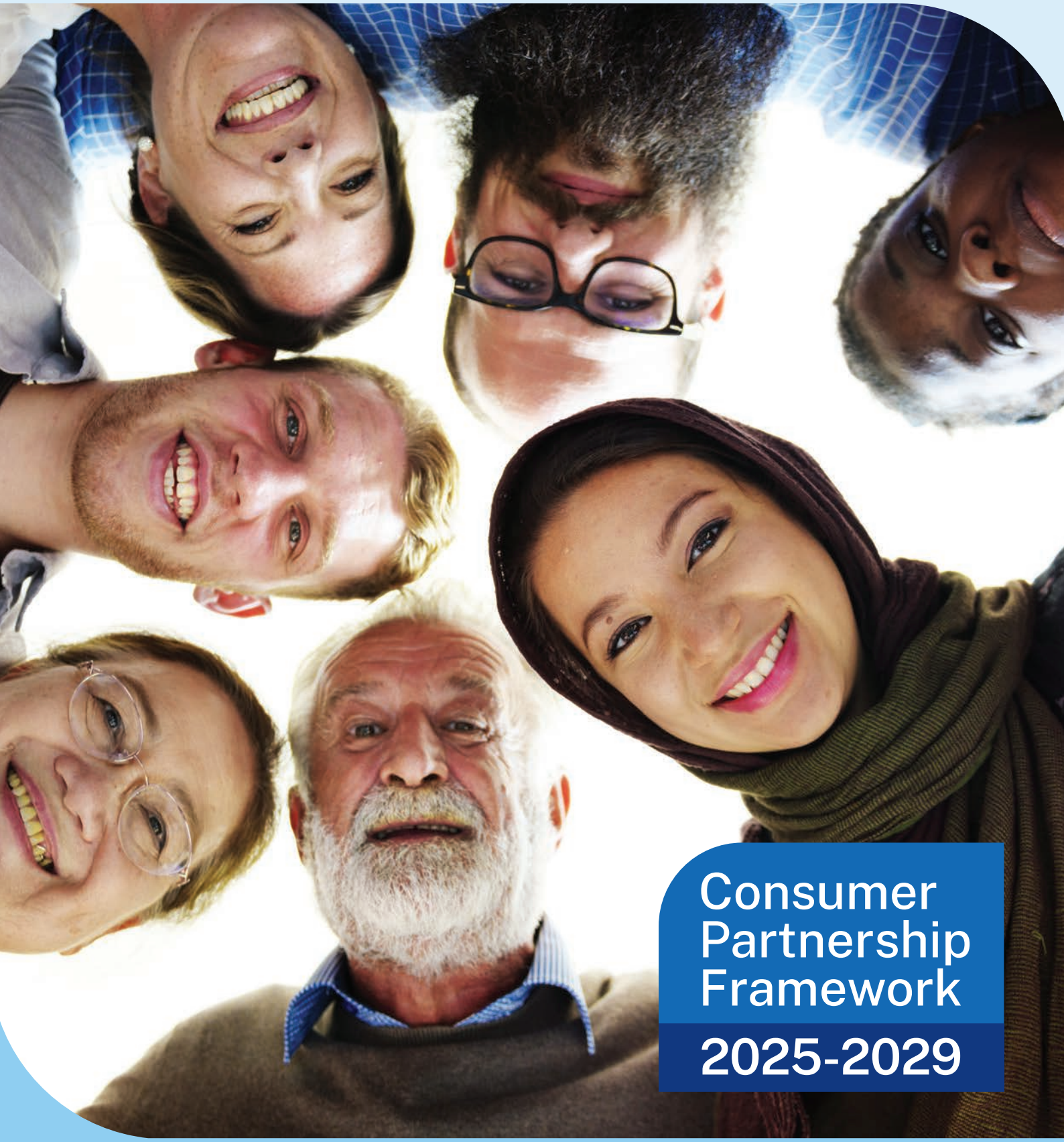
South Eastern Sydney Local Health District

NSW GOVERNMENT



Consumer Partnership Framework

2025-2029

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Contents

Acknowledgement of Country

South Eastern Sydney Local Health District would like to acknowledge the Traditional Custodians on whose land we stand, and the lands our facilities are located on; the lands of the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples.

We would like to pay our respects to the Elders past, present and those of the future.

Artwork by Brenden Broadbent
Originally commissioned by SESLHD District Mental Health

Foreword

South Eastern Sydney Local Health District recognises the essential role that Consumer Representatives play in shaping responsive, person-centred health care.

Consumer Representatives are actively embedded within the health system, working alongside staff to elevate the patient voice. The work of Consumer Representatives is supported through structured training, equipping them to participate meaningfully in shared decision-making processes. They are empowered to listen, understand, and advocate — ensuring that patients' perspectives are not only heard, but acted upon.

Partnerships with consumers are essential to shaping a health system that is compassionate, safe, and responsive to the needs of the community. By embedding consumer voices at every level, we commit to a future where care is co-designed, co-delivered, and continuously improved with those who matter most — the people who use our services.

This framework provides a clear foundation for how SESLHD will continue to strengthen consumer involvement in planning, decision-making, and service delivery.

Cheryl Hall
SESLHD Consumer Representative

Message from our Acting Chief Executive

At South Eastern Sydney Local Health District (SESLHD), we believe that what matters most to people should guide how we design and deliver health services. We are committed to engaging consumers and the community in every stage — planning, delivering, and evaluating our services.
Strong partnerships with consumers lead to better health outcomes and a more fulfilling work environment for healthcare professionals. By working together, we ensure our services meet community needs and provide true person-centred care.

This framework sets a clear approach for ongoing consumer involvement, aligned with SESLHD's 2031 Statement of Intent and with the National Safety and Quality Health Service (NSQHS) Standard 2 – Partnering with Consumers.

We want to extend care beyond our facilities, and by involving a broader range of consumers, we can improve public health and design better programs. I encourage all staff to work with consumers to build the best healthcare for our community.

Thank you to everyone who contributed to this framework. It's a step toward improving healthcare quality, equity, and access across the District.

Kate Hackett
Acting Chief Executive

Introduction

Partnering with consumers in healthcare enables us to use feedback from individuals and the community to improve service planning, delivery, and evaluation. This leads to more responsive services that meet local needs.

Effective engagement starts with treating consumers as equal partners in their care, which leads to better health outcomes. SESLHD is committed to this approach and has long-standing networks of consumers who have helped shape our services, improving the health and wellbeing of our community.

This Consumer Partnership Framework ensures we collaborate meaningfully with consumers, carers, and the community to improve healthcare quality and meet patient needs. It also outlines our responsibilities to strengthen consumer engagement and highlights our values and goals in this area. The framework supports our national and state requirements and aligns with SESLHD's long-term goals.

At the heart of everything we do is a set of values –

Collaboration, Openness, Respect, and Empowerment

SESLHD is a culturally and socially diverse district, providing services across the Woollahra, Waverley, Randwick, Bayside, Georges River and Sutherland Shire Local Government Areas, and parts of the Sydney Local Government Area.

more than
900,000
residents across the district

Aboriginal and Torres Strait Islander people make up
1.15%

40%
of residents were born overseas

34%
of our residents speak a language other than English

Principles of engagement

Consumer engagement and partnership is underpinned by the NSW Health's CORE values of Collaboration, Openness, Respect and Empowerment. Principles of engagement based on our CORE values are an important foundation for our District's engagement processes. These principles should be evident in daily work from our policies and processes, down to the activities we complete every day. The table on the next page highlights, how we can embed these principles into our practice and how they support the criteria under National Standard 2 – Partnering with Consumers.

These principles have been adopted with permission from Health Consumers Queensland, Consumer and Community Engagement Framework (2017).

Collaboration	Openness	Respect	Empowerment
Working relationships between engagement partners are built on transparent and accountable processes. The purpose of consumer and community partnership is to shape service delivery to better meet consumer and community needs. Engagement takes place at all levels of the service: planning, design, delivery, evaluation and monitoring	Engagement partners value each other's perspectives, knowledge and beliefs and develop relationships based on clearand open communication and shared goals. Partnerships focus on solutions and support the participation of consumers and community	Engagement processes are accessible, flexible and designed to promote partnerships with populations that reflect the diversity of their communities and identified health needs. The health service engages through outreach and is respectful of existing community resources and expertise	All engagement activities are evaluated by health staff and consumers and findings implemented for continuous improvement. Ongoing training and development opportunities are provided to support the capability building of all engagement partners
National Standard 2 Criteria • Clinical Governance • Partnering with patients in their own care • Partnering with consumers in organisational design and governance	**National Standard 2 Criteria** • Clinical Governance • Partnering with consumers in organisational design and governance	**National Standard 2 Criteria** • Partnering with patients in their own care • Health Literacy	**National Standard 2 Criteria** • Clinical Governance • Partnering with patients in their own care • Health Literacy • Partnering with consumers in organisational design and governance

What did we achieve 2021-2024?

Action	Example
Streamline and simplify onboarding process for formal committees	Toolkit for Partnering with Consumers (a guide for staff) developed to support onboarding
Develop standardised terms of reference, position descriptions	Toolkit for Partnering with Consumers has examples of Position Descriptions
Review and update existing engagement documents to be more accessible, appropriate for a range of literacy levels, and consistent across facilities	• Toolkit for Partnering with Consumers • Consumer Partnerships Framework
Early engagement to involve consumers from project initiation, including membership of steering committees	Support provided via Consumer Advisory Committee Leads
Develop a consumer community network to facilitate connections and cross facility collaboration between consumers	Opportunities are created for cross collaboration e.g. Mental Health Committee meetings
Include feedback on successful engagement strategies	Reporting to Board Strategic Community Partnerships Committee (BSCPC)
Opportunities for engagement partners to showcase work undertaken in SESLHD	• Population and Community Health (PaCH) consumer showcase • Partners and Consumers Showcase facilitated by Strategy, Innovation and Digital Health • Recovery & Wellbeing College - Celebration of Learning event (annual) showcasing student representative outcomes
Education sessions for the community are led by consumers	• PaCH consumer showcase • Recovery & Wellbeing College - all courses are co-facilitated between clinical and lived experience experts
SESLHD has a consumer partnership profile that reflects the diversity of our District	Consumer representatives across a broad range of Consumer Advisory Committees including: PaCH, Mental Health, Aboriginal Community Council and Site based CACs
SESLHD identify when it is appropriate to partner directly with consumers and when it is appropriate to engage intermediaries	War Memorial Hospital Partnership with Agency for Clinical Innovation Aged Health Executive who have consumer representative as part of the Executive
Development of methods of engagement to reach all parts of the community including web-based platforms and social media	• Utilise multiple methods of obtaining consumer feedback, including but not limited to: HOPE, Cemplicity, Care Opinion, PREM • War Memorial Hospital - Speech Pathology led research using consumer co-design to create treatment and prognosis guidelines

Actions for 2025-2029

Collaboration	Openness	Respect	Empowerment
Continue to streamline and simplify onboarding process for formal committees	Include feedback on successful engagement strategies	Education sessions for the community are led by consumers	SESLHD identify when it is appropriate to partner directly with consumers and when it is appropriate to engage intermediaries
Continue to develop standardised terms of reference, position descriptions	Opportunities for engagement partners to showcase work undertaken in SESLHD	SESLHD has a consumer partnership profile that reflects the diversity of our District	Consumers feel culturally safe and their beliefs incorporated
Continue to review and update existing engagement documents to be more accessible, appropriate for a range of literacy levels, and consistent across facilities			Utilise a range of engagement methods to reach all parts of the community
Continue to promote early engagement to involve consumers from project initiation, including membership of steering committees			
Continue to develop a consumer community network to facilitate connections and cross facility collaboration between consumers			

A spectrum of participation

Encouraging engagement and supporting a wide range of consumers to be involved in healthcare and research promotes meaningful collaboration. Consumer engagement can vary based on how much influence consumers have over the process and outcome, which is typically set by the healthcare organisation.

This Framework helps services decide the level of consumer, carer, and community involvement, based on the International Association for Public Participation (IAP2) model*. The level of involvement depends on the goals, time, resources, and decisions to be made. Most importantly, it outlines the commitment the health service makes to consumers at each level of participation.

*This Engagement Spectrum has been adopted for use in SESLHD from and with the permission of the International Association of Public Participation (IAP2) (2016).

INFORM	CONSULT	INVOLVE	COLLABORATE	CONSUMER LED
Information giving	**Information seeking**	**Information sharing and joint planning**	**Participatory decision making**	**Stakeholder leadership**
We will keep you informed	We will keep you informed, listen to you, acknowledge your views and provide feedback	We will work with you, consider your views and provide feedback on how your input influenced outcomes	We will look to you for advice and innovation in the formulation of solutions and incorporate your advice to maximum extent	We will implement your decisions and support and compliment your actions
One way communication	**One way communication**	**Two way communication**	**Two way communication**	**Two way communication**
Common methods	Common methods	Common methods	Common methods	Common methods
Fact sheets Written information Patient information Web based information Social media Pop-up stalls Open days Web pages	Public meetings Online forums Focus groups Surveys Public comment – web based Workshops Suggestion box Information sessions	Focus groups Participatory workshops Reference groups Committees Working parties	Consumer advisory Committee Consumer representation on governance committees Key stakeholder and interagency	Consumer led models of care projects support by hospital staff Steering committees
Recruitment	**Recruitment**	**Recruitment**	**Recruitment**	**Recruitment**
Public consultation Print media Online media	General recruitment Can be engaged at the service level	Targetted recruitment Orientation Commitment to Code of Conduct	Specific recruitment Mandatory checks Orientation Mandatory training	Formal recruitment Mandatory checks Orientation Mandatory training
Level of influence	**Level of influence**	**Level of influence**	**Level of influence**	**Level of influence**
Low	Low	Moderate	High	Control
SESLHD Commitment	**SESLHD Commitment**	**SESLHD Commitment**	**SESLHD Commitment**	**SESLHD Commitment**
We will keep you informed and provide you with an opportunity to get in touch if you have any questions	We will listen to and acknowledge your input and provide feedback on how your input has informed the outcome	We will support consumers to ensure feedback informs the outcome and decision-making process	We will work with you to identify and include collaborative outcomes, and consider collaboration as part of the decision making process	We will empower consumers to develop and deliver solutions
Key Performance Indicators	**Key Performance Indicators**	**Key Performance Indicators**	**Key Performance Indicators**	**Key Performance Indicators**
Number of publications with consumer input Web based information is evaluated by consumers Shared decision making is evaluated through patient surveys	Consumer perspectives are included in a wide range of presentations and workshops Publications and campaigns have been developed jointly with members where there is a common interest Consumer voice is recognised in decision-making	Consumers are visible as part of major campaigns on health initiatives or issues relating to service needs Consumer perspectives are included in a wide range of presentations and workshops Staff accept and consider consumer input as business as usual, and useful for identifying how to improve the patient experience Initiatives relating to consumer perspective including *"you said we did"*	Consumers are visible as part of major campaigns on health initiatives or issues relating to health Consumer satisfaction and perceptions of Consumer Advisory Committee (CAC) will be regularly measured Evaluations and reviews of performance are predominately positive and constructive or negative feedback is acted upon and actions reported back Staff accept and consider consumer input as business as usual, and useful for identifying how to improve the patient experience There are consumer representatives on governance and/or high-level committees	Demonstrated consumer-led projects Consumers as key members and project partners with key alliances, and act as spokespersons for the alliances where appropriate Staff accept and consumer-led projects as business as usual, and participate on projects to improve the patient experience Consumers deliver education sessions in partnership with SESLHD staff

The Four Levels of Engagement

Implementing this Framework requires commitment from everyone in the organisation. It involves strong leadership, clear responsibilities, and systems for monitoring, reporting, and evaluating progress. We also need to develop the skills and confidence of our staff, providing them with the tools and resources needed to work effectively with consumers.
This Framework outlines SESLHD's responsibility to strengthen and promote partnerships with health consumers at all levels of engagement.

The four levels of engagement are:

Provides a nationally consistent statement about the level of care consumers can expect from health service organisations. Standard 1 Clinical Governance and Standard 2 Partnering with Consumers underpin all of the other standards. The Partnering with Consumers standard aims to support health service organisations to involve consumers as partners in planning, design, delivery, measurement and evaluation of systems and services, in addition to partnering with patients in their own care, to the extent that they choose.

Consumers can partner in governance, planning, policy and system level strategy, research activities and feedback. This partnership may include community organisations and members of the local community. At the health service level, partnerships may be demonstrated through the participation of consumers on governance committees, for example patient safety, redesign, redevelopment and facility design or quality improvement. Members of local community groups and organisations may also be engaged in partnership more broadly about future community health needs.

Partnerships develop to support the organisation and delivery of care in a specific area. Overall service or program design can be enhanced through the participation and partnership of patients, families and carers. Valuable feedback about experiences of care can be gained from those who have a lived experience of the service. This involves patient's carers, families and consumers providing direct feedback about a service and also including consumer participation in the design, monitoring and evaluation of services, departments or programs and research.

Partnerships are formed between clinicians and the patients where care is delivered. These partnerships support the provision of care that is respectful. They allow for the sharing of information suitable to the individual patient, and ensure that patients and their carers or family are engaged in care planning and decision making, and are supported in the management of their own care.

Monitoring and Evaluation

The SESLHD Board will receive reports that evaluate the impact of initiatives to measure consumer partnerships activities. These activities will be evaluated to consider how they can be improved to meet the strategic aims of the health service. Monitoring and evaluation processes will vary within each health facility and program, depending on local circumstances.

Measuring success

We will measure partnering with consumers outcomes in accordance with this Framework and the National Safety and Quality Health Services Standards. This framework supports excellence and compliance against the following standards:

- National Safety and Quality Health Standards (NSQHSS), in particular the Clinical Governance Standard, Partnering with Consumers Standard, and other consumer-centred items across the eight Standards

- NSQHS Standards Six Actions for Aboriginal Health

  The NSQHS Standards include six defined actions that specifically address the needs of Aboriginal and Torres Strait Islander people. Implementing these actions will support the provision of culturally appropriate care to Aboriginal and Torres Strait Islander people across the health system.

  One of these six actions is related to the Partnering with Consumers Standard. *Partnering with Consumers Standard – Action 2.13*. The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs.

Australian Safety and Quality Framework for Health Care, which specifies three core principles for safe and high quality care including

1. Consumer-centred;
2. Driven by information and
3. Organised for safety.

Legislation

This framework is consistent with the:

- Aged Care Act 1997
- Australian Charter of Healthcare Rights 2020
- Healthcare Complaints Act 1993
- Health Services Act 1997
- Mental Health Act 2007
- NSW Carers (Recognition) Act 2010
- Public Health Act 2010

Guiding policies and plans

- NSW Ministry of Health CORE Values
- NSW Ministry of Health, Elevating the Human Experience
- ACSQHC Australian Charter on Health Care Rights
- ACSQHC National Safety and Quality Health Service (NSQHS) Standards second edition
- ACSQHC NSQHS Standard 2 – Partnering with Consumers

Responsibilities

All responsibilities are in accordance with the Framework. Strategic leadership, designated responsibilities, monitoring, reporting and evaluation mechanisms, and alignment of business processes are essential. Consumers participate in the highest level of governance, making a valuable contribution from the Board level through to strategic planning initiatives and service redesign.

SESLHD Governing Board will:

Ensure mechanisms are in place to effectively implement a consumer engagement framework strategy to promote consultation with health consumers about the provision of health services.

SESLHD Chief Executive will:

- Ensure the District is committed to partnering with its consumers through open communication on committees, focus groups and through the development of models of care and service development. Our consumers participate in the highest levels of governance, making a valuable contribution from the Board level through to strategic planning initiatives and service redesign
- Build workforce capabilities to proactively engage with consumers in accordance with this Framework
- Allocate appropriate resources and support to implement a sustainable consumer engagement system
- Monitor and evaluate to ensure consumer participation is evident in engagement strategies, safety and quality process, service planning and design, complaints management processes and service outcomes evaluation

SESLHD Board Strategic Community Partnerships Committee (BSCPC) is:

An inter-sectoral committee reporting to the SESLHD Board. It is focussed on legislation that governs Local Health District (LHD) Boards, Commonwealth, State and local strategic priorities, and National Safety and Quality Health Service (NSQHS) Second Edition. The BSCPC provides advice and recommendations to the Board, and Chief Executive and other staff as required.

The purpose of this committee is:

- To seek assurance that a strategic, coordinated and integrated strategic community partnership approach is undertaken with community members and agencies to deliver better physical health, emotional and social well-being outcomes
- To seek assurance that there is a strong focus on promoting health equity * and best possible return on investment via robust cross-agency approaches in areas where collaboration will provide the greatest impact
- To support and seek assurance that effective two-way communication is in place with the community and with agencies

Consumer Advisory Committee (CAC):

The role of the CAC is in service level engagement focusing on partnerships that influence quality improvement, planning, delivery and evaluation and monitoring of projects, programs and services at a facility level. The CAC will achieve this by ensuring a clear and diverse consumer voice, and the integration of consumer perspective, into services, projects and programs provided by Hospitals and Health Services.

Operational and departmental services will:

Develop and implement new models of care, design material for patient use or have specific projects to implement. A tailored approach to consumer engagement for these activities should be undertaken using the IAP2 framework and the Principles of Engagement to guide participation using the principles of co-design.

* Equity in health is usually understood to be about ensuring equal access to health services for people with equal need, irrespective of personal characteristics such as gender, cultural background or place of residence. While equity in health certainly includes equity of access, it is ultimately about improving equity in health outcomes for those people with the poorest health in our society NSW Health NSW Health and Equity Statement, May 2004.

Responsibilities

This Framework, in acknowledging the rights of consumers and carers is underpinned by the Australian Charter of Healthcare Rights (2020) and the NSW Carers (Recognition) Act 2010.

Consumer Rights

All consumers within SESLHD have the right to:

- **Access**
  healthcare services and treatment that meets their needs
- **Safety**
  receive safe and high quality healthcare and be cared for in an environment that makes them feel safe
- **Respect**
  be treated as an individual with dignity and have their culture, identity, beliefs and choices recognised and respected
- **Partnership**
  be involved in open and honest communication; make decisions about their health with their provider and include the people that they want in planning and decision-making
- **Information**
  right to be informed about their condition, receive information about services, costs, waiting times and be given assistance when needed to help them understand and use the health information
- **Privacy**
  right to privacy and confidentiality
- **Give feedback**
  right to comment or complain and share their experience and participate to improve the quality of care and health services

Carer Rights

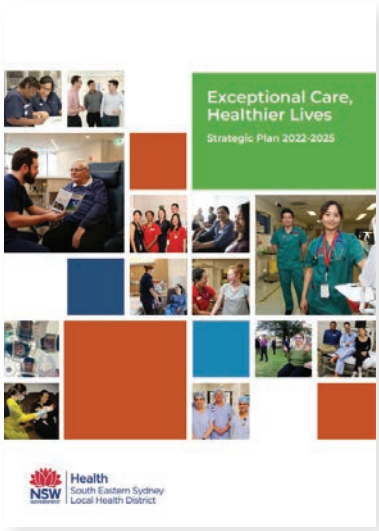
This Framework supports the NSW Carers (Recognition) Act 2010 and its four main pillars of the Charter:

1. Carers make a valuable contribution to the community
2. Carers' health and well-being is important
3. Carers are diverse and have individual needs within and beyond their caring Role
4. Carers are partners in care

Appendix I - Policy Context

South Eastern Sydney Local Health District *Exceptional Care Healthier Lives* Strategic Plan 2022-2025

South Eastern Sydney Local Health District Exceptional Care, Healthier Lives 2022-25 outlines our strategy to deliver exceptional person-centred care closer to home. This plan looks towards the future of healthcare and how we can best meet the current and emerging needs of the communities we serve.



NSW Health CORE Values

This Framework is underpinned by the NSW Health CORE Values and the SESLHD vision *"Exceptional Care, Healthier Lives"*

We will work together as a team to provide the best health care for our community.

The decisions we make are transparent and we accept accountability for our actions. Our patients and their carers have a right to know how and why decisions are made and who is making them.

We will work with our patients and their carers to enable them to take greater control of their own health care. We acknowledge that for empowerment to work there must be trust between our patients and all staff involved in the provision of health care.

We respect and acknowledge the contribution made by each member of our team in providing the best possible healthcare for our patients.

The Spectrum of Participation has been used to help SESLHD drive stronger engagement.

IAP2 Spectrum of Public Participation

IAP2's Spectrum of Public Participation was designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum is used internationally, and it is found in public participation plans around the world.

INCREASING IMPACT ON THE DECISION

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public 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 the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

Source: IAP2 Federation

Appendix II - Definitions

Term	Definition
Carer	A carer is a person who provides ongoing unpaid support to people who are frail aged, those living with lifelong disabilities, mental health conditions, alcohol or drug dependency, dementia, terminal illness, HIV or with a chronic illness
Co-design	Co-design is a process that enables those who deliver services and those who receive services to create improvements together. Healthcare workers and consumers are considered equal partners in the planning and decision making process.
Community	A group of people with diverse characteristics who are connected through a common location, culture, interest or attitude. In a healthcare context community can be used to define the population of the area, a cultural group or a group of people who are all experiencing a certain health condition.
Consumer and Community Engagement	Consumer and community engagement refers to the activities and processes through which consumers and their communities partner with health organisations around policy development, service design, delivery, evaluation and monitoring of their services. [1] The most effective way for health organisations to best meet their community's needs and preferences is to work in partnership with the community to develop and plan care. Community engagement takes place with 'broader' groups of consumers and community members who are able to speak about the types of healthcare they would like and contribute to addressing issues such as access, health literacy and strategic priorities.
Consumer	Consumers are people who use, or are potential users of health organisations including their family and carers. Consumers may participate as individuals, groups, organisations of consumers, consumer representatives or communities.[1]
Consumer Advisory Committee	The role of the Consumer and/or Community Advisory Committee is to provide consumer advice, direction and advocacy for the planning and delivery of health care provided by the organisation. The Committee provides a structured partnership between consumers, carers and the health care service on safety and quality issues, patient experiences, consumer-centred care and other issues such as co-design of health and medical research, as identified in its terms of reference.
Consumer Advisory Member / Representative	A person recruited to an advisory committee by an organisation to represent and advocate for the community they serve. The representative will voice the collective perspective and take part in decision making as a representative of those consumers and communities. In the SESLHD context, this refers to a consumer, carer or community member who has been engaged through formal processes to this specific role.
Diversity	In the context of this Framework, diversity refers to the inclusion of the numerous voices and experiences of the broadest range of individuals and groups which include but not limited to: • Aboriginal and Torres Strait Islander peoples and communities and the diversity within Aboriginal cultures • People from Culturally and Linguistically Diverse backgrounds • People living with disability (such as people with physical, sensory, intellectual and cognitive disability) • People who have lived or living experience of mental illness • LGBTQIA+ communities • Family structures and roles • Older Australians • Children and Young people • Health and illness conditions (such as people who may be long term users of the service, chronic health conditions) • People experiencing homelessness • People in prison • Trauma affected persons • Religious and spiritual groups and belief systems • Emerging communities (such as new migrant communities, refugees including those who have experienced torture, trauma, grief and loss)
Engagement	Engagement refers to a range of activities and processes that involve consumers or communities participating in health service decision making, policy development service and service design, delivery and evaluation. Effective and active partnerships exist when: • people are treated with respect • information is shared and explored with them • participation and collaboration in healthcare processes are encouraged and supported

Governance	Is a set of responsibilities and relationships between the organisation; being the executive team, healthcare workers and consumers, carers and community members of a health service. It incorporates the laws, policy directives, and processes affecting the way an organisation is directed, administered and controlled. Governance arrangements provide the structure for setting the corporate objectives (social, fiscal, legal, human resources) of the organisation and the means to achieve the objectives. (National Safety & Quality Health Service Standards - 2nd edition, 2017)
Health Literacy	The Australian Commission on Safety and Quality in Health Care separates health literacy into two components – individual health literacy and the health literacy environment. Individual health literacy is the skills, knowledge, motivation and capacity of a consumer to access, understand, appraise and apply information to make effective decisions about health and health care, and take appropriate action. The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the health system, and it affects the ways in which consumers access, understand, appraise and apply health information. (National Safety & Quality Health Service Standards - 2nd edition, 2017)
Lived Experience	A lived experience is the understanding and knowledge you get when you have lived through something. For example a person who has a lived experience of mental illness brings their understanding and knowledge gained from their direct experience living and recovering from a mental illness.
National Safety and Quality Health Service (NSQHS) Standards	The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. (National Safety & Quality Health Service Standards - 2nd edition, 2017)
National Safety and Quality Health Service (NSQHS) Standard Partnering with Consumers	The Standard Partnering with Consumers describes the systems and strategies to create a person-centred health system by including patients in shared decision making, to ensure that patients are partners in their own care, and that consumers are involved in the development and design of quality health care. (National Safety & Quality Health Service Standards - 2nd edition, 2017)
Partnership	Effective partnership exists when consumers are treated with dignity and respect, when information is shared, and when participation and collaboration in healthcare processes are encouraged and supported to the extent that consumers choose.
Person Centred Care	An approach to the planning, delivery and evaluation of health care that is grounded on mutually beneficial partnerships among clinicians and patients. Key dimensions of person centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of carers and family and access to care. Also known as patient centred care or consumer centred care. (National Safety & Quality Health Service Standards - 2nd edition, 2017)
Safety and Quality Improvement	Safety and Quality Improvement is the framework we use to systematically improve the way care is delivered to patients. Processes have characteristics that can be measured, analysed, improved, and controlled. Quality Improvement (QI) entails continuous efforts to achieve stable and predictable process results, that is, to reduce process variation and improve the outcomes of these processes both for patients and the health care organization and system. Achieving sustained QI requires commitment from the entire organization, particularly from top-level management. (Agency for Healthcare Research and Quality, n.d.)
Shared decision making	Shared decision making and personalised care planning are important ways in which patients can partner in their own care. This process can support conversations that lead to better-informed decisions aligned with what matters most to patients. Shared decision making is a collaboration and discussion between a consumer and their healthcare provider. It joins together the consumer's values, goals and preferences with the appropriate evidence regarding the benefits, risks and uncertainties of treatment, in order to determine the most appropriate healthcare decisions for the patient. The benefits of shared decision making are many and include: • improved satisfaction with care and better quality care decisions • Consumers using evidence-based decision aids have improved knowledge of the options, more accurate expectations of possible benefits and harms, and feel that they had greater participation in decision making than people receiving usual care • Better-informed consumers make different, often more conservative, less costly choices about treatment as the information provides a realistic appreciation of likely benefits and risks of treatment and enables decisions about the potential outcomes in a more considered way.

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