



Strategic Plan 2026 to 2030

NT Aboriginal Health Forum

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Plan on a page

Vision

Aligned with the National Aboriginal and Torres Strait Islander Health Plan

Aboriginal and Torres Strait Islander peoples enjoy long, healthy lives that are centred in culture, with access to services that are prevention-focused, responsive, culturally safe, and free of racism and inequity.

Measures of success

Progress aligned with Closing the Gap targets within Forum's remit

OUTCOME 1

Everyone enjoys long and happy lives

OUTCOME 2

Children are born, and grow up, healthy and strong

OUTCOME 14

People enjoy high levels of social and emotional wellbeing

Purpose

NTAHF is a platform for shared decision-making where partners come together to inform investment, strategy and policy, and performance for Aboriginal health across the entire Northern Territory health system.

Role

- Set and drive coordinated action and alignment of investment, strategy and policy on Aboriginal health sector priorities;
- Oversee and support joint evidence-based needs-based assessment and planning.
- Embed shared decision making to collaboratively design key priorities and solutions at an NT, regional and local level.
- Undertake agreed activities aligned with these priorities and solutions, and hold partners accountable for delivery.
- Influence decision-making within member organisations.
- Monitor the performance of the health system

Strategic priorities

PRIORITY 1

Drive the transition to community control

PRIORITY 2

Strengthen the health system interface (including acute, primary, disability and aged care)

PRIORITY 3

Lead health strategy and policy

PRIORITY 4

Embed core services frameworks, needs based funding and mapping

PRIORITY 5

Improve health system performance, data and accountability

PRIORITY 6

Advocate for social determinants of health (including housing, education, food security, and climate)

Enablers

- Strong governance and fit-for-purpose structure
- Sustainable resourcing for policy stewardship
- Streamlined business processes

Introduction to the NT Aboriginal Health Forum

The Northern Territory Aboriginal Health Forum (NTAHF) was established in June 1998 to drive coordinated action on Aboriginal health priorities in the Northern Territory (NT). NTAHF brings together the Australian Government (including the Primary Health Network (PHN)), the Northern Territory Government, and the Aboriginal Medical Services Alliance Northern Territory (AMSANT).

System-level health inequities require a unified, multi-partner response.

Aboriginal people in the NT experience some of the most significant health inequities in Australia.¹ These inequities are driven by complex and interrelated factors, such as limited access to culturally safe care, workforce shortages, fragmented funding models and broader environmental and social factors, such as access to housing, education opportunities and climate stressors. These challenges are particularly acute in regional and remote areas, and cross organisational and sector boundaries - no single agency or sector can address them alone.

NTAHF is necessary because it brings together the NT Government, the Australian Government, and the Aboriginal community-controlled health sector as equal partners. This structure enables joint planning, shared priority-setting, informed decision-making, and collective accountability. NTAHF ensures that Aboriginal voices are central to setting priorities and shaping solutions, and that resources are coordinated for maximum impact.

NTAHF has a strong history of driving system-level reform through a culture of trust and collaboration.

For over 25 years, NTAHF has led and contributed to major reforms in Aboriginal health in the NT, including establishing needs-based funding, contributing to the core service frameworks, and supporting the transition to community-control of primary health delivery. Its greatest strength lies in partners' shared commitment to improving health outcomes of Aboriginal Territorians and the strong relationships between partners. This unique partnership model, built on trust and strong relationships, is recognised nationally as an exemplar for collaborative health planning.

This Strategic Plan sets a clear direction for NTAHF's next five years.

This Strategic Plan was developed through a comprehensive review and broad consultation with partners and stakeholders. It builds on NTAHF's strengths and lessons learned and is designed to complement other efforts that are in place or under development to advance the health and wellbeing of Aboriginal people in the NT and across Australia, including NT plans, national plans, reports, inquiries and commissions (as listed in Appendix A). This Strategic Plan includes:

1. A vision for Aboriginal health in the NT, aligned with the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP);
2. Measures of success aligned with health-related Closing the Gap targets;
3. A clear articulation of NTAHF's role and what it exists to achieve;
4. Six strategic priorities, why these are important, the goals for each, the areas of focus that can be selected for dedicated effort each year, and success measures; and
5. Three key enablers that will support NTAHF to deliver on its strategy.

¹ Australian Institute of Health and Welfare. (2024). 2.09 Socioeconomic indexes. Aboriginal and Torres Strait Islander Health Performance Framework. Retrieved from <https://www.indigenoushpf.gov.au/Measures/2-09-Socioeconomic-indexes>.

NTAHF's purpose and role within the broader NT health and social ecosystem

NTAHF is as a platform for shared decision-making where partners come together to inform investment, strategy and policy, and performance for Aboriginal health across the entire Northern Territory health system. Its role is to:

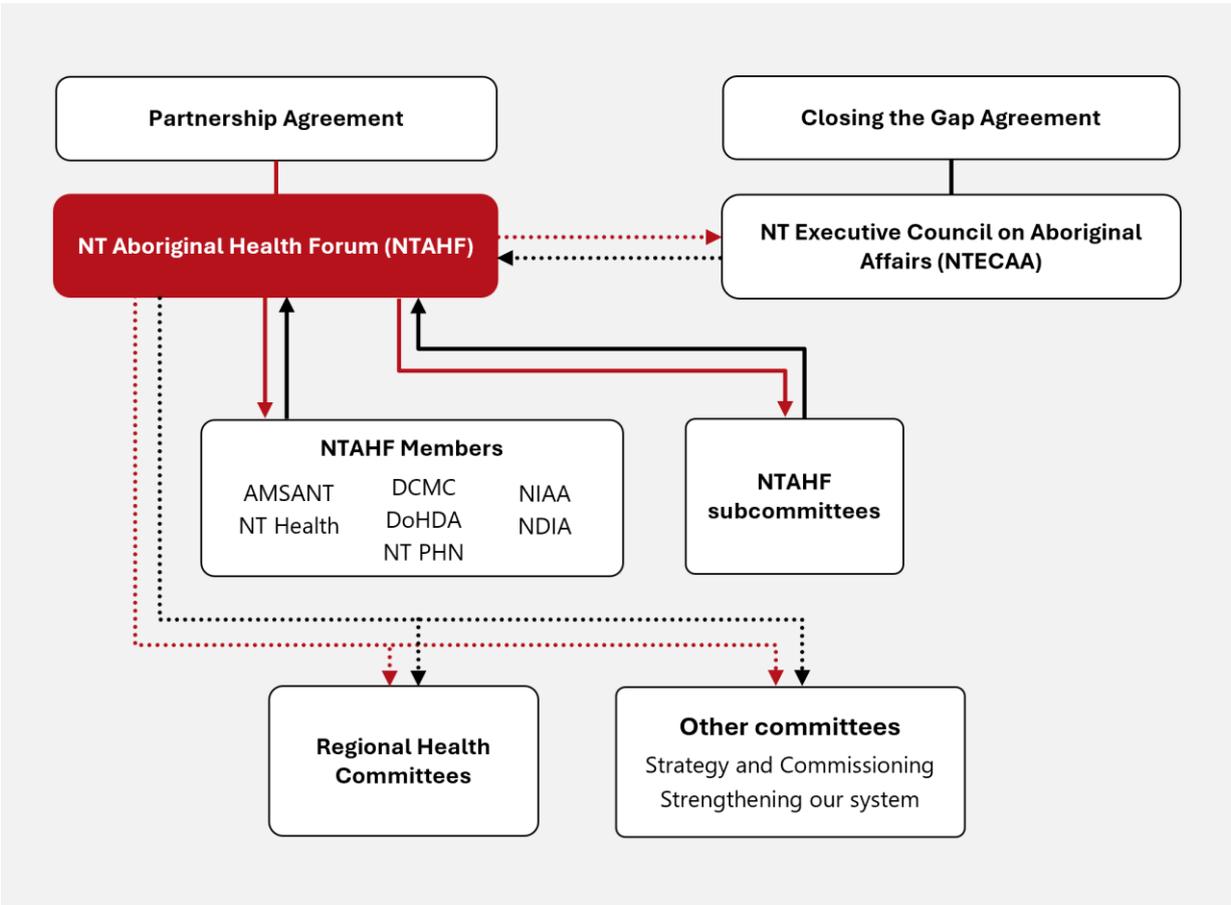
- Set and drive coordinated action and alignment of investment and strategy and policy on Aboriginal health sector priorities.
- Oversee and support joint evidence-based needs-based assessment and planning.
- Embed shared decision making to collaboratively design key priorities and solutions at a whole-of-NT, NT Regional and local level.
- Undertake agreed activities aligned with these priorities and solutions, and hold partners accountable for delivery.
- Influence decision-making within member organisations.
- Proactively monitor and track the performance of the health system.

Figure 1 below outlines how NTAHF fits within the broader NT health and social ecosystem.

NTAHF is made up of seven member organisations from the **Australian Government** (represented by the Department of Health, Disability and Ageing (DoHDA), National Disability Insurance Agency (NDIA), National Indigenous Australians Agency (NIAA) and the NT Primary Health Network (NTPHN)), the **NT Government** (represented by NT Health and the Department of Chief Minister and Cabinet (DCMC)) and **AMSANT**.

NTAHF has a formal obligation to report to the NT Executive Council on Aboriginal Affairs (NTECAA) on health-related Closing the Gap outcomes. Its work is supported by a range of other subcommittees and aligns with various national and NT strategies aimed at improving Aboriginal health and wellbeing, as detailed in Appendix A.

Figure 1 | NTAHF's place in the broader NT health and social sector landscape



NTAHF brings together the Australian Government, the NT Government and AMSANT under the Tripartite Partnership Agreement to drive coordinated action on Aboriginal health priorities in the NT. NTAHF is responsible for reporting to NTECAA on Closing the Gap Outcomes related to health.

NTECAA oversees the NT coordination and implementation of Closing the Gap and provides advice to the National Joint Council on Closing the Gap as required. NTECAA is also responsible for monitoring NT performance against Closing the Gap targets and actions.

NTAHF subcommittees are responsible for undertaking time or topic limited work and reporting on activities and outcomes to NTAHF.

Regional Health Committees are operational and interfaced focused committees organised by NT PHN. They can use NTAHF as an escalation point, and NTAHF can ask for an annual report from each region.

Other committees collaborate with NTAHF, the subcommittees and members.

NTAHF members can be tasked with actions from NTAHF, report back on actions and provide advice during forum meetings.

NTAHF's strategic priorities

Priority 1: Drive the transition to community-control

Why this matters

NTAHF partners have a longstanding commitment to facilitating the transition to community-control, particularly through the Pathways to Community Control (P2CC) program. Transitioning to Aboriginal community-control of health programs and services is crucial as this enables communities to shape care that is culturally safe, responsive to local needs, and sustainable. Community-control lies upon a spectrum – from community delivery of health promotion and discrete programs through to the delivery of comprehensive primary health care services – and NTAHF supports communities at all stages of the spectrum. NTAHF plays a key role in leading this reform by coordinating partners, setting shared priorities, and overseeing the P2CC program to ensure that transitions are strategic, transparent, and driven by community voices.

What we are trying to achieve

- A clear, transparent, timely and well-supported pathway for transitioning NT Government health services to Aboriginal community control, guided by the P2CC framework.
- Strong, sustainable ACCHOs that are equipped with the governance, financial management, clinical systems and organisational capacity needed to deliver comprehensive, high-quality primary health care.
- Genuine partnership and shared accountability between government, ACCHOs, and communities throughout the transition process.

Our areas of focus

- 1.1 Transitioning of health programs and services (along the spectrum of community-control) to Aboriginal community-control through the P2CC program.
- 1.2 Building organisational capacity, governance, and workforce to support community-controlled service delivery.
- 1.3 Facilitating collaboration and knowledge-sharing between government, Aboriginal organisations, and other partners to ensure smooth transitions and continuous improvement.
- 1.4 Advocating for adequate and sustainable funding, infrastructure, and workforce support for transitioned services.

How we'll know if we're successful

- The number of services transitioned to Aboriginal community-control increases year on year.
- Transition processes are transparent, timely, and supported by clear guidelines and shared tools.
- Aboriginal communities report greater involvement in health decision-making and improved access to culturally safe care.
- NTAHF is recognised as an effective steward and convener of the P2CC agenda, with strong partner engagement and accountability.

Priority 2: Strengthen the health system interface including between acute care, primary care, disability and aged care

Why this matters

Strengthening the interface and intersection between parts of the health system is foundational to improving consumers' access to and experience of care and enhancing sharing of information between services and providers, leading to better integrated and connected care pathways and ultimately improved outcomes. Although NTAHF does not directly deliver healthcare services, its role as a convener is critical. By bringing together stakeholders, amplifying Aboriginal voices, and drawing on the collective expertise of partners, NTAHF can identify, share and scale best-practice models that improve healthcare delivery and access, especially in regional and remote areas where inequities are most pronounced.

What we are trying to achieve

- Aboriginal people have access to a full range of effective, appropriate and integrated primary, secondary and tertiary health care, aged care and disability support.
- Aboriginal people, families and communities are actively leading and involved in the design, governance, and delivery of care, including care managed by local people on Country.
- Effective, comprehensive and culturally safe models of care have been developed and implemented across the Territory, and in regional and remote contexts.

Our areas of focus

- 2.1 Driving the development and delivery of culturally safe models of care and building a shared understanding of the enablers and barriers to the implementation of appropriate models of care across the NT.
- 2.2 Enhancing care transitions including between services and settings.
- 2.3 Coordinating population level responses to identified health needs such as chronic disease management, alcohol and other drugs, sexual health and communicable diseases, and population and preventative health.
- 2.4 Exploring the scope of services provided in remote health clinics (e.g. comprehensive primary care, urgent care, aged care).
- 2.5 Enabling the expansion of aged care and disability services in regional, remote and very remote settings.

How we'll know if we're successful

- Patients report better experiences and outcomes (using agreed patient reported experience measures and patient reported outcome measures).
- Models of care designed and led by Aboriginal people are implemented and scaled across the NT.
- Partnerships and collaboration between service providers are strengthened, with clear protocols for shared care and information exchange.
- Access to aged care and disability services increases, particularly in regional, remote and very remote communities.

Priority 3: Lead health strategy and policy

Why this matters

NTAHF has a unique position and platform bringing together the key stakeholders that oversee and deliver healthcare across the Northern Territory. As such, NTAHF has a role in influencing and driving sector wide strategy and policy in areas (such as workforce and chronic disease management) that require an agreed, aligned and coordinated position. By supporting system-wide reforms and strategy and elevating Aboriginal voices and leadership, NTAHF ensures that NT priorities and context are reflected in national reforms and priorities and drives solutions that are tailored to NT's needs and scalable across the Territory.

What we are trying to achieve

- National reforms and priorities take into account (and adapt to, where needed) the specific needs and context of the NT.
- All relevant national datasets include NT-specific data that can be used to inform strategic planning and policy development.
- The NT has a full suite of health sector strategies and policies that address areas of priority (such as workforce and chronic conditions management).

Our areas of focus

- 3.1 Agreeing shared positions on key priorities and, through individual Forum members, working to shape national strategies and policies in line with these positions.
- 3.2 Collaboratively developing sector-wide NT strategies and policies that require coordinated effort from all Forum members (such as chronic conditions, staff housing, and infrastructure).
- 3.3 Collectively addressing ongoing workforce challenges at all stages (including education and training pathways, attraction, recruitment and retention, and career pathways).

How we'll know if we're successful

- NT specific needs are reflected in national reforms and priorities.
- Access to comprehensive and high-quality data that includes NT-specific data increases.
- Workforce shortages across the Territory reduce.
- The number and proportion of Aboriginal employees across all roles in the health workforce increases year-on-year.

Priority 4: Embed core services framework, needs based funding and mapping

Why this matters

Continuing and deepening work on core services framework, needs based funding models and mapping supports access to high-quality, community-controlled health services for all Aboriginal people across the NT. The Territory faces unique funding challenges, due to the complexity and cost of service delivery particularly in remote settings, and the multiple funding streams that support health care delivery. NTAHF is uniquely positioned to coordinate alignment of investment in funding decisions to ensure resources are complementary, not duplicated, and directed where they are needed most.

What we are trying to achieve

- Investment in Aboriginal health service delivery is transparent, equitable and aligned with community need.
- Sustainable funding models – which have been trialled, evaluated and scaled across the NT – exist and support the long-term viability of community-controlled health services.
- The NT becomes a national leader in driving forward alternative funding models.
- Joint commissioning and innovative funding approaches are embedded and enable more coordinated and effective service delivery.

Our areas of focus

- 4.1 Leading cross-sector needs-based assessment and planning.
- 4.2 Assisting ACCHOs to embed the Core Services and Outcomes Framework.
- 4.3 Contributing to national work designed to develop sustainable funding models, ensuring that this work reflects the reality of service delivery in the NT.
- 4.4 Collaboratively identifying priority areas for sector investment, ensuring funding complements and does not duplicate investment being made by individual members.
- 4.5 Where appropriate, identifying opportunities for joint commissioning and innovative program models.

How we'll know if we're successful

- Funding models are more transparent, equitable, and sustainable.
- Investment decisions are better aligned with community needs.
- The number, scale and type of joint commissioning increases.

Priority 5: Improve health system performance, data and accountability

Why this matters

Aboriginal health data should be transparently and openly shared, consistently reported and regularly reviewed to assess the performance of the NT health system. Strong system foundations such as robust and accurate data, meaningful performance measures, and fit-for-purpose infrastructure is essential for monitoring progress and delivering effective, high-quality and sustainable care for Aboriginal people in the NT. By representing the collective interests of its partners, NTAHF can drive coordinated improvements in data governance, digital health systems, and infrastructure planning, reducing the burden on individual organisations and ensuring that all health services benefit from shared tools, resources and accountability.

What we are trying to achieve

- Aboriginal health data collection, sharing, and use is systematic and transparent, supporting Indigenous data sovereignty and informing decision-making at all levels.
- Meaningful key performance indicators (KPIs) are used to monitor and review Aboriginal health and health system performance across the NT.
- Fit-for-purpose information technology and digital infrastructure supports the effective, efficient, integrated and sustainable delivery of health services.
- Healthcare is delivered through modern, fit-for-purpose facilities that meet national standards.
- There is adequate quality housing available to support the health workforce, particularly in remote communities.

Our areas of focus

- 5.1 Improving the type, quantity and quality of data collected, shared, made available and used for decision-making.
- 5.2 Reviewing relevant system-wide data and using this data to understand the performance of the NT health system (including identifying areas for focus or additional effort).
- 5.3 Driving forward efforts to improve information technology and digital health systems that support performance and accountability (such as shared medical records and data linkage systems).
- 5.4 Agreeing shared positions on national focus areas (such as national key performance indicators) and ensuring these positions inform national conversations.

How we'll know if we're successful

- The type, quantity and quality of data collected improves.
- Performance and accountability measures are embedded across the health system.
- Health system improvements are guided by transparent reporting and regular review.

Priority 6: Advocate for the social determinants of health (including housing, education, food security, and climate)

Why this matters

Health outcomes for Aboriginal people are shaped by factors beyond the health system such as access to housing, educational opportunities, food security and climate. Acknowledging these broader factors is essential for achieving lasting improvements in health and wellbeing. NTAHF is uniquely positioned to influence and monitor the social determinants of health by representing the collective voice of its partners and quantifying the impact of these factors on health. NTAHF can influence other entities and departments more effectively than individual organisations acting alone, driving systemic improvements that benefit all Aboriginal people and communities across the NT.

What we are trying to achieve

- The impact of housing, education, food security, climate and social connection on people's health is clearly quantified and recognised in policy and planning.
- Coordinated action across government and partner organisations results in measurable improvements in the broader environment, supporting long-term health and wellbeing for Aboriginal people in the NT.
- Stronger and more effective connections exist between health, education, early childhood, and family services, particularly in remote communities.

Our areas of focus

- 6.1 Agreeing shared positions on areas of focus (such as education, housing, food security, or climate) and ensuring these positions feed into and inform NT-wide and national strategy, policy and planning.
- 6.2 Holding other stakeholders to account for action and progress on the social determinants of health.
- 6.3 Driving cross-sector collaboration to address the social determinants of health, thereby contributing to better health outcomes for Aboriginal Territorians.

How we'll know if we're successful

- Measurable improvements are seen in housing quality, education, food security, and climate resilience for Aboriginal people.
- Partnerships and joint initiatives across health, education, housing, and other sectors are strengthened, especially in remote communities.
- Data and reporting clearly show how improvements in social determinants correlate with better health outcomes.

Enablers

To deliver on our strategy and achieve collective impact, we will invest in three key enablers that underpin effective collaboration, accountability and continuous improvement across the sector.

Strong governance and fit-for-purpose structure

Strong governance and a fit-for-purpose structure are essential for NTAHF to operate effectively and deliver on its strategic objectives. This requires active commitment from all partners to uphold shared standards, ensure transparency, and drive collective accountability. We will:

- Formalise NTAHF's role and commitments in a revised Tripartite Partnership Agreement, clearly defining purpose, role, authority, membership expectations and resourcing commitments.
- Reaffirm NTAHF's role as a partner with NTECAA's and its responsibility for reporting on Closing the Gap outcomes related to health.
- Maintain consistent senior-level representation from member organisations to support effective decision-making.
- Regularly review and align subcommittees with strategic priorities and activities as documented in NTAHF action plans. This should include periodic audits of subcommittees, establishment of time limited subcommittees, and disbanding subcommittees if and when they are no longer needed.

Sustainable resourcing for policy stewardship

Delivering tangible results requires dedicated resources and ongoing effort beyond regular meetings. NTAHF is committed to ensuring that policy stewardship is adequately resourced, enabling it to progress strategic actions and drive sector-wide improvements. We will:

- Provide additional resourcing to AMSANT to ensure the NTAHF Secretariat is resourced for both policy and coordination, with capacity for strategic policy advice and effective administration.
- Resource subcommittees to deliver on key priorities, with formal commitments from member organisations.

Streamlined business processes

Efficient business processes and shared accountability are critical for NTAHF to collaborate, share information, and plan initiatives that deliver on our strategic priorities. We will:

- Structure agendas around strategic priorities, with reporting items taken as read and meetings focused on deep discussion of 1 to 2 key topics. Appendix B provides an agenda template for use.
- Use a forward schedule to plan meetings, allowing for escalation of priority issues and ensuring the right decision-makers are present.
- Circulate agenda items in advance so partners can prepare, make decisions, or bring appropriate delegates.
- Track and follow up on action items and deadlines to maintain accountability and momentum.
- Digitise agendas and use improved online meeting tools (e.g. BoardPro) to enhance participation and reduce administrative burden.
- Host at least one regional meeting per year, including site visits and community engagement activities, to strengthen understanding of service delivery in remote contexts.

Translating the Strategic Plan into Actions and Monitoring Progress

Each year, NTAHF partners will dedicate time to hosting an Action Planning Workshop to translate the Strategic Plan into actionable steps for the year ahead. This workshop will generate an annual Action Plan, which will clearly outline NTAHF’s focus areas in alignment with strategic priorities, and role. For each action, the Action Plan will identify the lead NTAHF partner and/or subcommittee responsible for driving progress and set realistic timeframes for implementation.

The Action Plan will be maintained by the NTAHF Secretariat, who will monitor progress against agreed actions. An updated version of the Action Plan will be circulated with meeting papers prior to each NTAHF meeting and included in the minutes for NTAHF member oversight. The Action Plan will not be a standing discussion item during meetings unless an issue requires escalation.

To ensure the Strategic Plan remains relevant and effective, NTAHF will embed a structured approach to monitoring and evaluation. Success for each strategic priority will be assessed against the success factors outlined under **‘how we will know if we are successful’** in this strategic plan, as well as Closing the Gap targets related to health. Annual reviews of Action Plans will track achievements, identify areas for improvement, and inform adjustments to maintain momentum. In addition, a formal review of NTAHF and its Strategic Plan will occur every five years. This review will evaluate overall progress, highlight emerging priorities, and incorporate feedback from member organisations and Aboriginal communities to guide the next planning cycle.

Table 1 | Indicative Action Planning template

Priority #	Areas of focus	Actions	Lead Partner/ Subcommittees	Timeframes

Appendix A Other initiatives to advance the health and wellbeing of Aboriginal people in the NT

In addition to the NATSIHP and Closing the Gap, the strategic plan is underpinned by and will seek to complement the initiatives shown in Table 2 below.

Table 2 | Initiatives NTAHF will seek to complement

<p>NT policy and program documents</p>	<ul style="list-style-type: none"> • Aboriginal Cultural Security Framework 2016-2026 • Child and Adolescent Health and Wellbeing Strategic Plan 2018-2028 • NT Mental Health and Wellbeing Plan for Integration and Co-Investment 2024-29 • NT Health Aboriginal Health Plan 2021-2031 • Pathways to Community Control: an agenda to further promote Aboriginal community-control in the provision of Primary Health Care Services • NT Health Kidney Plan 2024-29 • Kids Safe, Family Together, Community Strong, 10-Year Generational Strategy for Children and Families, 2023-2033 • Strengthening our Health System Strategy 2020-2025 • Suicide Prevention Implementation Plan: Keeping Everyone Safe 2023-2028 • Healthy, Well and Thriving, 2024-2030 • NT Health Strategic Plan 2023-2028 • NT Public Health Division Plan 2025-2028
<p>National policy and program documents</p>	<ul style="list-style-type: none"> • The National Aboriginal Health Strategy Working Party Report (1989) • The Royal Commission into Aboriginal Deaths in Custody (1991) • The Stolen Generations Bringing Them Home Report (1995) • National Aboriginal and Torres Strait Islander Health Plan 2021-2031 • Australian Framework for National Clinical Quality Registries (2024) • National Aboriginal and Torres Strait Islander Suicide Prevention Strategy • National Drug Strategy, 2017-2026 • National Anti-Racism Framework (2024) • National Mental Health and Suicide Prevention Agreement (2022) • Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health (Australian Health Ministers' Advisory Council) • Indigenous Australian Health Programme Guidelines • Indigenous Advancement Strategy • Indigenous Evaluation Strategy • NACCHO 10 Point Plan 2013-2030 • NACCHO Core Services and Outcomes Framework (2021) • NACCHO Strategic Directions 2023-2025 • Gayaa Dhuwi (Proud Spirit) Declaration Framework and implementation Plan 2025
<p>Reports, inquiries and commissions</p>	<ul style="list-style-type: none"> • Mental Health: Productivity Commission Inquiry Report • Joint Standing Committee Report on Community Safety and Job Opportunities in the NT (2023) • AIHW Data Landscape Report for the Health Plan 2021-2031

Appendix B Indicative agenda to guide NTAHF meetings

This indicative agenda is intended as a guide for future meetings and can be adapted as needed.

Time and date	
Focus areas	Strategic priorities X, Y Z for focus
Chair	
Secretariat	
Location	
Attendees	Partners and proxies Guests and observers
Dial-in details	

Session	Timing	Speaker
1. Introduction <ul style="list-style-type: none"> Welcome Acknowledgement of country Overview of workshop agenda 	9-9.15am (15 minutes)	Chair
2. Progress update <ul style="list-style-type: none"> Discuss progress against current actions (see action register overleaf) 	9.15-9.45am (30 minutes)	Chair
3. Ad hoc items which require escalation of advice <ul style="list-style-type: none"> Complete, amend and/or add to current actions in this focus area 	9.45-10.15am (30 minutes)	Chair
4. Break	10.15-10.30am (15 minutes)	N/A
5. Strategic Priority X <ul style="list-style-type: none"> Deep discussion on pre-planned dedicated area of focus Partners to come prepared with settled decisions in advance of meeting Complete, amends and/or add to actions 	10.30-12.30pm (2 hours)	Chair or delegate (e.g., working group chair)
6. Break	12.30pm-1pm (30 minutes)	N/A

<p>7. Strategic Priority X</p> <ul style="list-style-type: none"> • Deep discussion on pre-planned dedicated area of focus • Partners to come prepared with settled decisions in advance of meeting • Complete, amend and/or add to actions 	<p>1-3pm (2 hours)</p>	<p>Chair or delegate (e.g., working group chair)</p>
<p>8. Other business</p>	<p>3-4pm (1 hour)</p>	<p>Chair</p>
<p>9. Buffer</p>	<p>4-5pm (1 hour)</p>	<p>N/A</p>

Action register

To be completed once actions are confirmed