

Community Engagement Strategy

2026 - 2029



Contents

Purpose of this Strategy	3
About the community	4
Definitions	5
Strategic context	6
International context	6
National context	6
National Safety and Quality Health Service (NSQHS) Standards	6
National Preventive Health Strategy 2021–2030	6
Primary Health Network (PHN) Commissioning Framework	7
Goal 1: Embed community representation into CESP HN’s work	8
Goal 2: Improve opportunities for members of the community to contribute to planning and delivery of health services	12
Goal 3: Keep the community informed of relevant health messages, updates and health and community services	14

Purpose of this strategy

Central and Eastern Sydney Primary Health Network (CESPHN) is committed to genuine inclusive partnerships that embed community voices in our health planning and delivery. This three-year strategy sets out the ways in which CESP HN will do this from 2026-29.

Strong community engagement drives better outcomes, shifts delivery towards preventative care and ensures that the services CESP HN commissions and supports genuinely meet the needs of the people living and working in the central and eastern Sydney region.

It is widely accepted that members of the community will be involved in decisions that concern them, such as the nature of services that will be provided with their taxpayer funds. It is also widely accepted that person-centred care provides the best-outcome. For these major

reasons alone engagement with community members, consumers and people with lived experience of certain health conditions is a sensible approach.

This strategy comes under the umbrella of CESP HN’s Stakeholder Engagement Framework which gives an overview of our stakeholders and how CESP HN engages with them.

The goals of the strategy are to:

- Embed community representation into CESP HN’s governance.
- Improve opportunities for members of the community to contribute to identifying needs, planning and delivery of health services.
- Keep the community informed of relevant health messages, updates and health and community services.



About the community

There are over 1.6 million people living in the 587km² area that is referred to as the Central and Eastern Sydney region. The number of people living in the area will reach more than 1.9 million by 2031, with the most significant increase being the number of people aged over 65 years.

The region includes some of Australia's fastest growing and most demographically complex urban areas:

- **Green Square / Waterloo / Mascot:** High-density, culturally diverse and rapidly expanding
- **Bayside and Georges River:** Rapid growth in suburbs like Rockdale and Arncliffe, with increasing migrant populations.
- **Inner South West corridor:** High urban density, high levels of disadvantage, and complex health needs in areas like Lakemba and Campsie.

In the region, over 40% of the population were born outside Australia, 46.8% speak a language other than English at home and 6% do not speak English well or at all. Over 16,000 Aboriginal and Torres Strait Islander people live in the region. There is a significant number of people who identify as LGBTQIA+, increasing numbers of people experiencing homelessness, over 180,000 people living with a disability and more than 400,000 people who live in an area with a high level of socio-economic disadvantage. CESPHN will proactively aim to ensure inclusive engagement with the diversity of community members, particularly to include those with the least access and greatest needs.

A [demographic snapshot of the region](#) is available as well as a [Needs Assessment 2025-2027](#).



Definitions

- **Community member:**
A community member is anyone who lives in the Central and Eastern Sydney region. Community members can provide a first-hand perspective on health needs or social issues. CESPHN invites community members to be members of the Community Council and to contribute to the needs assessment.
- **Consumer/service user:**
A consumer is a community member who is a recipient of a healthcare service, consumers may also be called a service user. CESPHN invites service users/ consumers to give feedback about services, and invites potential users to help design services and sit on tender panels, advisory and working groups.
- **Living or lived experience:**
Living or lived experience refers to having first-hand experience (either currently or in the past) of a health condition, or other relevant life experience. People with lived experience are considered to be “subject matter experts”. CESPHN will draw on such expertise when addressing specific health needs or developing services to address relevant needs or experience.

Strategic context

By engaging community members, consumers and people with living or lived experience, CESP HN can better ensure that planning, design and delivery of health services is more person-led, equitable, and aligned with the needs and values of those who will use them.

CESP HN’s approach to community engagement is informed by best practice and policy directions at international, national, and state/ regional levels, and then tailored to meet the needs of our specific, unique community.

International context

The World Health Organisation (WHO) defines community engagement as “a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes.”

Key principles from WHO guidance:

- **Two-way engagement:** Building trust and shared decision-making.
- **Power-sharing and co-design:** Developing partnerships and shared leadership.
- **Equity and inclusion:** Ensuring no group is left behind, especially those experiencing health inequities.
- **Organisational commitment:** Embedding engagement in internal governance

National Context

CESP HN has also considered our engagement duties, aligning at the national level.

National Safety and Quality Health Service Standards

The Partnering with Consumers Standard requires health service organisations to partner with consumers in the planning, design, delivery, and evaluation of care.

National Preventive Health Strategy 2021–2030

This strategy requires consumer engagement in policy and program design, and the National Consumer Engagement Strategy for Health and Wellbeing has been developed to support and inform consumer engagement in health policy. *The National Consumer Engagement Strategy* identifies five ‘fundamentals’ for good practice community engagement:

- **Purposeful:** Engagement has a shared purpose and agreed objectives, communicated clearly from the start.
- **Inclusive:** All consumers can participate easily, with diverse voices and safe, accessible engagement methods.
- **Respectful:** Consumers are valued as equal partners, with lived experience recognised and supported.

- **Transparent:** Expectations and limitations are clear, with open communication and active two-way feedback.
- **Collaborative:** Genuine partnerships are built on trust, with engagement embedded in decision-making and policy.

CESP HN’s Strategic Engagement Framework outlines CESP HN’s

principles for engagement which align with these fundamentals.

Primary Health Network Commissioning Framework

PHNs must involve consumers and carers throughout the commissioning cycle - from needs assessment and planning to procurement, monitoring, and evaluation.



GOAL 1: Embed community representation into CESP HN’s work

Objective	Activity	Measurable outcome
Maintain a permanent Aboriginal position on the Board	A position for an Aboriginal identified community member on Board is maintained	Aboriginal identified position maintained on the Board
Maintain a confidential database of community members and lived/living experience members that are interested in being engaged with CESP HN	<i>Voices4Health</i> was established in 2023. We will continue to attract new membership and create opportunities to involve these members	Number of <i>Voices4Health</i> members, and number of engagement opportunities offered annually
Promote understanding of lived experience and service impact	Use Activity Work Plans and KPIs to capture and share people’s lived experience as it relates to service impact	Number of lived experience stories shared through commissioned provider reports Incorporate lived experience perspectives in Annual Report, 12 month report, program evaluations and needs assessment
Improve cultural awareness of health professionals in the region	Aboriginal cultural awareness training to health care professionals offered three times a year	Number of health care professionals attending CESP HN Aboriginal cultural awareness training and number of training sessions held
Ensure CESP HN staff are culturally aware	All staff complete Aboriginal cultural awareness, multicultural awareness, disability and LGBTQIA+ training at orientation and at least every two years	Percentage of staff who have completed diversity and inclusion training at orientation and on a two yearly basis
Be accountable for the Community Engagement Strategy	The Board and Community Council will review progress against this strategy annually. We will report to the community annually via the Annual Report	Report on Consumer Engagement strategy outcomes to the Community Council and Board annually as well as via Annual Report

GOAL 1: Embed community representation into CESP HN's work

Objective

Activity

Measurable outcome

Ensure transparency and accountability for community consultations

Keep records of engagement activities to ensure uniform approach and that learnings are shared across the organisation

List all community consultation opportunities and outcomes on CESP HN website so that those consulted and the broader community are informed on the outcomes of the consultation

Proportion of consumer consultations that include a report

Number of consultation reports available on website

Ensure community members are included as members of Community Council

Proactively encourage community members to join Community Council

Number and diversity of community members that are members of Community Council

Quality of experience as assessed by community members

Resource and support community members ability to meaningfully contribute

Provide orientation and appropriate training and remuneration for community members on Community Council, working and advisory groups

Community member orientation held at the start of each year

Numbers of community members trained

Total value of remuneration for community and consumer representation

Consistency of approach in community engagement

Development of a policy and procedure for community engagement

Policy and procedure in place 2026

Embed consumers in CESP HN working groups and advisory groups where appropriate

Proactively recruit, support and train community members as advisory group members

Number of advisory groups that have consumer representation, diversity of membership and quality of experience

Monitor equity of access to commissioned services

Record and report on access by different population groups

Access to commissioned services reflects diversity of the regional population

Build relationship investment and maintenance into CESP HN engagement

Key contacts identified within CESP HN to lead and manage relationships with community

Community stakeholder perceptions of trust, respect and genuine partnership

GOAL 2: Improve opportunities for members of the community to contribute to planning and delivery of health services

Objective	Activity	Measurable outcome
Consumers involved throughout the commissioning cycle	Ensure community member involvement in commissioning and delivering services. For example, co-design of services, members of tender panels	Number of community members involved in commissioning and percentage of all opportunities offered
Ensure community member involvement in assessing health and health service needs and gaps	Consumer engagement in needs assessment. Report back to consumers on what we heard and how this input is being used. If input cannot be acted upon identify what alternative actions are being considered	Number, diversity and reach of community members providing insights to Needs assessment Strengths-based approach is evident in needs assessment
Consumers provide feedback on CESP HN commissioned services	Ensure the use of patient reported outcome and experience measures (PROMS and PREMs) by commissioned providers Request feedback from commissioned providers on opportunities for consumers to inform service delivery approaches	PROMS and PREMs results

GOAL 3: Keep the community informed of relevant health messages, updates and health and community services

Objective	Activity	Measurable outcome
Engage with community organisations/councils/MPs as a way to reach the wider community	Collaborate with community (for contributions to needs assessment, improve health literacy, promote services/ programs, codesign)	Connections made with community organisations, MPs and local government (Councils) Use of CESP HN material in these organisation’s publications
Ensure engagement with communities with less access and higher health and social need	Develop engagement strategies for specific communities, including Aboriginal and multicultural communities Ensure time is allocated for relationship-building with an emphasis on sustained presence and responsiveness	Ensure key contacts and ways of engaging are captured for staff to access Assess strength of relationships with priority groups
Improve accessibility of CESP HN website	Update the website to be more user friendly with relevant information for community members and service providers	Website meets WAVE AA standards
Produce specific health and service information that is culturally appropriate and relevant for the Aboriginal community in the region	Produce quarterly newsletter for the Aboriginal community and service providers, Eora health messenger	Four issues produced yearly
Promotion of navigation tools, such as service directories	Create and distribute service navigation resources to community	Increase in number of people accessing service directories

GOAL 3: Keep the community informed of relevant health messages, updates and health and community services

Objective

Activity

Measurable outcome

Increase community engagement with CESP HN’s social media

Share health resources and news regularly

Increased level of social media engagement by community members

Support the community to access My Health app and to register for MyMedicare

Run community information sessions and seminars

Number of community information sessions held and number of people attending
Feedback from attendees about usefulness of the information

Proactively promote CESP HN and its work to a broader audience

Create new opportunities to promote CESP HN and its work

Number of new circumstances and register of success

