

Charter for the Northern Sydney Wellbeing Collaborative

The Goal: Work together to build a more connected, person-centred, and community-led system of care

We acknowledge that good health is shaped by far more than clinical care. It is influenced by social, cultural, environmental, and economic factors — where people live, how they connect, and whether they feel seen and supported.

We also recognise that these influences play out differently across communities. That is why the Northern Sydney Wellbeing Collaborative will take a place-based approach — focusing initially on Ryde, Hornsby, and the Northern Beaches, where population health data and community insights tell us where the needs are greatest.

This Charter sets out our shared commitment to work with and through our community — not doing things to them. Our aim is to ensure that care and support are locally relevant, equitably distributed, and designed in partnership with those most affected.

This is not about doing more of the same. It is about building better systems — ones that reflect what matters to communities, make support easier to access, and focus on early intervention and prevention.

Through this shared effort, we will create a more connected, person-centred, and community-led system of care across Northern Sydney.

Who this document is for

This Charter is intended for all who play a part in shaping health and wellbeing across Northern Sydney. Each group brings different strengths — and together, we create the foundation for lasting, community-led change.

- **Community voices and lived experience leaders**
Those with direct insight into what matters — including people with lived or living experience, carers, consumer representatives, and local advocates who help shape design and decisions.
- **Local organisers and community connectors**
Those who bring people together at the grassroots — including volunteers, place-based coordinators, local leaders, and groups building trust, inclusion, and belonging on the ground.
- **Supporters and contributors**
Those who stay informed, lend expertise, and support progress when needed — including researchers, educators, peak bodies, and wider partners who help amplify and align our efforts.

- **Service and system leaders**
Those delivering care and support across the region — including healthcare providers, community organisations, and cross-sector partners working at the service, system, or regional level.
 - **Decision-makers and funders**
Those responsible for setting direction, policy, and investment — including government agencies, funders, and strategic partners.
-

Why we need to address health inequity

While Northern Sydney is often seen as a region of advantage, many individuals and communities face avoidable health challenges and systemic barriers to care.

Health outcomes differ significantly based on age, income, culture, language, housing, disability, and social connection. People are more likely to fall through the gaps when systems are fragmented, services are hard to access, or support does not reflect their lived reality.

These inequities are not inevitable — they are preventable. To address them, we must shift from fragmented, reactive systems to proactive, coordinated partnerships that meet people where they are.

Everyone in Northern Sydney deserves the opportunity to live well — and it is our shared responsibility to remove the barriers that stand in the way.

Data insights: The reality of health inequity in Northern Sydney

- **Pockets of Disadvantage:** Areas such as Hornsby - East, Dee Why - North, Eastwood, Macquarie Park - Marsfield, and Ryde - North have been identified as having the highest concentrations of socio-economic disadvantage, requiring targeted health interventions¹.
- **Life Expectancy Gap:** Individuals in the lowest socioeconomic areas live on average 5.9 (males) and 3.9 (females) years less than those in wealthier areas².
- **Chronic Disease Burden:** People in the most disadvantaged areas are 1.9 times as likely to have diabetes and 2.6 times as likely to die from chronic obstructive pulmonary disease (COPD)³.
- **Mental Health Disparities:** Northern Beaches and Hornsby stand out as key areas of focus, with Narrabeen – Wheeler Heights (9.1%), Berowra – Brooklyn – Cowan (8.2%),

¹ ABS (2023) Census of Population and Housing: Socio-economic indexes for areas (SEIFA) - Australia 2021, ABS website. <https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/2021>

² AIHW (2024) Social determinants of health, AIHW website. <https://www.aihw.gov.au/reports/australias-health/social-determinants-of-health>

³ AIHW (2024) Social determinants of health, AIHW website. <https://www.aihw.gov.au/reports/australias-health/social-determinants-of-health>

Asquith – Mount Colah (7.6%), and Terrey Hills – Duffys Forest (7.5%) having the highest proportion of people with a self-reported long-term mental health condition⁴.

Stakeholder consultations and research highlight that within CALD communities, shame and stigma surrounding mental illness further deter individuals from seeking help, which may explain a lower self-reported rate of long-term mental health conditions.

- **Healthcare Accessibility:** Bulk billing rates have declined from **78.5% in FY2022-23 to 70.5% in FY2023-24**, further limiting access to affordable care⁵.
- **Culturally and Linguistically Diverse (CALD) Barriers:** Areas like Eastwood (69.9%), Hornsby – East (64.0%), Macquarie Park – Marsfield (61.6%), and Ryde – South (60.3%) face **significant healthcare navigation challenges** due to language barriers and cultural stigma⁶.
- **Homelessness Service Utilisation:** Manly – Fairlight, Hornsby – East, Dee Why – North, and Ryde – North stand out as the areas with the highest number of homelessness service users, highlighting a particular service need in these areas⁷.

Community insights: What we heard

Extensive stakeholder engagement has highlighted the urgent need for affordable, accessible, and culturally appropriate primary healthcare services across our region. Key insights include:

- **Financial Barriers:** Rising costs of living force families to prioritise housing and food over healthcare, leading to delays in seeking treatment.
- **Access Challenges:** Vulnerable groups, including the elderly, CALD communities, and single-parent families, experience difficulty navigating and affording healthcare services.
- **Mental Health Stigma:** Cultural stigma, particularly within CALD communities, discourages individuals from seeking mental health support, exacerbating existing issues.
- **Social Determinants of Health:** Housing instability, unemployment, and education levels directly impact health outcomes, necessitating a holistic approach to care.

⁴ ABS Digital Atlas Australia (2024) SA2 Health and disability (Data by region) Nov 2024, Digital Atlas of Australia Website. <https://digital.atlas.gov.au/datasets/sa2-health-and-disability-data-by-region-nov-2024>

⁵ DoHAC (2024) Medicare quarterly statistics – Bulk Billing by Primary Health Network (September quarter 2024–25), Department of Health, Australian Government. <https://www.health.gov.au/resources/publications/medicare-quarterly-statistics-bulk-billing-by-primary-health-network-september-quarter-2024-25?language=en>

⁶ ABS Digital Atlas Australia (2024) ABS 2021 Census G01 Selected person characteristics by sex by 2021 SA2, Digital Atlas of Australia Website. <https://digital.atlas.gov.au/datasets/digitalatlas::abs-2021-census-g01-selected-person-characteristics-by-sex-by-2021-sa2/about>

⁷ AIHW (2024) Specialist Homelessness Services Collection data cubes 2011–12 to 2023–24, AIHW website. <https://www.aihw.gov.au/reports/homelessness-services/shsc-data-cubes/contents/data-cubes>

From ongoing community consultations, engagement forums, and partnerships, we have heard consistent and clear messages:

- People want services that are easier to access, understand, and navigate.
- Communities are asking for support that considers the whole person, not just their diagnosis.
- Vulnerable groups need respectful, culturally responsive care that acknowledges stigma and structural barriers.
- Local organisations want to work together—but need support to collaborate meaningfully and sustainably.

Call to action: A collective commitment

This Charter is a call to act — not individually, but collectively.

Transforming health equity is not the work of one organisation— it requires the leadership of local community members, people with lived and living experience, service providers, and advocates — supported by funders, policymakers, and government agencies working in partnership.

This Charter invites all partners to come together with a shared sense of purpose and urgency. Together, we can shift the systems and structures that shape health, build trust and inclusion, and deliver long-term improvements in wellbeing for the people of Northern Sydney.

We will start in Ryde, Hornsby, and the Northern Beaches, and work collaboratively to:

- Commit to a shared goal for improved wellbeing and reduced inequity
- Support integrated, place-based partnerships in Ryde, Hornsby, and the Northern Beaches
- Elevate community voice, especially people with lived and living experience
- Shift investment toward prevention, early support, and long-term system improvement
- Strengthen cross-sector collaboration, shared measurement, and mutual accountability

This is how we will close the gaps and improve outcomes — together.

Signatories

To sign and support this initiative, please provide your name, title, and organisation below:

Name: _____

Title: _____

Organisation: _____

Signature: _____

Date: _____