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PRACTICAL LOCAL REFORM

STATE MEMBERS CONFERENCE
21-22 OCTOBER 2025

Report

Acknowledgement

We acknowledge the Traditional Owners of the land on which we meet today and pay respect to Elders past and present.

We also extend that respect to Aboriginal and Torres Strait Islander people who are with us today.

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Conference Agenda

Members Conference Day 1 | Tuesday 21 October 2025

Time	Topic	Speaker
7:30 am	Chairs and CEOs Breakfast	Hosted by Dorothy Smith , QAIHC Chairperson and Paula Arnol , A/CEO, QAIHC
8:30 am	Registration	
9:30 am	Welcome and opening remarks Welcome to Country Acknowledgement of culture	Dion Devow , MC and Minjil Dorothy Smith , QAIHC Chairperson
10:30 am	Morning tea	
11:00 am	Keynote address: The Northern Territory Forum, and funding <i>Presentation via Microsoft Teams</i>	Paul Burgess , CEO, Northern Territory Health and Rob McPhee , CEO, Danila Dilba Health Service
11:30 am	Panel session: <i>Applying the learnings from the Northern Territory to Queensland</i>	Facilitated discussion
12:00 pm	Lunch	
1:00 pm	Keynote address: The Department's priorities for 2026, including its investment approach	Melinda Turner , First Assistant Secretary, Department of Health, Disability and Ageing
1:30 pm	Panel session: <i>How to engage with and influence the Department's program</i>	Facilitated discussion
2:00 pm	Presentation: Workforce analytics	Adam Stephen , QAIHC
2:15 pm	Presentation: QAIHCs Data Strategy	Scott Brown , QAIHC
2:30 pm	Afternoon tea	
3:00 pm	Panel session: <i>Workforce to wellbeing: using analytics to drive better health outcomes</i>	Facilitated discussion
3:45 pm	Day 1 wrap up	Dion Devow , MC
4:00 pm	Close	



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Members Conference Day 2 | Wednesday 22 October 2025

Time	Topic	Speaker
8:45 am	Arrival and registration	
9:00 am	Welcome, Acknowledgement of Country and Re-cap of Day 1	Dion Devow , MC
9:15 am	Keynote address: Queensland's Closing the Gap reform <i>Presentation via Microsoft Teams</i>	Natalie Wilde , Director General, DWATSIPM
9:45 am	Panel session: <i>What should Queensland's reform agenda look like?</i>	Facilitated discussion
10:15 am	Presentation: Building a stronger sector through reform and partnership	David Harmer , A/DCEO, QAIHC
10:45 am	Morning tea	
11:15 am	Keynote address: NACCHO's priorities for 2026, including its advocacy and investment approach	Dawn Casey , D/CEO, NACCHO
11:45 am	Panel session: <i>How to engage with and influence NACCHO's program</i>	Facilitated discussion
12:30 pm	Lunch	
1:30 pm	Keynote address: Our future workforce — TAIHS showcase	Dr Kathy Anderson , CEO, TAIHS and Adam Stephen , QAIHC
2:00 pm	Panel session: <i>How do we maximise the potential of our future workforce?</i>	Facilitated discussion
2:30 pm	Keynote address: Now to next — hear from our emerging leaders	Daniel Rosendale , Wuchopperen
3:00 pm	Panel session: <i>Q&A session with our emerging leaders</i>	Facilitated discussion
3:30 pm	Recap and Close	Dion Devow , MC
3:45 pm	Afternoon tea and networking	

Welcome to Country

The Welcome to Country ceremony, held on Day One of the Members Conference, set the tone for the two days ahead.



The ceremony was officiated by **Dion Devow**, a proud First Nations man of Aboriginal and Torres Strait Islander descent with roots tracing back to the Manbarra and Palm Island Group, as well as Darnley Island in the Torres Strait. Dion's address reminded delegates of the deep responsibilities that come with walking on another people's Country.

To officially welcome us to Country, **Minjil** performed traditional dances that brought the stories of Country to life through song, rhythm, and movement.



Their performance was followed by a colourful display from the **AFL Cape York Torres Strait Islander Dancers**, whose vibrant music and dance expressed the deep connection of Torres Strait Island peoples to land, sea, and culture.



Together, these performances celebrated the strength of First Nations identity, and the world's oldest living cultures.



QAIHC Board Chairperson, **Dorothy Smith** then delivered the Acknowledgement of Culture, where delegates were reminded that the foundation of the Aboriginal and Islander community controlled health organisation (ACCHO) sector is culture: enduring, resilient, and ever-present.



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Conference Theme

This year's theme, *Led by Culture, Driven by Purpose*, recognised that the future of our sector depends on action led by cultural strength and guided by collective purpose. The theme called on us to honour the wisdom of 65,000 years of continuous occupation of these lands, as we walk side-by-side toward a future where all our peoples live long, happy and healthy lives.

Across the two days, delegates focused on building pathways for change that are grounded in self-determination, equity, and accountability. The conversations explored workforce development, sustainable funding, systems reform, and the importance of nurturing future leaders. The theme reminded us that lasting change begins within our communities.

Presenters

The 2025 QAIHC Members Conference was enriched by expert presenters and panellists.

Each subject matter expert brought insights into the challenges and opportunities facing the ACCHO sector, and focused on practical solutions.

The presentations sparked rich and constructive conversation that reinforced the strength of community controlled approaches.



Dion Devow

Consultant and
Cultural Advisor, Yerra



Dorothy Smith

Chairperson, QAIHC



Paula Arnol

Acting CEO, QAIHC



Paul Burgess

CEO, Northern
Territory Health



Rob McPhee

CEO, Danila Dilba
Health Service



Melinda Turner

First Assistant Secretary,
Department of Health,
Disability and Ageing



Dawn Casey

Deputy CEO, National
Aboriginal Community
Controlled Health
Organisation (NACCHO)



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Natalie Wilde
Director-General,
Department of Women,
Aboriginal and Torres
Strait Islander Partnerships
and Multiculturalism



David Harmer
Acting Deputy CEO, QAIHC



Adam Stephen
Workforce & Development
Jurisdiction Manager, QAIHC



Scott Brown
Senior Manager,
Health Data and
Analytics, QAIHC



Dr Kathy Anderson
CEO, Townsville
Aboriginal and Islander
Health Service (TAIHS)



Daniel Rosendale
Board Director,
Wuchopperen Health
Service

Executive Summary

The 2025 QAIHC Members Conference brought delegates representing our Member ACCHOs to the Cairns Convention Centre.

Over two days, Members explored shared challenges, celebrated successes, and identified clear priorities for the sector under the guiding theme “Led by Culture, Driven by Purpose.”

Discussions across the 10 sessions reflected our shared commitment to community controlled approaches, stronger data and evidence, workforce development, equitable funding, digital enablement, and culturally grounded service design.

“Our culture gives us strength, and our purpose gives us direction. This conference reminded us that when we stand together, we move forward together.”

Overarching messages we heard

These messages resonated across the sessions:

- Culture remains the foundation of leadership, with Aboriginal and Torres Strait Islander ways of knowing, being, and doing essential to every decision.
- Delegates emphasised **funding reform and equity** are critical to enabling stable, long-term service delivery.
- **Data and evidence** must be collected in ways that respect community ownership and sovereignty.
- **Workforce investment** is central to sustaining culturally safe, high-quality services.
- **Collaboration across sectors** will be vital in closing the health gap.

A strong theme also emerged around culturally safe **digital enablement**, recognising the need to invest in systems and skills that allow services to respond to younger generations accessing health support online.

“It’s not about data for data’s sake; it’s about data that tells our story and shapes our future.”

93
Delegates

28
ACCHOs

10
Discussion sessions



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Session Summaries



Day One: Keynote address: The Northern Territory Forum, and Funding

Presenters: Rob McPhee, CEO, Danila Dilba Health Service;
Dr Paul Burgess, CEO, Northern Territory Health

The conference opened with an exploration of how ACCHOs in the Northern Territory are addressing the heavy administrative burden caused by fragmented funding arrangements.

Rob McPhee and Dr Paul Burgess presented on behalf of the Northern Territory Aboriginal Health Forum, sharing that 14 ACCHOs collectively manage 485 separate grants and produce over 2,000 reports each year; the equivalent of 48 full-time positions and \$8 million in administrative costs.

They outlined the Territory's reform process, which consolidates numerous funding contracts into single, multi-year agreements to reduce duplication and streamline management. This approach not only improves operational efficiency but strengthens accountability and enables more flexible, community-driven service delivery.

"We spend more time managing the paperwork than managing health outcomes. That must change."



They emphasised the importance of aligning these reforms with NACCHO's Core Services Framework, ensuring that funding is distributed based on community need, rather than historical patterns or program silos. The discussion resonated with Queensland delegates, who identified similar administrative pressures and inefficiencies.

Panel session: Applying the learnings from the Northern Territory to Queensland



Panellist: Paula Arnol, A/CEO, QAIHC

During the panel discussion, Paula Arnol (A/CEO, QAIHC) reflected on what Queensland could learn from the Northern Territory experience. She highlighted the opportunity to explore a Queensland-specific model of funding integration that supports genuine collaboration between the state government and the community-controlled sector. Ms Arnol noted that many ACCHOs are ready to engage in this dialogue, but that meaningful reform requires clear accountability mechanisms and stronger government partnerships.

Delegates agreed sustainable reform must be built on trust, transparency, and co-design, calling for a system that values the leadership of Aboriginal and Torres Strait Islander community-controlled organisations (ACCHOs) and enables long-term planning.



"Trust is the currency of reform, without it, no funding model will succeed."

The session concluded with broad support for QAIHC to continue advocating for simplified funding systems, informed by the NT model, that enable services to focus on delivering culturally safe, high-quality care to Community.



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Day One: Keynote address: The Department's priorities for 2026, including its investment approach

Presenter: Melinda Turner, First Assistant Secretary, Department of Health, Disability and Ageing (DoHDA)

The keynote address by Melinda Turner offered a comprehensive view of the Commonwealth Government's evolving priorities for 2026 and beyond, following significant structural and policy changes. Ms Turner began by outlining the new context: with DoHDA now incorporating Disability Services, the portfolio spans health, aged care, disability, and related responsibilities. She noted Minister Mark Butler has retained the Health portfolio and now oversees Disability, supported by Assistant Minister for First Nations Health, Rebecca Wise.

Ms Turner confirmed the **Closing the Gap Agreement** remains central to the government's health agenda. However, she acknowledged progress toward key health targets — **life expectancy, healthy birth weights, and suicide reduction** — remains off track. In response, the Department is reviewing high-impact programs such as **Birthing on Country** and the **Australian Family Nurse Program** to ensure ongoing investment in those demonstrating success, while redirecting funding from less effective models.

"We're strengthening accountability, not through more red tape, but through shared responsibility with community-controlled services that know what works."

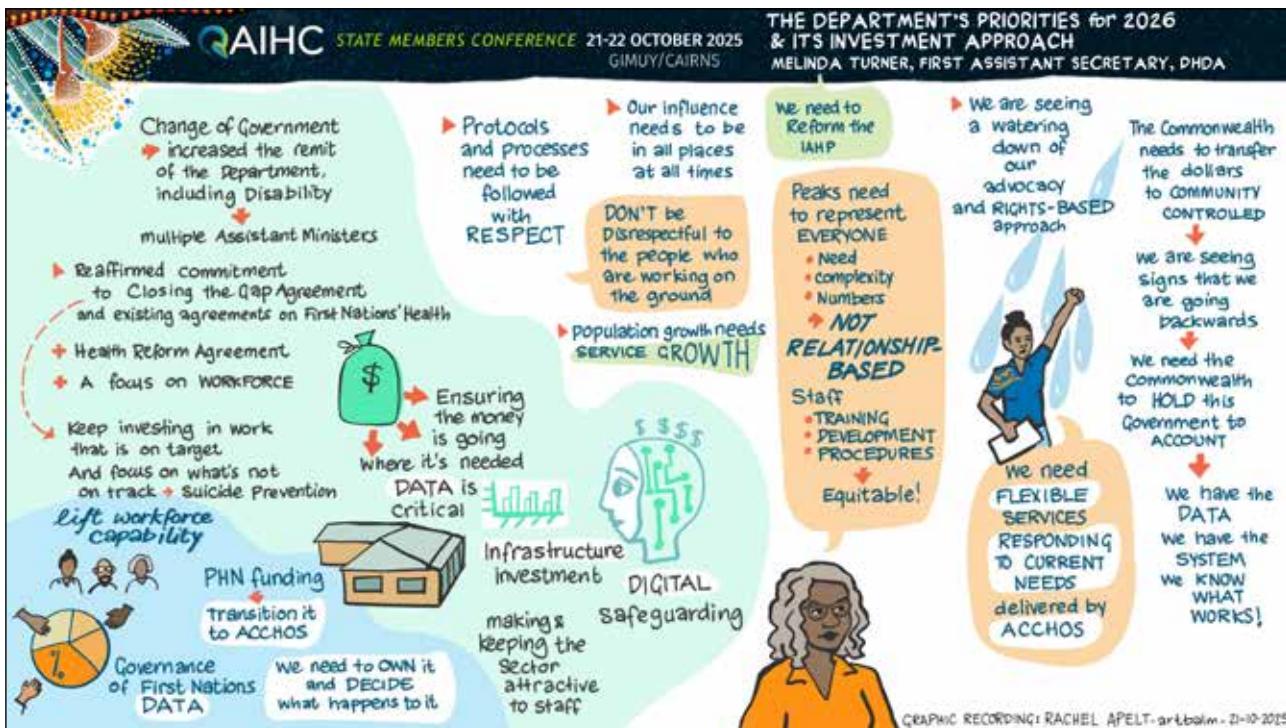
A new **First Nations Schedule** within the **National Health Reform Agreement (NHRA)** marks the first time Aboriginal and Torres Strait Islander health outcomes are embedded directly in the funding and governance framework. Ms Turner described this as a "landmark shift," co-designed with the sector to ensure long-term sustainability and equity.

She also detailed several new coordination mechanisms:

- The Internal Closing the Gap Steering Committee, involving senior departmental leaders, to embed First Nations considerations across policy and program design.
- The First Nations Health Governance Group established post-referendum, which has met four times this year to guide implementation.
- A renewed Health Ministers' Forum featuring a First Nations collaboration, now inclusive of affiliate organisations and set to host biennial First Nations Health Roundtables.

The First Nations Health Division continues to oversee the \$1.1 billion Indigenous Australians Health Program (IAHP), focused on aligning funding to workforce, infrastructure, and Medicare-strengthening priorities. Ms Turner reaffirmed that the Division's goal is to make "data-informed and sector-informed" decisions, so funding follows community-identified need.





Joining Ms Turner, Ben Barratt spoke on operational initiatives, including transitioning government-run clinics to community control, supporting the development of capitation-based funding models, and improving access to infrastructure and capital investment for ACCHOs.



Panel session: How to engage with and influence the Department's program

Panellists: Melinda Turner; Ben Barratt, Assistant Secretary, Primary Health Care and Community Control Branch, First Nations Health Division (DoHDA); Renee Williams, CEO Torres Health.

The panel discussion expanded the conversation to the realities faced by ACCHO sector. Participants highlighted ongoing challenges with limited core funding; reliance on short-term, program-specific funding; and delays or inconsistent responses

from government. Regional and remote services reported feeling excluded from key discussions despite representing significant community needs.



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Renee Williams emphasised advocacy must reflect collective wellbeing and inclusion across all community-controlled services, not just those with the loudest voices or largest footprints.

“Representation must be inclusive of all services, regardless of size or location, every community deserves to be heard and supported.”

She voiced frustration with relationship-based advocacy approaches that privilege certain regions or organisations and called for neutral, equitable engagement frameworks supported by peak bodies. Ms Williams urged peaks such as QAIHC to continue developing standardised tools, policies, and procedures to reduce duplication and ensure fair access to resources.



Participants discussed the importance of rights-based advocacy, noting the sector's collective voice has sometimes been diluted through administrative structures and service agreements. Ms Williams cautioned against the loss

of advocacy capacity that followed the shift from the NACCHO Federation model to a commissioning model, and called for renewed unity in policy influence.

Ms Turner responded by highlighting the Department's work to transition Integrated Team Care (ITC) funds from PHNs to

community-controlled services by June 2026, acknowledging timelines will vary based on regional complexity. She stated collaboration with PHNs and ACCHOs will guide transition planning to ensure that care continuity and community readiness remain central.

Ms Williams reinforced the need for equitable service delivery across the state:

“All our communities, rural, remote, regional, and urban, should expect the same quality and scope of care, no matter which PHN boundary they fall under.”

Melinda Turner concluded by acknowledging the sector's advocacy strength and confirming that the Department is committed to joint meetings with QAIHC and Queensland Health to explore solutions raised during the session.

She reiterated DoHDA's Closing the Gap responsibilities intersect with broader social determinants and that real progress will depend on whole-of-government coordination.



“The sector continues to lead – our role is to support that leadership with consistent, fair, and transparent partnership.”

The session ended with consensus: to deliver on Closing the Gap and achieve health equity, governments must act in genuine partnership with community-controlled organisations, ensuring every voice – small or large – shapes the policy and programs that affect their people.

Day One: Presentation: Workforce analytics and data tool development

Presenter: Adam Stephen, QAIHC Workforce and Development Jurisdiction Manager



This presentation showcased QAIHC's development of a data-driven workforce planning and analytics tool, designed to transform how workforce data is collected, analysed and used for planning across Queensland's ACCHO sector.

Adam Stephen explained the tool brings together multiple fragmented datasets including workforce, MBS (Medicare Benefits Schedule), NKPI (National Key Performance Indicators), and Indigenous population data into a single integrated platform. This allows for evidence-based insights into workforce supply, service demand, and population health needs at the local, regional, and state levels.

"If we can see where the gaps are, we can act, that's the power of our data when we own it."

The platform enables filtering and comparison by region, profession, or job role, identifying vacancy rates, full-time equivalents (FTEs), and workload intensity (measured as episodes of care per FTE). Early results revealed significant disparities:

- Central Queensland currently records the highest vacancy rate at around 30%, signalling heavy workloads and service strain.
- Certain professions, such as psychologists and pharmacists, show vacancy rates as high as 60–80%, reflecting critical workforce shortages.

Delegates noted the tool's ability to highlight such trends provides a powerful evidence base for advocacy, investment planning, and targeted workforce development. The system also identifies regional differences in health conditions, for example, higher diabetes incidence in Far North Queensland and more respiratory issues in Central and South-West regions, linking workforce needs directly to community health outcomes.

While the tool is still under development, Mr Stephen acknowledged some datasets remain incomplete, particularly from Member organisations and OSR data submissions. However, he emphasised that even partial insights already demonstrate the tool's strategic potential.

Delegates discussed the next steps, including expanding the tool's functionality to incorporate AI-driven predictive analysis, allowing the sector to forecast workforce needs and respond proactively to emerging service demands. There was consensus data collection must remain community-owned and culturally safe, ensuring the system supports evidence-based planning rather than administrative burdens.



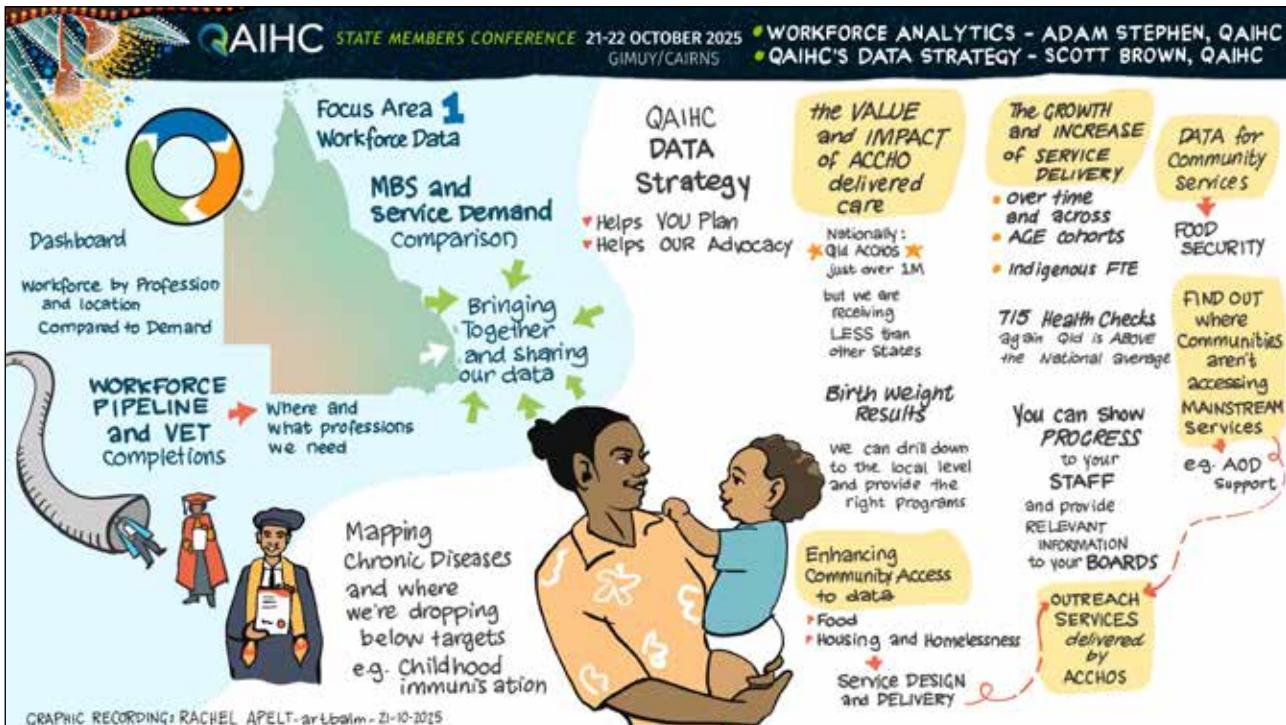
Participants also highlighted opportunities for the tool to strengthen recruitment, retention, and training pathways as a reliable foundation for equitable workforce development.



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The presentation concluded with strong support for QAIHC's approach, recognising that reliable, culturally secure data is not only vital for accountability but for shaping a workforce that meets the needs of all Aboriginal and Torres Strait Islander peoples.

"This isn't just about technology, it's about creating the knowledge we need to plan, grow, and protect our workforce for the future."



Day One: Presentation: QAIHC's Data Strategy

Presenter: Scott Brown, QAIHC Senior Manager, Health Data and Analytics

Scott Brown presented QAIHC's new Data Strategy, developed through wide consultation with members, staff, and partners to strengthen how data supports advocacy, planning, and accountability across the ACCHO sector.

“Data should speak for our people, not about them.”

The strategy's vision is for QAIHC to use data actively in planning and policy, while empowering Members to access and apply data that advances outcomes for their communities.



Four priorities guide the work:

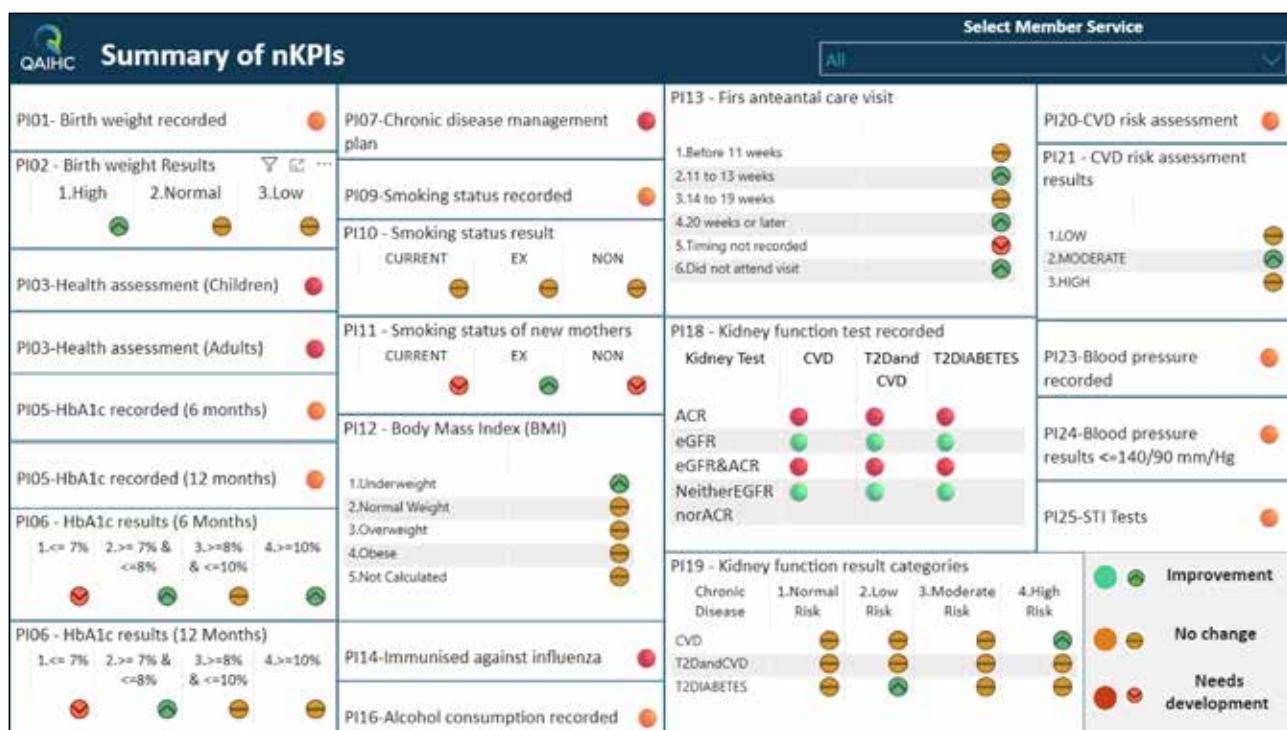
- Capturing the sector's value to advocate for funding
- Enhancing reporting quality
- Strengthening partnerships for access to meaningful community data
- Supporting Members to interpret and use that information effectively.

Using OSR reporting, Mr Brown showed that Queensland's ACCHOs deliver more than 1 million episodes of care annually, over a quarter of all Aboriginal primary health care nationally, yet receive proportionally less funding than other

states. "These numbers show our strength, but also our inequity," he said.

Power BI dashboards and reporting

QAIHC is moving from static reports to interactive Power BI dashboards aligned with National Key Performance Indicators (NKPIs), allowing services to monitor real-time performance, track progress in health checks and birth weights, and identify data quality issues early. A new "traffic light" summary report will provide quick overviews for boards and staff, making data more accessible and actionable.



QAIHC's interactive Power BI dashboards aligned with National Key Performance Indicators (NKPIs).



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Linking data to social determinants



Mr Brown highlighted new partnerships, such as with Foodbank Queensland, to integrate food security and social wellbeing data into planning.

Upcoming projects include a Chronic Disease Dashboard that will map disease prevalence at the regional level, as well as access Queensland Health data on hospitalisations and emergency presentations to strengthen local health planning.

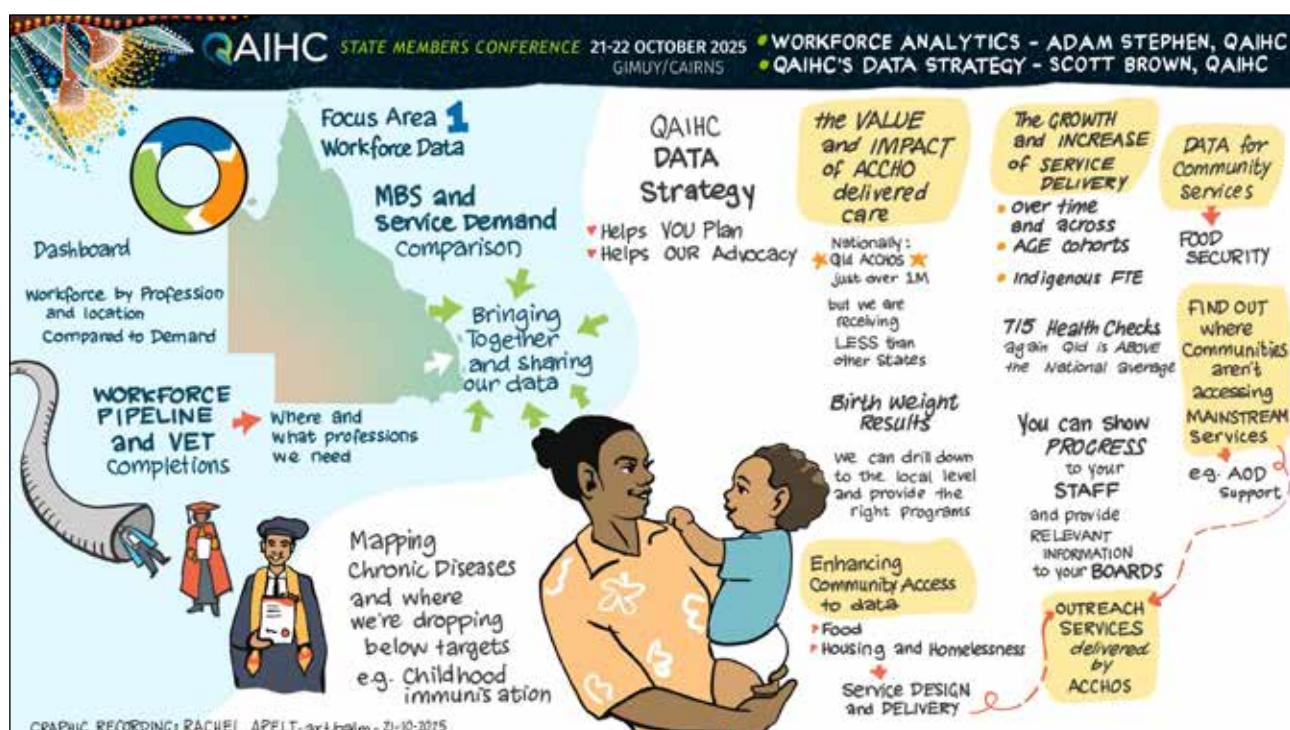
"This isn't just about health outcomes, it's about the conditions that shape them. Data helps us see the whole story."

Technology, AI, and cultural safety

Delegates discussed the role of technology and AI in data analysis, emphasising innovation must never compromise cultural safety or data sovereignty. Scott reinforced that technology should support, not lead, community priorities.

"Technology must walk beside culture, never ahead of it."

QAIHC will continue to collaborate with partners to improve interoperability and ensure data flows meaningfully back to communities, positioning data not as a compliance tool, but as a driver of empowerment, advocacy, and self-determination.



Day Two: Keynote address: Queensland's Closing the Gap Reform

Presenter: Natalie Wilde, Director General, Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism (DWATSIPM)



Natalie Wilde opened her keynote by thanking QAIHC and its Members, recognising the conference theme **“Led by Culture, Driven by Purpose”** as a guiding principle for genuine reform. She spoke about how culture and intent must shape every government action, saying that when policy is grounded in lived experience, “we drive outcomes that last.”

Ms Wilde shared her experiences as a new Director General, travelling to regional offices and communities across Queensland, from Doomadgee to Logan, to listen directly to local leaders, councils, and community organisations.

“What’s become clear is that First Nations leaders know their communities best. They know what works, what doesn’t, and they want to help shape programs before they happen, not after.”

She described how this understanding had informed a **new departmental vision** launched the day before the conference:

“An unwavering commitment to create a future of equity, inclusion, and opportunity for the people and communities we serve.”

Accompanying this vision is a departmental purpose centred on mutual action and genuine partnership, listening to communities and co-designing solutions. Ms Wilde explained this is part of a broader effort to refocus the department’s role, ensuring policy and funding decisions translate into tangible, community-led outcomes.

Delivering on the CtG commitments

In alignment with the Queensland Government’s key priorities in health, housing, education, and economic participation, Ms Wilde outlined how DWATSIPM is coordinating the CtG Priorities Fund — a \$108 million initiative supporting essential community infrastructure and wellbeing projects.

The first \$37 million has been directed toward water infrastructure in Aurukun, Kowanyama, and Woorabinda, and a new education facility in Cherbourg. Planning and design are underway, with community consultation determining the final site for the Cherbourg project.

“These projects are more than just bricks and mortar. They’re about creating opportunities for better health, education, and wellbeing. Each investment must make a real difference in people’s lives.”



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CULTURE must drive reform

Remote to metropolitan
Community Leaders
KNOW what is needed and want to lead the agenda on services & delivery

Access to: clean water, housing, essential services } delivering in partnership with local government

✓ working in partnership with local communities
✓ Targeted investments
We have signed a new Local Government Accord

Look for MULTIPLE Benefits

is the water fluoridated?

partner is FOREFRONT

Social Determinants of Health

- We MUST work TOGETHER with Local Government, Community Controlled & Health - QAIHC can lead this to ensure it works
- Infrastructure must come with OPERATIONAL FUNDING
- Work together on a INTEGRATED COMMUNITY PLAN
- We need to get this RIGHT and remove the barriers
- Local Government Accord Local Government needs input to work with our sector beyond Rates, Roads + Rubbish And to HEAR our Sector

Are local communities leading local decision making or is it a dead Black duck?

Local Decision making Bodies
We need a LOCAL DECISION MAKING FRAMEWORK

The remote Council Mayors have lost confidence in Closing the Gap

We need to RESET the Agenda

Community Controlled HEALTH Sector

we need to increase the visibility of funding and impacts
Translate meaningful DATA for the Mayors

The Local Govt Accord
There used to be a Local Govt Champion Program (it was relationship-based between individual Mayors and Ministers)

The Accord facilitates all Indigenous Mayors to meet directly with the Ministers and DGs

QAIHC will ADVOCATE ACROSS the WHOLE State we need the Government to work for ALL community Controlled organisations we need to ADVOCATE LOUD and PROUD → BLACK Politics underpinned by EVIDENCE

There is a lot of FATIGUE in the sector... we've been fighting a long time

GRAPHIC RECORDING: RACHEL APELT - artbalm 22-10-2025

She assured delegates the remaining \$71 million will be allocated to further community-identified priorities through a transparent and collaborative process. She reaffirmed the department's commitment to co-design, accountability, and local leadership in every stage of reform.

Partnership, accountability, and the Indigenous Council Leaders' Accord

Ms Wilde also announced the signing of the **Queensland Indigenous Council Leaders' Accord**, which formalises regular engagement between the state government and Indigenous councils. The Accord ensures Indigenous Mayors can meet directly with Cabinet once a year and with Directors-General twice annually to discuss shared priorities.

Developed with the **Local Government Association of Queensland (LGAQ)** and Indigenous Mayors, the Accord aims to align infrastructure, social policy, and economic development under the National Agreement on Closing the Gap.

"The Accord is not symbolic, it's structural. It gives Indigenous councils and leaders a formal, consistent voice at the highest level of government decision-making."

Ms Wilde emphasised these partnerships mark a shift in how Queensland works with First Nations communities, acknowledging that previous approaches were too process-heavy and often disconnected from outcomes.

“There’s been a lot of meetings and frameworks, but what I kept asking was, where are the outcomes? We need to make progress visible on the ground.”

She also spoke about the department’s work to establish investment mapping, which will track where CtG funds are allocated, what results are being achieved, and how these translate into tangible benefits for communities.

“Communities deserve to see where the money is going and what it’s changing, that’s how we build trust and transparency.”

Future direction and collaboration

Ms Wilde concluded her keynote by calling for continued collaboration between government, local councils and the community-controlled sector to ensure CtG reform leads to genuine change. She committed to improving departmental responsiveness, strengthening regional partnerships and supporting First Nations leadership at every level of decision-making.

“We’re not here to design programs in Brisbane and hand them over. We’re here to listen, to learn, and to work with you. Because true partnership means walking together from the start.”

Her address underscored that the success of Queensland’s CtG reform will depend on shared accountability, clear communication, and community leadership.



Panel session: What should Queensland’s reform agenda look like?

Panellists: Natalie Wilde, Director General, DWATSIPM and Paula Arnol, A/CEO QAIHC.

Following the keynote, QAIHC A/CEO Paula Arnol facilitated panel session that built on Natalie Wilde’s commitments. The discussion centred on the practical realities of implementing Queensland’s CtG reform.

Panellists agreed the shift toward local government-led delivery presents both

opportunities and risks. They welcomed the signing of the Indigenous Council Leaders’ Accord as an important structural step but emphasised that community-controlled



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organisations must be embedded in this framework to ensure true partnership. Ms Arnol warned funding must not be diverted to infrastructure-only projects, saying:

"If infrastructure doesn't come with operational funding and partnerships with our health services, we'll just end up with more white elephants across the state."

Discussion from the floor echoed concerns about inconsistent engagement between local councils and health services, the uneven implementation of Health Equity Plans, and the need for clear accountability mechanisms when programs fall short. Ms Wilde responded by reaffirming her department's willingness to work through regional networks to broker stronger relationships between councils, peaks, and communities.

The conversation also explored the economic dimension of CtG. Participants called for sustained investment in local employment and enterprise development, noting that true reform requires more than service delivery – it demands economic empowerment. Ms Arnol concluded by encouraging a collective advocacy approach, grounded in data, partnership, and evidence:

"Government set the agenda, but we're the ones doing the work on the ground. It's time we tell that story louder, together."



Day Two: Presentation: Building a stronger sector through reform and partnership

Presenter: David Harmer, A/Deputy CEO, QAIHC

Additional remarks: Paula Arnol, A/CEO, QAIHC

David Harmer's presentation centred on the power of partnership, highlighting regional collaboration is not just a reform opportunity but a survival strategy for the ACCHO sector in a changing policy environment.

He began by acknowledging the diversity within Queensland's ACCHO sector and each service's autonomy, emphasising that while each organisation must make decisions suited to its own community, **unity is critical** to leverage reform opportunities.

"Now more than ever, we need to be united and operating in partnership to seize what's in front of us."

Mr Harmer outlined QAIHC's ongoing advocacy with Queensland Health for regional capacity and capability building, which has already resulted in a record \$26 million investment aimed at strengthening local systems and uplifting service delivery. While negotiations with Queensland Health have faced delays, a new second-tranche funding agreement is expected soon. This will include support for establishing two regional entities,

NATSIHA and Central Queensland, along with a \$13 million contestable fund to help Member services expand and innovate.



He stressed although the funding is welcome, its limited scale requires collaborative approaches to maximise impact:

"Thirteen million divided 35 ways doesn't stretch far, but partnerships can make it go further."

He then linked these regional strategies to the broader National Health Reform Agreement (NHRA), noting that NACCHO's negotiations have secured a new Schedule B, which embeds CtG commitments within the NHRA and opens doors for innovative funding. This could allow hospitals and ACCHOs to co-design models of care.

Mr Harmer also discussed QAIHC's intent to mirror the AMSANT funding adequacy review by conducting an independent analysis of Queensland's Indigenous Health Package (IHP), to ensure funding levels align with population need and service demand. This will provide the evidence base for future funding reform advocacy.



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Closing reflections from Paula Arnol

Following Mr Harmer's presentation, Paula Arnol expanded on the strategic significance of these funding negotiations, offering insight into political context. She explained that just before the last election, QAIHC signed the previous funding agreement, splitting it evenly between regional capacity building and service uplift.

"Queensland Health couldn't define what 'service uplift' meant, so we told them what it means, reducing hospitalisations, improving discharge, expanding after-hours access. That's what uplift looks like in our communities."

Ms Arnol outlined how QAIHC continues to advocate Queensland Health define uplift through primary healthcare outcomes, rather than program metrics. She also drew attention to the \$71 million potential annual innovation pool under Schedule B, contingent on strong partnerships between ACCOs and Hospital and Health Services (HHSs).

"To access that innovation funding, we must be ready, regionally coordinated, well-governed, and at the table."

Paula concluded with QAIHC's three advocacy pillars, funding reform, partnerships and co-design, and regional capacity building. Reaffirming QAIHC's commitment to consulting directly with Members to shape these opportunities to best serve local realities.

"Partnership doesn't just happen, it's deliberate. If we get it right, we'll build a stronger, fairer, and more sustainable sector for our communities."



Day Two: Keynote address: NACCHO's priorities for 2026

Presenter: Dr. Dawn Casey, Deputy CEO, NACCHO

Dr Dawn Casey began by congratulating QAIHC's new Chair, acknowledging the leadership of women within the sector, and reflecting on NACCHO's enduring legacy from the establishment of Redfern AMS in 1971, to the network of community-controlled services that now span the country.

"Our accountability lies with our communities, that's where our legitimacy comes from. Community control is why we've survived and thrived."

NACCHO's strategic priorities and funding reform

Dr Casey outlined NACCHO's three national priorities for 2026:

- 1. Funding equity and sustainability**, through reforming the core services funding model
- 2. Hospital and systems reform**, to ensure culturally safe and continuous care
- 3. Workforce strengthening and community-led governance**, with a focus on Aboriginal Health Workers.

She told how NACCHO's negotiations with the Commonwealth resulted in ongoing four-year core funding for ACCHOs, but noted that a \$4.4 billion funding shortfall remains when compared to mainstream health services.

NACCHO's proposed model identifies all components of comprehensive care, including governance, community health promotion, and disease prevention, that are currently underfunded.

"The \$4.4 billion gap, that's the price of inequity. Our job is to make it impossible for governments to ignore."

Dr Casey detailed the national program portfolio, highlighting investments that demonstrate the sector's ability to deliver outcomes that are evidence-based and community-driven.

She also celebrated a major structural gain: the creation of Schedule B under the NHRA, the first ever dedicated to Aboriginal and Torres Strait Islander health. This framework embeds accountability by tracking key metrics, including treatment completion, sentinel events, and Indigenous workforce.

"This isn't about another pilot, it's about changing the system so that equity is built in, not added on."



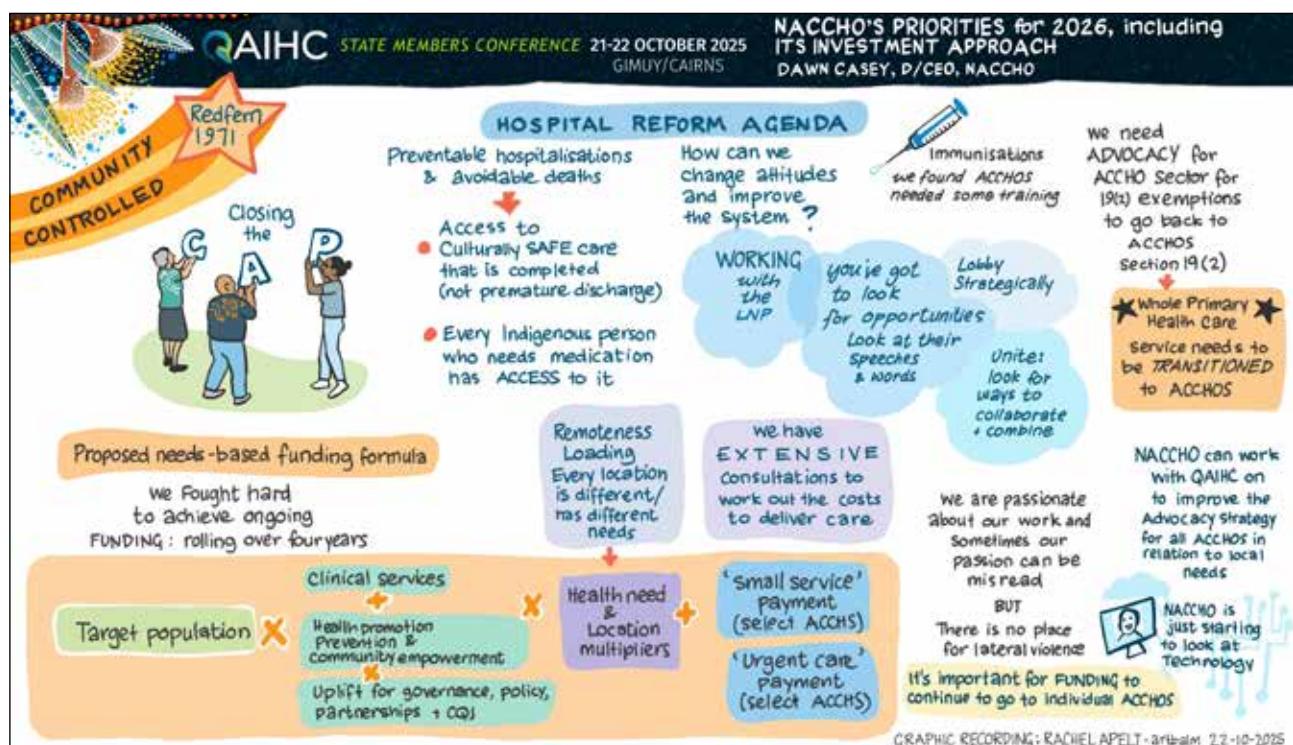
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Advocacy and working with government

When asked how leaders should approach the new Queensland LNP Government, Dr Casey offered pragmatic advice.

"You can't bulldoze your way in. You must be strategic, listen, use their language, understand their priorities, and make your case using their words."

She shared examples of NACCHO successfully influencing policy under past governments grounding advocacy in data and lived experience. She emphasised collaboration and consistency, not confrontation.



Panel session: How to Engage and Influencing NACCHO's Program

Panellists: Dr. Dawn Casey; Paula Arnol, A/CEO, QAIHC; Dorothy Smith, QAIHC Chairperson

The panel explored how Queensland's ACCHOs and QAIHC can more effectively engage with NACCHO to shape national priorities. Discussion focused on rebuilding trust, strengthening collaboration, and improving communication between affiliates, Members, and NACCHO.

Participants raised concerns about Section 92 exemptions, which allow HHSs to deliver primary care in some communities, limiting ACCHOs' and community self-determination. Dr Casey reaffirmed NACCHO's position that primary healthcare must transition to community control.

"If an ACCHO is ready and capable, the system should enable it, not restrict it."

Paula Arnol added that QAIHC has pressed the Commonwealth to review Section 92 legislation and ensure future exemptions require NACCHO co-approval.

The panel also discussed workforce challenges, from the floor Goolburri CEO Ms **Lizzie Adams** urged NACCHO not to lose sight of the Aboriginal Health Worker as the foundation of the sector.

"Everything we've built started with Aboriginal Health Workers. They're our frontline – our heart."

Dr Casey responded by affirming 500 Health Worker traineeships have been funded and filled nationally, and NACCHO continues to advocate for extended Cert II-IV pathways.

Panellists and delegates agreed on the need for collective regional engagement, regular dialogue with NACCHO, and a commitment to rebuilding relationships through transparency and respect. Ms Arnol summarised the sentiment in the room:

"We move forward by resetting, not reliving the past."

This keynote and discussion reinforced a key message of the conference: the strength of the community-controlled sector lies in unity, self-determination, and data-informed advocacy, ensuring that reform is led by the people it serves.



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Day Two: Keynote address: Our future workforce – TAIHS showcase

Presenters: Adam Stephen, QAIHC; Dr Kathy Anderson, CEO, Townsville Aboriginal and Islander Health Services (TAIHS)

This session reminded the whole conference: we can't deliver reform, transition to community control, or meet CtG targets if we don't have the people to do the work. Adam and Kathy used QAIHC's new Workforce Strategy and TAIHS's on-the-ground experience in Townsville to show what it looks like when a service stops "making do" and starts building a deliberate, culturally grounded workforce system.

QAIHC's workforce platform

Adam opened by walking delegates through the QAIHC Workforce Strategy launched in June, noting that every workforce initiative now connects back to the Blueprint and sits inside a single, sector-wide framework. QAIHC is supporting 292 new and existing workers across three major streams, IHWT (clinical and community care qualifications), the NACCHO First Nations Health Worker Traineeship Program, and the SEWB Workforce Support Program.

An insight from workforce mapping was that more than half of current learners are studying at Diploma level and around 95% have already been in the sector five years or more. That tells us two things: staff want to stay, and they'll stay if we invest in them at the point where burnout approaches. Mr Stephen also flagged hard-to-fill roles (psych, SEWB, practice management) showing QAIHC is deliberately using retreat-style, cohort-based models,

with short intensive blocks, as they work better for many staff rather than semester-based TAFE.

"To grow a workforce, you have to be better than the one you've already got, and that means training on purpose, not training by accident."

He also cautioned services about RTOs offering generic qualifications that don't fit ACCHO practice, and invited Members to use QAIHC expertise to bulk or regionalise PD.

The TAIHS case study – Building the middle

Dr Kathy Anderson showed what this looks like in practice. When she arrived, TAIHS was outsourcing HR, struggling to recruit, and returning money because positions sat vacant. The problem wasn't frontline staff; it was the missing middle. Without enough managers, supervisors and practice leads, teams weren't recruiting, weren't being performance-managed and weren't getting training signed off.



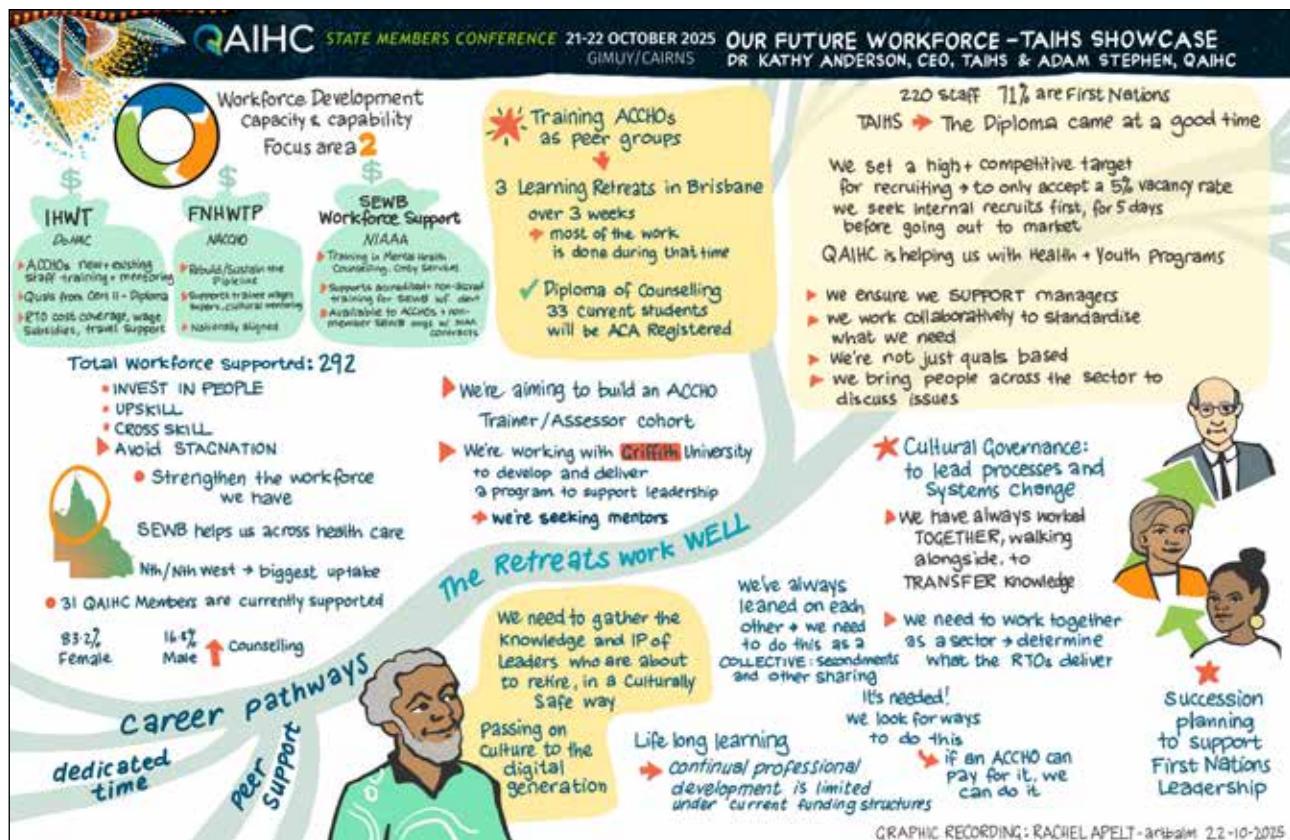
TAIHS fixed that by:

- bringing HR and workforce development in-house
- creating a Workforce Development Manager role to work directly with QAIHC
- standardising pay (Managers at Level 8, Practice Leads at Level 7) so internal roles could compete with mainstream
- setting clear targets: vacancies under 5% and roles filled within 28 days
- introducing Wellbeing Days to tackle absenteeism and retention
- advertising every role internally for 5 days to support local progression.

Today TAIHS has around 220 staff, 71% First Nations, and 83% of managers First Nations, which she said is essential because she's a non-Indigenous CEO and succession must be real, not rhetorical.

"We decided we'd rather have 10-15% fewer people, paid properly and supported well, than a burnt-out workforce we keep turning over."

She stressed that TAIHS hasn't walked away from comprehensive primary health care, instead re-centering it around the health worker and pushing health out into youth hubs and community programs.



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Integrating health, SEWB and community

Both Mr Stephen and Dr Anderson were frank: SEWB remains the hardest workforce to grow. Funding is narrow, salary levels don't match emotional labour, and there aren't enough First Nations psychologists, counsellors and social workers. TAIHS is responding by

integrating SEWB into every program (not siloing it). QAIHC also is trying to free up non-accredited training through the SEWB program so services can top up skills without having to complete full qualifications.



Panel session: How do we maximise the potential of our future workforce?

Panellists: Adam Stephen, Dr Kathy Anderson, Daniel Knapp, TAIHS

The panel turned the spotlight onto three pinch points: placements, role consistency, and succession.

● Placements and school-based entrants:

Goolburri's Lizzie Adams said services are getting "lots of asks" from schools but have had to pause because they don't have supervision capacity, especially in programs where confidentiality is high. Adam Stephen said QAIHC's view is build the internal learning culture first, then open to school-based traineeships so we don't set young people up to fail.

● **Consistent role titles:** Delegates raised that different organisational charts (Directors vs Managers vs Practice Leads) make workforce data, pay benchmarking and government engagement harder. Mr Stephen said QAIHC hears this across the state and will integrate into the Workforce Strategy so training pathways line up with job titles. Kathy Anderson added that at TAIHS the functions are the same, they standardised so everyone knew who was responsible for recruitment, reporting and supervision.

● **Retreat-style, culturally safe delivery:**

Several Members endorsed the intensive model, especially for women with kids and for long-serving staff who need to “go away, finish it, and come back ready to lead.” Adam confirmed QAIHC is reviving the Griffith University leadership program with Prof. Cindy Shannon, using that model, and wants alumni back as mentors.



There was also a call from the floor to bring back articulation pathways (Cert IV → diploma → degree) and to get AHPRA and universities to recognise the real scope of Aboriginal Health Practitioners, so workers don't have to “start again” when they upskill. Mr Stephen said this is live in QAIHC's national forums and ties directly to the sector's push for “earn while you learn” in regional and remote communities.

workers don't have to “start again” when they upskill. Mr Stephen said this is live in QAIHC's national forums and ties directly to the sector's push for “earn while you learn” in regional and remote communities.

Paula Arnol closed the session by pushing the workforce lens out to cultural governance and paid Elder roles. Currently, the same Elders are being asked to hold culture across multiple programs, often unpaid or underpaid. QAIHC and several services (including TAIHS) are now exploring dedicated, salaried cultural positions as part of workforce planning, not as an add-on.

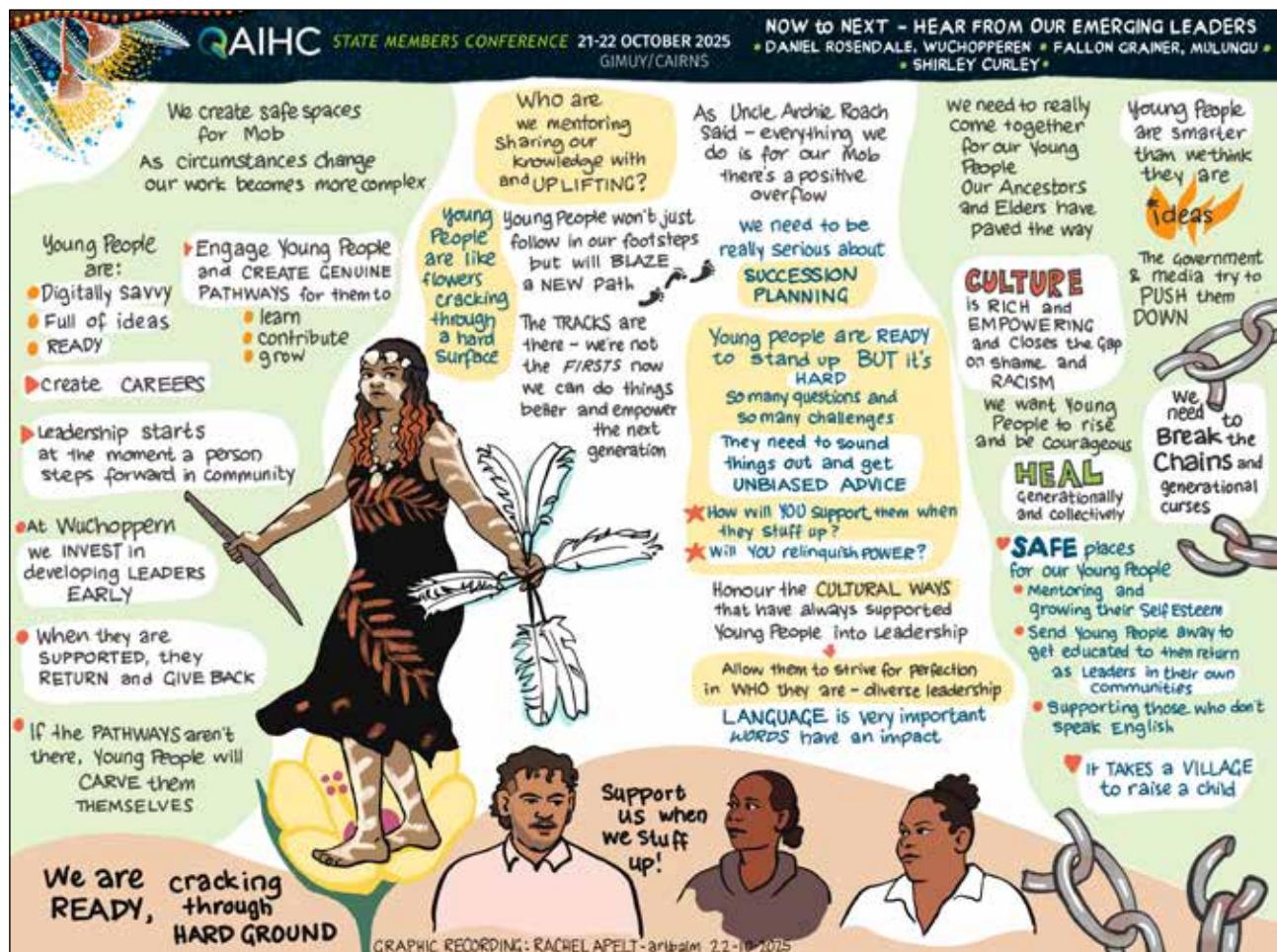
“We can't talk about succession if we're not paying the people we expect to transfer the knowledge.”

This keynote and panel showed Queensland's community-controlled sector already has the ingredients for a future-proof workforce: strong data, a shared strategy, willing RTO partners, and services showing it can be done. Next is doing this collectively so every Member; big, small, remote or urban can tap into the same pathways, the same PD, and the same culturally strong model.



Day Two: Keynote address: Now to Next – Hear from our emerging leaders.

Presenter: Daniel Rosendale, Director Wuchopperen



Daniel Rosendale closed the conference with a message about succession: "Now to Next" wasn't a youth slogan, but the next chapter of community control. He reminded delegates ACCHOs were built by people who had

nothing but conviction, and asked not whether young people are ready, but whether the sector is willing to make room. He pointed to Wuchopperen's story, with former board

members now in CEO and Deputy CEO roles, as proof that when organisations intentionally grow talent early, those leaders return to serve community. Leadership starts the moment someone steps up for mob, not when they get a title. If the sector doesn't build genuine pathways (e.g., boards, management, clinical careers, cultural roles), young people will build their own platforms, not in opposition, but because survival demands it.

"They'll move forward either way, the question is: will we move with them?"



Panel session: Q&A with our emerging leaders

Panellists: Daniel Rosendale; Shirley Curley, Youth Leader and Community Events Officer, Palm Island Community Company (PICC); and Fallon Grainer, Mulungu Board Director.

The panel session that followed turned that challenge into practice. Shirley Curley spoke from lived experience: growing up in Palm Island, working with Palm Island youth, mentoring young people through shame, racism and low expectations, and said plainly:

“Put unity back into community.” Young people are already leading; what they need from the sector is safe workplaces, paid roles for Elders, and leaders who correct without crushing. Floor contributions echoed a common frustration: we talk about succession, but hand over power too late. Panellists said real succession means

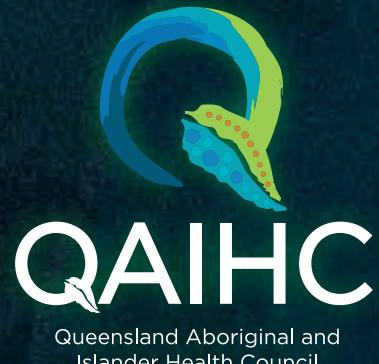
supporting young leaders while in the chair, not after retirement; and recognising them as experts in their own right. There was a shared commitment across generations: keep the cultural line unbroken and make sure the next wave of leaders steps into something better, not the same old structures.



Acknowledgement of Artists

This strategic plan features graphic elements from the artwork, A Journey to QAIHC by contemporary artists Chern'ee and Brooke Sutton who are from The Kalkadoon people (North Western Queensland). Their artwork was created at the QAIHC Statewide Members Conference held in June 2025. For more of their deadly artwork visit www.cherneesutton.com.au.





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