



NTAHF MEETING #107 COMMUNIQUÉ

27 May 2026

The NT Aboriginal Health Forum (the Forum; NTAHF) meeting #107 held on 27 May 2026, in Garramilla (Darwin), hosted by AMSANT member Danila Dilba Health Service.

The meeting was opened by the Chair, Rob McPhee, who acknowledged the Larrakia people as Traditional Owners of the land on which the meeting was held, and paid respects to the Traditional Owners of all the lands from which partners joined.

Partners observed a minute's silence for Kumanjayi Little Baby, whose loss is profoundly felt, and acknowledged the deep grief of the family and community.

The Chair acknowledged and thanked the outgoing NT Health Chief Executive Officer Chris Hosking for his commitment to the Forum over his years as CEO. Chris will continue to engage with the Forum through his new role at the Department of Treasury and Finance.

Working together on Closing the Gap Northern Territory Implementation Plan Three

Partners received an update from the Aboriginal Partnerships and Reform team at the Department of the Chief Minister and Cabinet on Closing the Gap and Implementation Plan 3 (IP3), including the proposed approach, timeline and next steps to align Forum priorities and actions.

The importance of the Forum's role as the health policy partnership, including stewardship of key socio-economic targets, was highlighted. The 2-year IP3 will be developed over the coming year, with endorsement anticipated through the Northern Territory Executive Council on Aboriginal Affairs (NTECAA) for a 2027 start.

Establishment of an Infrastructure Working Group

The Forum agreed to establish a **working group to progress a coordinated approach to infrastructure** audits, assessments and

planning across primary health care in the Northern Territory. The working group will be chaired by Chris Hosking and supported by AMSANT as secretariat.

Accelerating transitions to community control

The Forum received an update on the Pathways to Community Control (P2CC) program, including endorsement of the forward project plan, emerging framework, and proposed transition approach.

Partners **endorsed the AMSANT P2CC project plan**, noting its structured, system-led approach to accelerating transition of NT Government clinics to Aboriginal community control over the next 12–18 months.

The Forum **agreed the vision, purpose and role of the P2CC program**, with a shared commitment to supporting Aboriginal communities to achieve community control of comprehensive primary health care in a way that is community-led, culturally safe, and clinically and financially sustainable.

There was strong support for **formalising a clearer, system-wide framework** to guide transitions. Partners emphasised the importance of:

- Ensuring transitions are **community-led and paced appropriately**, without compromising quality or sustainability
- Embedding **readiness, sequencing and planning processes** within the framework
- Learning from previous transitions to improve consistency, transparency, and efficiency
- Strengthening **upfront investment and system support**, including capability development and planning functions

The Forum **endorsed three transition pathways** to support different local contexts:



1. Transition to an existing Aboriginal Community Controlled Health Service (ACCHS)
2. Establishment of a new ACCHS where sufficient scale and community readiness exists
3. A regionally supported model (e.g. Kimberley Aboriginal Medical Services-style), providing shared functions to support smaller or emerging clinics to operate within a network.

Partners supported retaining all three options, noting each has a role depending on geography, scale and local capacity.

AMSANT, supported by the P2CC Subcommittee, will now **progress development of the full framework and supporting tools**, including readiness criteria, transition processes, and implementation guidance, for consideration at the next Forum meeting.

Subcommittee, working groups and partner update

Updates were provided from NTAHF subcommittees, working groups and partners. These highlighted progress and continued delivery across key priorities.

Several presentations were provided, including on urgent and emergency care, highlighting rising demand and the need to strengthen funding and service models in remote primary health care. The Forum supported further work to progress sustainable funding and service models, including next steps to develop options in partnership with relevant stakeholders.

Work is also underway to establish Regional Health Executive Committees (as subcommittees of NTAHF) across the NT, with initial meetings expected prior to the next Forum.

Strengthening governance through the NTAHF Terms of Reference

To support the continued evolution of NTAHF and the importance it plays in driving Closing the Gap outcomes, the Forum considered and endorsed a range of updates to the NTAHF Terms of Reference to strengthen governance and support

effective decision-making.

Partners **endorsed in principle a formalised decision-making approach**, with consensus as the default and defined escalation pathways where consensus cannot be reached. Detailed wording will be finalised for endorsement at the next Forum meeting.

The Forum also endorsed updates to **membership and representation settings**, including:

- Strengthened expectations for **senior executive-level participation**
- Revised **quorum requirements** to ensure appropriate representation across key partners
- Inclusion of a **standing invitation to the NT and Commonwealth Ministers** to attend Forum meetings

Next meeting

The next meeting of the NT Aboriginal Health Forum (#108) will be held on Tuesday, 25 August in Alice Springs.