NORTHERN TERRITORY
Aboriginal Health Forum

Terms of Reference

July 2026

Contents

1. Purpose and Overview

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.

2. Roles and Responsibilities

The role of Forum is to:

- Set and drive coordinated action and alignment of investment, strategy and policy on Aboriginal health sector priorities.
- Oversee and support joint evidence-based and 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.

The NTAHF Partners will:

- **share and discuss information** on policies and programs being planned or undertaken to increase their effectiveness and reduce duplication.
- act in an **advisory capacity** and offer a balanced, considered and evidence-based view of the health issues and priorities in their jurisdiction.
- make **decisions / approve actions** to address key strategies.
- **formalise partnership working arrangements** under Closing the Gap (CtG) and resource these appropriately.
- make recommendations on **ways to strengthen cross-sector partnerships** for improving the social, cultural, economic and environmental determinants of health.
- **recommend** approach and criteria to commission services, considering equitable distribution of funds, process and transparency.
- **discuss, identify, and monitor programs and policies** aimed at improving health and wellbeing outcomes for Aboriginal and Torres Strait Islander people in the NT.

Specific accountabilities of NTAHF Partners:

NTAHF has a formal obligation to report to the NT Executive Council on Aboriginal Affairs (NTECAA) on health-related Closing the Gap outcomes. NTAHF is the NT Policy Partnership for Health under the Closing the Gap structures. 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 **Error! Reference source not found.**.

NTAHF is accountable for reporting to the Northern Territory Executive Council, including responsibilities for the following socio-economic outcomes under the **Closing the Gap** Partnership Agreement:

SEO 1: Everyone enjoys long and healthy lives.

SEO 2: Children are born healthy and strong.

SEO 14: People enjoy high levels of social and emotional wellbeing.

3. Way of Working (Under Closing the Gap)

At the centre of the National Agreement on Closing the Gap are four Priority Reform areas that focus on changing the way governments work with Aboriginal and Torres Strait Islander people. These Priority Reforms underpin how the Forum operates and inform its approach, discussions and decision making. Priority Reforms include:

1. Formal partnerships and shared decision making
2. Building the community-controlled sector
3. Transforming government organisations
4. Shared access to data and information at a regional level.

In addition, it is expected that Partners:

- have a shared commitment and responsibility, build on transparency and trust, to drive actions and work collaboratively to achieve outcomes
- engage in respectful debate and allow Partners, across the board, to speak freely
- operate and work collectively in partnership.

4. Membership

NTAHF is a strategic partnership between the following organisations and agencies:

- Aboriginal Medical Service Alliance NT (AMSANT) – 4 representatives, including Chair
- NT Government Department of Health (NT Health) – 2 representatives
- Commonwealth Department of Health and Aged Care (CDoHAC) - 1 x First Nations Division representative; 1 x Primary Care Division representative.
- NT Primary Health Network (NT PHN, May 2019) - 2 representatives
- National Indigenous Australians Agency (NIAA, December 2019) – 1 representative
- National Disability Insurance Agency (NDIA, December 20219) – 1 representative
- Department of Chief Minister and Cabinet – Aboriginal Partnership and Reform (DCMC – APR, November 2023) – 1 representative

See Appendix 2: Partner roles in relation to NTAHF.

AMSANT holds the role of Chair of the NTAHF. The Chair is to be collectively appointed by Partners from the ACCHS sector representatives.

Other relevant partner agencies or organisations can be invited to be regular participants in the Forum, following discussion and agreement by the Forum's Membership.

5. Attendance

Partners' representatives should be CEO or Senior Executive level.

Proxy attendees for organisations must have written delegated authority to make decisions on behalf of their organisation.

It is recommended that, wherever possible, Partners maintain the same representative(s) at each meeting.

The NTAHF Secretariat, held by AMSANT, will be a regular attendee at meetings to capture actions and minutes.

Additional guests and/or specialist participants may attend through invitation by the NTAHF Secretariat at the instruction of the Chair.

Observers and guests

Partner representatives are permitted to have observers at meetings; however, numbers will be limited by agreement of the Forum.

A representative may also request that a guest or observer attend all or part of the meeting where an issue of strategic significance is discussed or where subject matter expertise, technical or local input is required. Requests for attendance of guests or observers should be submitted to the Chair, who has ultimate discretion on their attendance.

Partner representatives will:

- provide views that are representative of their Partner organisation
- consult internally with their Partner organisation on agenda items and papers prior to meetings
- nominate relevant items for the agenda, and once confirmed develop and submit papers on to the provided NTAHF paper template (Attachment 3)
- provide feedback to the Secretariat on the draft meeting minutes
- share outcomes and feedback from meetings within their organisations and to their partner organisations
- provide briefs to appropriate Ministers
- provide written updates on actions
- attend at least two meetings per annum.

6. Meetings

Frequency, timing and location

The NTAHF will meet four times per year with meeting dates scheduled at the beginning of the year, unless otherwise required on a needs basis. Agenda items may also be dealt with out-of-session (OOS) and coordinated via the Secretariat.

Meetings are generally held on a Tuesday to accommodate flights and are face-to-face and one-day duration. Two meetings will be held in Darwin, one in Alice Springs and one meeting in another regional centre to be determined by NTAHF Partners annually.

Planning Workshop

An extra half-day will be added to an NTAHF meeting once per year to focus on monitoring and evaluation of progress over the past year, revision of the strategic framework, and higher-level planning.

Quorum

A quorum of 50% plus one is required and must include one representative from AMSANT, NT Health and DHDA, plus at least one representative from NTPHN, NIAA, NDIA or DCMC.

7. Operational arrangements

Chair: Appointed by AMSANT

The Chair will:

- approve the agenda, nomination of agenda papers, and draft minutes prior to distribution to Partner representatives
- approve and sign correspondence on behalf of the NTAHF, following consultation with, and endorsement from, Partners
- chair meetings, ensuring there is a quorum
- provide direction to the Secretariat on communication with Partners and
- represent the NTAHF at external meetings, forums etc as required.

Forum Secretariat

AMSANT will manage the Forum Secretariat whose function is to provide support to the NTAHF and the Chairperson, and to some NATHF working groups as agreed.

The Secretariat will also be responsible for the following functions:

- coordinating meetings for the Forum, including circulation of agendas, papers, out-of-session responses, issues and draft minutes and actions arising
- maintaining the actions register
- maintaining a forward schedule
- track decision-readiness of incoming agenda items
- report on agenda discipline annually
- updating the Strategic Plan 2026-2030 Action Plan following review by Partners at an annual half-day meeting called for this purpose
- preparing correspondence for the Chair and responding to queries and requests from Partner representatives and external parties
- coordinating development of a short, annual high-level report on developments in the health system and achievements of the NTAHF for distribution to executive-level health system decision-makers, including the NT and Commonwealth Ministers with Indigenous and/or health portfolio responsibilities.

8. Operating guidelines

Where possible the following timeframes will be implemented by the Forum Secretariat:

Step	Action
6 weeks prior to meeting	
1	Secretariat to contact Partners and call for Agenda nominations. Secretariat will provide Partners an update on actions that were taken from the previous meeting.
5 weeks prior to meeting	
2	Partners to provide Secretariat with nominated Agenda items within required timeframe for submission.
3	Members to commence drafting papers.
4 weeks prior to meeting	
4	Secretariat to circulate a Draft Agenda to Partners.
3 weeks prior to meeting	
5	Partners to submit nominated Agenda Papers and update on actions arising to Secretariat.
2 weeks prior to meeting	
6	Secretariat to provide Partners with Final Agenda and Agenda Papers.
7	Partners apply relevant internal decision-making processes between paper circulation and meeting.
3 weeks post meeting	
8	Secretariat to circulate draft Minutes including draft action Items to Partners.

The acceptance of late papers and additional agenda nominations will be at the discretion of the Chair upon appropriate consideration.

Agenda structure

Agendas anchor on one to two strategic priority deep-dives per meetings. Reporting items taken as read; discussed only by exception.

Forward schedule

Secretariat maintains a 12-month forward schedule of strategic priority focus areas. This is to be updated quarterly. This enables Partners to bring the right decision-makers to the meeting.

Pre-reads and decision-readiness

Agenda items requiring a decision must be circulated with sufficient pre-read material to enable partner internal processes. Items not meeting this standard are deferred.

Partners maintain documented internal decision-making processes that sit alongside these Terms of Reference.

Decision making

Decisions should be made on the basis of consensus. Consensus decision-making is a group decision-making process in which members develop, and agree to support, a decision in the best interests of the whole group or common goal. Consensus may be described as an acceptable resolution, one that can be supported, even if not the preferred option of each individual.

Where consensus cannot be reached after reasonable effort to resolve differences, the Forum should explore ways to modify the scope of the decision that may lead to consensus. If consensus is still not achievable, the Forum should allow members time to review their positions, such as calling a recess or

deferring the matter to a later time or subsequent meeting, and then allow time for further discussion. During this adjournment, members should follow internal processes to reconsider their respective positions.

If consensus cannot be reached following adjournment and further discussion, the matter should be escalated - either by referral back to partner organisations for further internal consideration, or to the NT Executive Council on Aboriginal Affairs (NTECAA) where the matter concerns partnership-level questions. The Forum should not proceed to a decision until consensus is reached or escalation resolves the impasse.

Conflict of Interest

All NTAHF Partners have a responsibility to raise conflicts of interest, real or perceived, which should be openly discussed at Forum or with the Chair prior to the meeting.

Meeting agendas will include a standing conflict of interest declaration item. Members must recuse themselves from agenda items for which they have identified a conflict of interest.

The Secretariat will maintain a conflict of interest register.

For instances where a conflict of interest is identified, appropriate handling and decision making will be determined jointly by the Chair and other meeting attendees and recorded in the minutes.

Monitoring of Actions

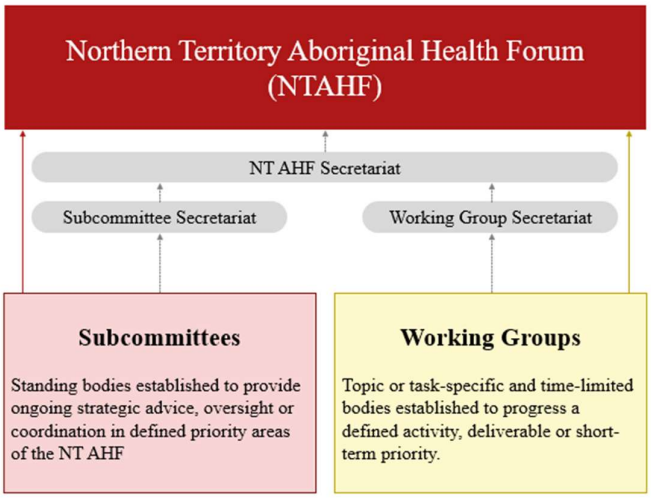
As outlined in the Strategic Plan 2026-2030, the NTAHF will allocate time at each meeting for routine monitoring of progress against all actions in the Strategic Plan, as well as deeper consideration of the actions in two or three focus areas, updating or adding to actions as necessary.

The NTAHF will ensure all actions are appropriately monitored and evaluated. In some cases, this may be limited to an update from the relevant partner or Subcommittee (e.g., where the action was a small, one-off task); in other cases, this may involve ongoing monitoring or a rigorous evaluation of processes, outcomes or impacts (e.g. where the action was a sizeable, ongoing initiative).

9. Subcommittees and Working Groups of NTAHF

Establishment

The NTAHF may, at its discretion, establish standing Subcommittees and time-limited Working Groups to progress specific priorities aligned to the NT AHF's functions.



Subcommittees

Subcommittees are standing bodies established to provide ongoing strategic advice, oversight or coordination in defined priority areas of the NT AHF.

Subcommittees:

- Are generally ongoing in nature
- Have a clearly defined scope aligned to the NT AHF's priorities
- Provide structured advice and recommendations to the NT AHF
- Operate under agreed Terms of Reference
- Report to the NT AHF through the Secretariat

Subcommittees remain active until reviewed and concluded by resolution of the NT AHF.

Working Groups

Working Groups are topic or task-specific and time-limited bodies established to progress a defined activity, deliverable or short-term priority.

Working Groups:

- Are established with a clearly defined purpose and timeframe
- Focus on progressing a specific piece of work
- Provide advice, outputs or recommendations relevant to their agreed task
- Report to the NTAHF through the Secretariat

Working Groups conclude upon completion of their agreed purpose or by resolution of the NTAHF.

At the time of Subcommittee or Working Group establishment, the N TAHF must agree on Terms of Reference including:

- purpose,
- scope,
- membership,
- Chair,
- Nominated secretariat arrangements and
- reporting arrangements and review timeframe.

The NT AHF Secretariat will document these details in the live register during the NTHAF meeting and circulate confirmation of Subcommittee or Working Group within 1 week of preceding meeting along with proposed first meeting dates

Secretariat for Subcommittees or Working Groups

The Subcommittee or Working Group may determine that operational secretariat support is required.

Operational secretariat support will generally be provided by the Chair's NT AHF partner organisation, unless otherwise agreed by members.

Secretariat arrangements will be confirmed at establishment and recorded by the NT AHF Secretariat.

The NT AHF Secretariat is not required to act as the operational secretariat for each Subcommittee or Working Group unless agreed.

However, the NT AHF Secretariat will maintain oversight of governance and reporting arrangements, including maintaining the central register of active groups and ensuring alignment with NTAHF priorities.

The Chair remains responsible for coordinating meetings and progressing agreed actions.

10. Reporting and Communique

Reporting

The NTAHF (coordinated by the Secretariat) will produce a short, annual high-level report on developments in the health system and achievements of the NTAHF for distribution to executive-level health system decision-makers, including the NT and Commonwealth Ministers with Indigenous and/or health portfolio responsibilities. To the greatest extent possible, reporting on the activities of the NTAHF will align with reporting on the NATSIHP and Closing the Gap initiatives.

The NTAHF (coordinated by the Secretariat) will provide regular reports on progress and barriers to CTG outcomes and Priority Reforms to the NTECCA and make relevant recommendations on the overall approach to CTG in the NT.

Communique

The NTAHF will prepare a high-level communique following each Forum meeting. This communique will summarise key discussions and decisions to ensure transparency and provide timely updates to relevant stakeholders.

The communique will be drafted by the Secretariat and circulated to Forum members for review and endorsement prior to external distribution.

In addition, a public-facing report on Forum decisions and outcomes will be published.

11. Review of Terms of Reference

These Terms of Reference will be reviewed annually at the last meeting in each new financial year. The Strategic Plan will be reviewed every five years and these review cycles will be aligned accordingly in years when both fall due.

APPENDIX 1: Strategic Policy Context

A list of relevant national policies and initiatives that underpin the work of Forum is contained in the Strategic Plan 2026-2030 at Appendix A.

APPENDIX 2: Partner roles in relation to NTAHF

AMSANT

AMSANT is the peak body for Aboriginal Community Controlled Health Services (ACCHSs) in the Northern Territory. AMSANT is an affiliate of the National Aboriginal Community Controlled Health Organisation (NACCHO), the national peak body for ACCHSs.

AMSANT aims to grow a strong Aboriginal community-controlled primary health care sector by supporting our Members in delivering culturally safe, high-quality comprehensive primary health care. This supports action on the social determinants of health and represents AMSANT Members' views and aspirations through advocacy, policy, planning, and research in the NT Aboriginal Health Forum.

Commonwealth Department of Health and Aged Care, First Nations Health Division

The First Nations Health Division works in partnership with First Nations peoples, communities and organisations, and works collaboratively with mainstream services to improve health outcomes for First Nations peoples, consistent with the outcomes and objectives of the National Aboriginal and Torres Strait Islander Health Plan and the National Agreement on Closing the Gap. The Division provides leadership across the department and links with other relevant Commonwealth and state and territory agencies to achieve these aims.

NT Health

NT Health is committed to involving Aboriginal Territorians in healthcare decisions and improving access to quality healthcare across the Northern Territory. NT Health supports the Transition of Remote Primary Health Care Services to Aboriginal Community Control, which empowers communities to manage their own healthcare based on their needs. This initiative is guided by the NT Aboriginal Health Forum and involves evaluating Expressions of Interest in alignment with specific criteria and principles.

NT Primary Health Network (NT PHN)

The NT Primary Health Network commissions culturally appropriate providers to deliver health services in the NT to ensure Aboriginal and Torres Strait Islander people can access the right health care. This includes working closely with NTAHF and Aboriginal community-controlled health services to support Aboriginal people's control of their own health and wellbeing towards the Australian Government's Closing the Gap outcomes to help improve Aboriginal and Torres Strait Islander peoples emotional, social and physical wellbeing.

National Indigenous Australians Agency (NIAA)

The NIAA works in genuine partnership with Indigenous Australians, communities, and organisations, to support systems change and improvement of long-term health outcomes for Indigenous Australians. Consistent with the National Agreement on Closing the Gap, NIAA works collectively across government and with stakeholders to ensure effort and resources are fit for purpose, impactful and aligned with community aspirations.

National Disability Insurance Agency (NDIA)

The National Disability Insurance Agency partnership informs the services and programs available in the NT and remote communities that are provided by the NDIA.

Department of the Chief Minister and Cabinet: Aboriginal Partnership and Reform

The partnership with the Department of the Chief Minister plays an important role in communicating, supporting, planning and decision-making in governance and policy making that will assist NTAHF to close the gap.

Aboriginal Partnership and Reform (APR) is responsible for providing support, engagement and advice to Aboriginal people and government on significant Aboriginal Affairs priorities through strategic Aboriginal policy matters, key projects and meaningful engagement and partnerships.