NSW Health

Shared Understanding Project Recommendations Report – Summary

June 2026

Overview

This summary of the **Shared Understanding Project (SUP)** Recommendations Report explains:

- Why we are focused on building a shared understanding of healthcare in NSW
- Key findings from consultations with staff, partners, consumers and the community
- Proposed recommendations for NSW Health to consider moving forward.

Why building a shared understanding is important

NSW Health is widely recognised for its high-quality care and dedicated workforce. At the same time, health services face pressures such as increasing demand, new technologies and changing community needs. The way we deliver services has changed, and will continue to change, in response to these factors.

It is important that we work with our staff, communities and partners when we plan and make decisions about health services. This will help to create a shared understanding about why changes are happening, how decisions are made and what care may look like in the future.

SUP was established to improve the ways we work together and with our communities, to build trust and support a better understanding of decision-making and future directions.

Shared Understanding Project as a priority focus area for Future Health Horizon 2

The NSW Health Secretary has identified the Shared Understanding Project as a priority focus area to support the second horizon of NSW Health's Future Health strategy. This shows our commitment to engagement and strengthening relationships with the communities we serve.

Consultation

In 2024, the Ministry of Health engaged more than 300 stakeholders across NSW to understand experiences of current engagement processes and discuss challenges and opportunities.

Stakeholders included Local Health Districts and Specialty Health Networks, NSW Health pillar organisations, clinicians, General Practitioners, Primary Health Networks, Aboriginal Medical Services, non-government organisations, other government agencies, Local Health Committees, volunteers, consumers and carers.

Engagement was undertaken in two phases between July and December 2024:

- Phase 1 (Discovery): establishing relationships and gathering experiences and insights
- Phase 2 (Closing the loop): returning to participants to share themes and check accuracy.

In 2024, we published the **Shared Understanding Consultation Insights Report** which shares in detail the engagement process and what we heard from these stakeholders. This has informed the proposed recommendations. A literature scan on good practice in community engagement, inclusive communication, transparent decision making and trust building was also conducted

Key findings and proposed recommendations

From our evidence review and engagement with staff, community and partners, we identified 11 findings. These findings led to 23 recommendations to guide our next steps. The recommendations are interlinked and are intended to be considered together.

Finding 1 — Clear and consistent engagement guidance would strengthen practice

What this means:

There is an opportunity to strengthen how engagement is undertaken across NSW Health by providing clearer, more consistent guidance, building on existing resources, and clarifying roles and accountability.

Recommendations

- Develop and embed a system-wide engagement framework based on existing resources, such as the NSW Government's *Regional Communities Consultation Guide* and NSW Health's *All of Us* guide, to promote consistency while allowing flexibility for local needs. (*Recommendation 1a)*
- Establish clear policy ownership and accountability for developing, implementing and maintaining the engagement framework within the Ministry of Health, working with pillar organisations and health services. *(Recommendation 1b)*

Finding 2 — Better coordination and visibility would reduce duplication and consultation fatigue

What this means:

Engagement activities are sometimes fragmented and not always visible across the system. Improving coordination, and making use of previously received feedback, could reduce duplication and ease the burden on communities.

Recommendations

- Develop minimum standards for record keeping of engagement activities across NSW Health to support information sharing and coordination. *(Recommendation 2)*
- Advocate for a whole-of-of-government consultation calendar to help departments plan and coordinate engagement across the state. *(Recommendation 3)*
- Explore consistent ways to notify communities of engagement opportunities and allow people to register interest in topics of relevance. *(Recommendation 4)*

Finding 3 — Engagement needs to be inclusive, culturally appropriate and locally tailored

What this means:

Engagement is more effective when it reflects local context, removes barriers and intentionally includes under-represented voices using culturally appropriate approaches.

Recommendations

- Investigate an equity first-engagement model for NSW Health that prioritises inclusion of under-represented voices, including Aboriginal communities, refugees, LGBTQIA+ people and people with disability. *(Recommendation 5)*
- Engage the Centre for Aboriginal Health and incorporate the NSW Aboriginal Health Plan's "ways of working" and priority reform areas to guide culturally appropriate consultation and planning. *(Recommendation 6)*

Finding 4 — Communities need support to participate meaningfully

What this finding means:

Community members are better able to engage when they have access to clear information and tools and support that help them understand processes and contribute confidently.

Recommendation

- Identify and provide appropriate resources and tools for communities to build their capability and capacity to participate fully in engagement activities. *(Recommendation 7)*

Finding 5 — Trusted local champions help reach under-represented groups

What this means:

Trusted local people and organisations can act as effective connectors between NSW Health and communities, helping to reach under-represented groups and support co-design.

Recommendations

- Identify and engage diverse local champions to support inclusive engagement, facilitate connections, and help design activities that reflect community needs and values. *(Recommendation 8)*

Finding 6 — Recruitment and remuneration processes can create barriers to participation

What this means:

Complex and inconsistent recruitment, onboarding and payment processes can discourage participation and unintentionally disadvantage people with lived experience.

Recommendations

- Streamline consumer recruitment and remuneration processes across the system (Ministry, pillars and local health districts). *(Recommendation 9)*
- Ensure engagement and consumer remuneration is planned and included in project budgets. *(Recommendation 10)*

Finding 7 — Staff need guidance, training and resourcing to engage confidently

What this means:

Staff are a trusted presence in communities, but capability and confidence varies. Clear guidance, training and accessible resources can support more consistent and effective engagement.

Recommendations

- Establish a Health Engagement Hub as a central access point for guidance, tools, best-practice resources and training. (*Recommendation 11*)
- Include community engagement competencies in relevant position descriptions for staff likely to engage with communities. *(Recommendation 12)*

Identify engagement skills required for different roles and develop tailored resources and training accessible through the Engagement Hub. *(Recommendation 13*

Finding 8 — Staff need clear internal messages and escalation pathways

What this means:

Staff are better able to communicate openly and confidently when they have agreed messages, clear guidance on what can be shared and pathways to escalate questions when answers are not immediately known.

Recommendation

- Develop local processes and channels to share key messages with staff, including support and escalation pathways for responding to community questions. *(Recommendation 14)*

Finding 9 — Timely, plain-language communication supports understanding and trust

What this means:

Communities and stakeholders value clear, timely and accessible communication about services, decisions and how their feedback was considered.

Recommendations

- Improve communication through Plain English training for staff preparing public-facing materials and undertaking engagement. *(Recommendation 15)*
- Develop a consistent process to share how engagement feedback was used to inform decisions, at minimum through an accessible website. *(Recommendation 16)*
- Develop consistent local processes for proactively informing communities about upcoming changes and decision outcomes. *(Recommendation 17)*

Finding 10 — Navigating services and contacts can be difficult

What this means:

Consumers, partners and staff can face challenges identifying available services and the right contacts within the health system. Clearer pathways can support access and collaboration.

Recommendations

- Identify local points of contact to help NGOs, Primary Health Networks, providers and charities connect with NSW Health and navigate the system. (Recommendation 18)
- Expand and maintain the NSW Health Service Directory, with regular updates and promotion as a trusted source of service information. (Recommendation 19)

Finding 11 — Ongoing partnerships support trust and coordinated action

What this means:

Strong, ongoing relationships with communities and local partners, not just one-off consultations, support shared understanding, trust and more coordinated, community-informed action.

Recommendations

- Seek regular opportunities to engage with communities and partners outside structured consultation processes. (Recommendation 20)
- Establish and maintain partnerships through collaborative governance, such as interagency meetings. (Recommendation 21)
- Continue strengthening Local Health Committees by embedding the Five Guiding Principles and supporting capability and networks. (Recommendation 22)

- Leverage findings from the charity and local community sector position paper to guide expectations and partnerships between local health districts and community organisations. (Recommendation 23).

Next steps

During 2026, an action plan and governance will be established to support implementation of the recommendations.

The recommendations will be implemented in a phased way in collaboration with Ministry, pillars and local health districts, and may be subject to change based on available resources and policy decisions.

More information

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