were involved, or collaborated, on an innovation, service improvement or re-design.	Metro North Consumer and Community Partnerships
That each Directorate and Metro North corporate 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.	Directorates and Metro North corporate.
Consumer and community involvement in research.	Annually	That 90% consumers involved in research as partners (not research subjects) report feeling valued in the "consumer check-in survey".	Directorates and Metro North corporate.
The Metro North co-design framework has a governance structure that supports its ongoing evolution.	By December 2025	A governance committee is established to promote and update the co-design framework.	Metro North Consumer and Community Partnerships
Consumer partnerships in research are acknowledged within Metro North.	By December 2025	Metro North Research Excellence Awards acknowledge excellence in consumer partnerships in research.	Metro North Research

Critical success factors

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

Organisational culture and capability:

- Delivering, monitoring and evaluating person-centred and human rights respecting health care outcomes,
- 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 being 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 improvement could be made.

Skilled, caring and engaging workforce:

- Developing an educated and empathetic workforce that:
 - o understands how to provide inclusive healthcare that is tailored to the emotional, psychological, cultural, linguistic and spiritual, family, social and health needs of individuals and families (support network).
 - o builds trust and relationships with consumers and each other to deliver person-centred care.
- A mindset of care and respect that values and empowers consumers as active partners in their own health (rather than passive recipients), and supports human rights.
- Networking and knowledge sharing for service improvement and leveraging 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 results in improved individual outcomes.
- **Service level** – service design that does not take into account local consumer and community experiences, needs and human rights will result in resources not going where they are needed most or being used inefficiently.
- **System level** – services will be fragmented, poorly coordinated with inconsistent use 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 and health experiences as those with the highest burden of disease and risk factors continue to increase. Research conducted is not relevant to consumers or the Metro North community.

Implementation and evaluation

Metro North Health is committed to implementing this *Collaborating in Health Strategy 2022-25* with oversight and guidance from the Board Consumer and Community Engagement 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 each 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 Consumer and Community Engagement 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 in Metro North region

In 2025, a far-reaching consumer, community and staff consultation program will be undertaken to guide Metro North Health in the way forward to effective engagement. This consultation program will be informed by the community views on health issues identified by the Joint Regional Needs Assessment undertaken in 2024. Below is a summary of the information from the 2021 Local Area Needs Assessment.

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 2021⁷. 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/or substance use dependence, 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.

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.
- 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; and
- provision of culturally appropriate, non-discriminatory 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.

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7. This process has been repeated in 2024 to develop the Joint Regional Needs Assessment. This assessment and its data will be used in 2025 when Metro North Health develops the next Consumer and Community Engagement Strategy.

