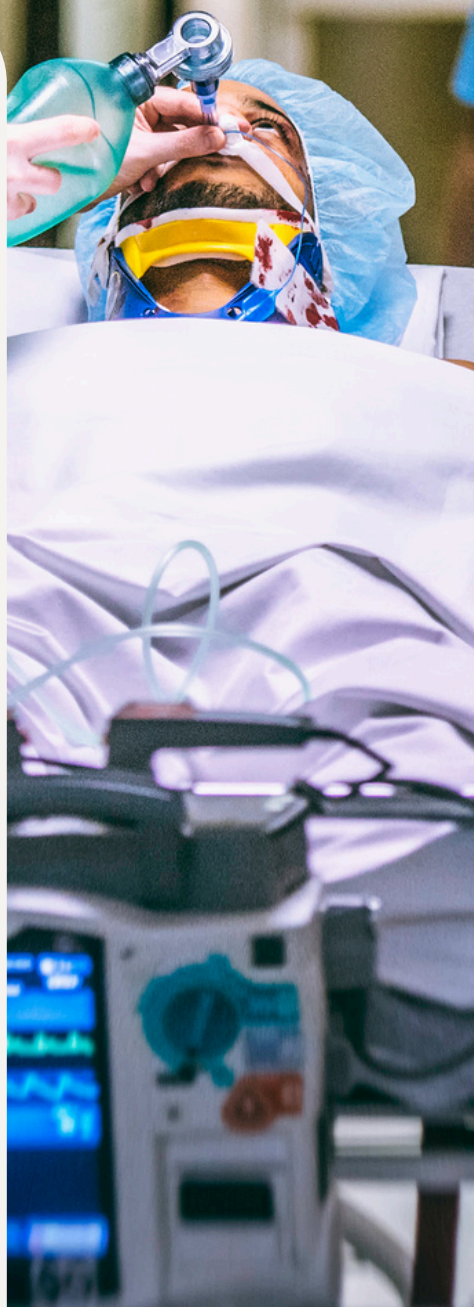
Reforming the Northern Territory health system.

Building a stronger, fairer, and more reliable health system for every Territorian – no matter where they live.



Discussion Paper – August 2026

ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the traditional custodians of the land on which our offices stand and we pay our respects to Elders past, present and emerging.

We acknowledge the sorrow of the Stolen Generations and the impacts of colonisation on Aboriginal and Torres Strait Islander peoples.

We also recognise the resilience, strength and pride of the Aboriginal and Torres Strait Islander communities.

Preface

Our health system is one of the Northern Territory's (NT) most important public services, because every Territorian, no matter where they live, deserves access to the care they need to enjoy a longer, healthier, and more fulfilling life.

Every day, Territorians across 1.3 million square kilometres rely on our 6 hospitals, over 100 health clinics, Aboriginal Community Controlled Health Service (ACCHS), ambulance and aeromedical services, mental health services, allied health services and our essential and highly capable health workforce to get the healthcare they need.

But right now, the Territory's health system is stretched, under-resourced, and failing to meet Territorians' expectations and needs.

In our major centres, the system is struggling with delays in accessing a hospital bed, workforce shortages, and cost barriers. Our ambulance services have reached a critical failure point, with life-threatening calls unanswered and patients waiting hours for urgent care. Our hospital and clinic infrastructure is ageing. Health staff have reported assaults, threats, and violence as a routine part of their working lives.

In remote communities and homelands, Aboriginal Territorians continue to face health outcomes that would be unacceptable anywhere else in the country. Rheumatic heart disease (RHD) and preventable illnesses continue to burden Aboriginal Territorians at high rates, along with the lowest life expectancy of any First Nations population in Australia at 65.6 years for men and 72.6 years for women[1].

Overall, too many Territorians still struggle to access health care when and where they need it. Too many communities are relying on ageing clinics. Too many staff are working under pressure. Too many patients have to travel long distances for care that could be delivered closer to home.

These challenges are too great for the NT to solve on its own; however, the first step is ensuring that we are in a position to articulate a clear, thought-out, evidence-based and costed plan for addressing each of our pressing issues.

This Discussion Paper sets out three distinct areas with one question in mind, that we believe, with your help, could address the Territory's health challenge:

What would it take to build a health system that is fair, reliable, culturally safe, properly staffed, and able to meet Territorians' needs for the next 30 years – not just the next election cycle?

Many other questions also remain open, and we want your input on how to shape the pathway to get it right. Please read this paper and tell us what you think.

Selena Uibo
Leader of the Territory Labor Opposition

Chansey Paech
Shadow Minister for Health

[1] Australian Bureau of Statistics, Aboriginal and Torres Strait Islander life expectancy 2020–2022. abs.gov.au

Starting position

The Territory Labor Opposition believes health services should be delivered close to home, culturally safe and grounded in respect. We believe strong investment in primary care, prevention and early intervention will keep Territorians healthier throughout their life and reduce demand on our hospital system.

We will work in genuine partnership with all levels of government, across agencies and sectors, to address the social determinants of health. We believe Aboriginal voices and organisations are central to every stage of health policy and service design.

We believe in growing a skilled, culturally aware health workforce and backing the Territorians who deliver our health services with fair pay, safe workplaces, and genuine career pathways.

The case for reform

The NT health system has changed significantly over the past 30 years, and it will look vastly different again in another 30 years. The Territory Labor Opposition recognises that health needs and approaches in the NT are always evolving and as such, our health system needs strong forward planning to ensure it is meeting current and future demands.

In the national landscape, the NT has the sickest population, with the burden of disease 1.8 times the national average or 3.9 times for Aboriginal Territorians[2]. Demand for health services, including mental health supports, continues to increase. Those drivers of demand on our health system are also becoming more complex, placing greater pressure on hospitals and clinics.

As a result:

- Elective surgery wait lists across the NT are increasing in all categories.
- Emergency department presentation wait times are getting longer.
- Ambulance Service demand, wait times, and turnaround times are increasing, causing critical failure points.
- Health infrastructure, such as the Gunbalanya Health Clinic, is no longer fit-for-purpose, and hospitals face structural vulnerabilities as they near the end of their lifespans.
- Healthcare staff are leaving the sector due to workload, burnout, and safety concerns.
- Closing the Gap targets relating to health remain off track.

Overall, Territorians are facing increasingly complex health needs, ageing infrastructure, and the unique challenge of providing accessible health services across a vast and dispersed population.

[2] Northern Territory Estimates Committee (Corrected-Transcript-Estimates-Committee-Monday-15-June-2026.pdf)

Significant disadvantage and persistent poor health outcomes remain, compounded by ongoing difficulties in attracting and retaining a skilled workforce.

These issues highlight the urgent need for comprehensive reform to secure a healthier future for all Territorians, rather than short-term fixes.

Paper at a glance

The aim of this discussion paper is to support a considered conversation about the health system Territorians need now and over the next 30 years.

This paper is structured around three areas of the Territory health system:

1. **Health Infrastructure**
2. **Health Workforce**
3. **Health Services**

The areas are inter-connected; genuine health reform and policy must address all of them together.

How to use this paper

Read each section, evaluate the potential directions, and respond to the questions at the end of the paper.

This Discussion Paper does not pretend to have all the answers and is structured following conversations with stakeholders over the past 18-month period.

It is intended to start a serious discussion, seek understanding from the people who know the system best, and to support the development of reform and policy directions, informed by evidence, expertise and lived experience.

1.0 HEALTH INFRASTRUCTURE

Hospitals, clinics, staff housing, equipment, and long-term capital planning.

The challenge

Modern health infrastructure is a key enabler of better health outcomes, but ageing infrastructure across the NT remains a primary challenge for a health system under extreme pressure. This must be addressed to ensure health infrastructure meets operational standards and is fit for purpose for all demographics over the long term.

Our hospitals face increasing demand, workforce shortages, and the complexity of caring for patients who have travelled vast distances to access needed healthcare.

Cyclone Fina in late 2025 exposed the structural vulnerabilities in the Royal Darwin Hospital's (RDH) legacy infrastructure. This has raised pressing questions about whether Darwin requires a new hospital or a comprehensive precinct upgrade. Alice Springs Hospital faces similar issues with ageing infrastructure, while Katherine Hospital, built on a flood-prone site, has been evacuated four times over three decades.

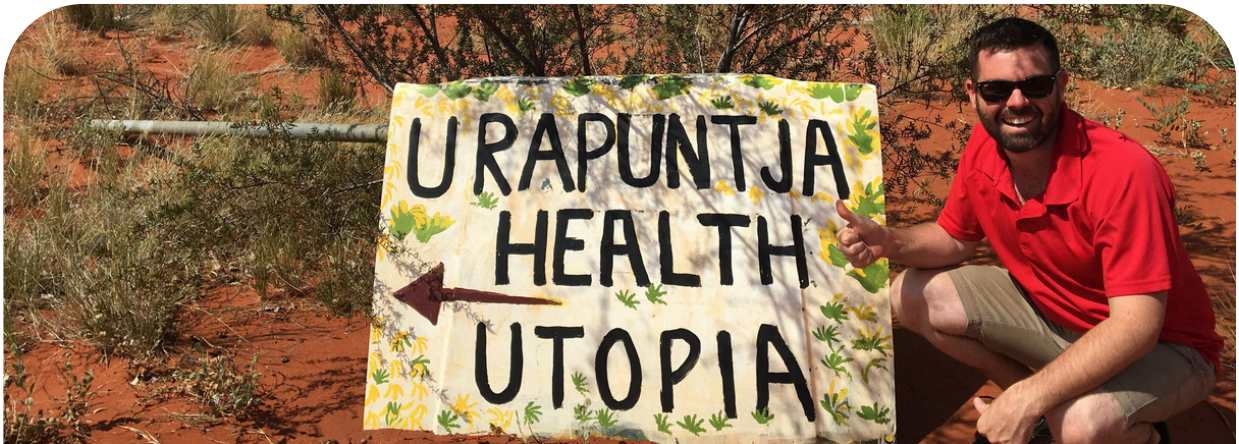
Clinics across the Territory, particularly in remote areas, are expected to operate as the front door to the entire health system, including as emergency response centres, public health and chronic disease hubs, mental health access points and visiting specialist spaces. But currently, some of these facilities are small, ageing, unsafe, poorly maintained, and in some circumstances, not designed for culturally appropriate modern health care delivery.

Many lack sufficient consulting rooms, storage, equipment, telehealth capacity, pharmacy spaces, infection control areas, family waiting areas, or staff safety measures, which impact effective service delivery and better health outcomes for remote Territorians.

Adequate health staff accommodation also needs to be considered as part of health infrastructure moving forward. Staff accommodation has been identified by industry bodies and frontline workers as a key attraction and retention lever. If remote health workers cannot access safe, suitable, and reliable housing, communities cannot retain staff.

The Territory needs digital and diagnostic systems that work for patients and staff across the health system now and into the future.

There are also not enough mental health hospital beds, community mental health services, and youth rehabilitation centres, especially outside Darwin and Alice Springs.



1.1 – A designated 10-year health infrastructure plan

Consider developing a 10-year Territory Health Infrastructure Plan including:

- A comprehensive plan for new or upgraded hospital infrastructure for Darwin, Katherine and Alice Springs. The plan should include options for a new hospital site for Darwin and precinct masterplan, as well as addressing current and future infrastructure needs for Katherine and Alice Springs.
- A clear delivery plan and timeline for the 120-bed residential aged care facility in the Palmerston Regional Health Precinct to ensure it is built as quickly as possible to alleviate pressure on hospital beds.
- A remote clinic upgrade program beginning with an audit of remote clinics to ensure they meet a minimum standard based on community size, need, distance from hospital, emergency risk, chronic disease burden and frequency of visiting services.
- Identified locations for new renal, allied health and rehabilitation infrastructure.
- Identified necessary ambulance and aeromedical infrastructure upgrades.
- Identified communities that require new or upgraded housing for health staff.
- Identified climate change, heat and flooding adaptation and mitigation strategies for future health infrastructure.
- Priority rankings, timeframes, costings and annual reporting on progress.

The NT Department of Treasury and Finance is currently undertaking work to set investment priorities and to guide the future of infrastructure, service delivery, and system capacity across the NT health system.

The Territory Labor Opposition would capitalise on this work to support long-term planning for our future health needs and establish a forward-looking plan for the Territory.

This plan will be developed in collaboration with the Commonwealth and relevant stakeholders and experts. Consultations with ACCHS will be mandatory, with Aboriginal and Community-led design principles applied throughout.

Who this helps –

Every Territorian who uses Territory hospitals; frontline staff working in ageing facilities, communities with clinics that are no longer fit-for-purpose; future generations who will inherit the infrastructure built today.

1.2 – Better digital and diagnostic infrastructure

Consider developing a separate digital and diagnostic infrastructure plan that improves the efficiency, productivity and sustainability of the healthcare system.

Plan to consider:

- Reliable internet and backup communications for every health clinic.
- Telehealth rooms that are private, functional, and culturally safe.
- Diagnostic equipment in regional and remote settings where appropriate.
- Better digital information sharing systems or platforms between hospitals, clinics, ACCHS, GPs and visiting services for patients.
- Digital systems designed with clinicians to reduce workloads and administrative burden, including proper training and support before new systems are rolled out.

Who this helps –

Every Territorian who uses Territory hospitals; people living in remote areas unable to travel, frontline staff working in ageing facilities, communities with clinics that are no longer fit-for-purpose; future generations who will inherit the infrastructure built today.

1.3 – 24/7 Territory remote health coordination centre

Consider establishing a purpose-built, 24/7 Darwin-based Territory Remote Health Coordination Centre staffed by senior clinicians, coordinators and Aboriginal Health Workers.

Responsible for coordinating all health retrievals, remote clinic nurse clinical support, emergency health response and inter-hospital transfers. Integrated with live feeds from all remote clinic electronic health record systems.

Direct 24/7 clinical support line for remote clinic nurses on solo or small-team placements. Retrieval decision support tool for consistent clinical criteria. Quarterly public reporting on retrieval rates and outcomes by community.

Who this helps –

Remote clinic nurses on solo placements currently without adequate real-time clinical backup; patients in remote communities who currently experience unnecessary retrievals or missed retrievals; Territory health budget currently carrying the cost of remote retrieval; paramedics and retrieval specialists needing coordinated dispatch.

1.4 – Territory Mental Health Infrastructure Fund

Consider establishing a Territory Mental Health Infrastructure Fund, specifically for capital investment in mental health beds, crisis stabilisation units and community mental health facilities quarantined from general health operating budgets so it cannot be redirected. Fund additional acute mental health beds across Darwin, Alice Springs, Katherine and Tennant Creek, including dedicated beds for young people aged 15–25 and for adults living with co-occurring mental-ill health and substance use challenges.

Who this helps –

Territorians requiring mental health care who remain in emergency departments for extended periods; young Territorians currently managed in adult wards; people experiencing co-occurring substance use and mental health challenges who currently fall between services; regional Territorians currently without local acute mental health capacity.

1.5 – Youth mental health residential rehabilitation in Darwin and Alice Springs

Consider establishing Youth Mental Health Residential Rehabilitation facilities in Darwin and Alice Springs. These wellness centres would be for young people aged 12–25 experiencing significant mental health difficulties requiring more than outpatient support but not requiring acute hospital admission.

Staffed by psychologists, social workers, youth workers, and Aboriginal mental health workers, with family-inclusive models. Therapeutic programs incorporating culture, country and identity alongside evidence-based psychological therapies.

Who this helps –

Young Territorians aged 12–25 currently managed in adult wards, adult EDs, or not at all; families currently watching young people repeatedly experience mental health crises with no residential therapeutic option available in their region and young Aboriginal Territorians whose mental health needs are not being met by mainstream services.

2.0 HEALTH WORKFORCE

Recruitment, retention, incentives, training, flexible rostering and staff wellbeing.

The challenge

The NT health system cannot function without a strong, well-supported workforce.

The NT health workforce needs to increase by approximately 28% to reflect the burden of disease it serves[3].

High staff turnover and workloads in remote areas creates burnout, and remote health staff on short-term contracts cannot build continuity of care that is essential to good health outcomes.

Overall, it is expensive and disruptive to rely on agency staff, short-term locums and constant turnover.

Our Territory communities need continuity, patients should not have to repeat their story every time a new worker arrives, and staff should not be burnt out because rosters are unsafe or vacancies are left unfilled.

Health staff are also subjected to growing levels of threatening behaviour and assaults in the workplace. According to a recent Australian Nursing and Midwifery Federation Northern Territory member survey, 57% of respondents had experienced violence or aggression in their workplace. This is completely unacceptable and more needs to be done to ensure health staff are protected in the workplace.

Not only is this a critical safety issue, but it is also a significant barrier to attracting and retaining staff.

What is missing is a Territory-level strategy, investment and workforce settings that address the challenges we face.

[3] Medical Journal of Australia, Assessing the adequacy and sustainability of the Northern Territory health workforce, 2024. mja.com.au

2.1 – 10-year Commonwealth-Territory partnership

Consider negotiating a 10-year Territory Health Workforce Compact with the Commonwealth, securing:

1. A jointly funded Territory Health Training Pipeline expanding relevant training providers medical and health professional training capacity, with mandatory rural and remote placements, bonded scholarships providing fully funded training in exchange of between 2 – 5-year Territory service commitments, and a dedicated graduate program matching health graduates to Territory placements.

2. A Territory Workforce Retention Fund providing retention bonuses after 2, 5 and 10 years of service across the NT, including urban, rural and remote areas.

3. Recognition as a national priority jurisdiction for Commonwealth workforce programs.

4. A publicly available Territory Health Workforce Data Dashboard with real-time data on vacancies, turnover and skill gaps.

Who this helps –

Every health worker in the Territory; patients whose care depends on adequate workforce; Territory-based health education programs; the Commonwealth Government seeking to address national rural and remote workforce shortages.

2.2 – Fair pay and conditions for Territory health workers

Work with unions to ensure fair pay and conditions for Territory public sector health workforces including doctors, nurses, midwives and hospital support staff, including protecting penalty rates and safe working conditions.

Look to negotiate a stand-alone Territory Allied Health Enterprise Agreement that addresses job security, workload and retention.

Who this helps –

Allied Health Professionals and experienced professionals currently leaving the Territory; doctors, nurses, midwives bearing unsafe workloads; Territory hospitals and clinics losing skilled workers to interstate.

2.3 – Expanded scope of practice – paramedics, pharmacists and nurses

Consider implementing expanded scope of practice reforms in line with the Commonwealth's National Scope of Practice Review:

- Paramedic community practice roles in remote and regional Territory;
- Pharmacist prescribing for specified conditions;
- Expanded nurse practitioner roles particularly in remote clinics; and
- Enable qualified General Practitioners to assess, diagnose and initiate treatment for Attention-Deficit/Hyperactivity Disorder (ADHD) in accordance with nationally recognised clinical guidelines.

Provide Territory-funded training to support scope expansion where Commonwealth reforms require local implementation.

Who this helps –

Remote communities currently under-served by traditional scope arrangements; pharmacists, nurses and paramedics with capacity to do more; patients currently waiting weeks for specialist appointments that could be managed locally; Territorians with ADHD currently unable to access specialist diagnosis within reasonable timeframes.

2.4 – Reduce health worker administrative burden by 30%

Consider commissioning an independent audit of Territory health worker administrative requirements, with a legislated commitment to reduce non-clinical administrative time by at least 30% within two years.

Further, look at ways to reduce excessive hours for key frontline staff particularly emergency department workers, paramedics and nurses. Look to provide mandatory structured induction for all first-year remote health workers including a 6-month cultural, linguistic and pedagogical foundation program.

Who this helps –

Every Territory health worker currently burdened by compliance requirements that do not improve patient care; senior clinicians whose time is consumed by administration; patients whose care is diluted by administrative workload on staff.

2.5 – Territory Aboriginal health workforce expansion

Consider a major expansion of the Territory's Aboriginal Health workforce by providing additional qualified Aboriginal Health Practitioner positions across remote and regional communities with training pathways through relevant training institutions and with clear career progression. Consider wage supplements for remote community positions.

Who this helps –

Aboriginal Territorians whose health outcomes depend on having someone in community who understands both the clinical and cultural context; the broader Aboriginal workforce for whom health work is a genuine career pathway.

Other reforms for consideration

Health Workforce Guarantee –
The Territory Labor Opposition is giving consideration to establishing a Health Workforce Guarantee that sets minimum staffing expectations across hospitals, regional services and remote clinics for Territorians and health staff.

The guarantee could include:
- Transparent vacancy reporting.
- Safe staffing levels.
- Clear escalation when shifts are understaffed.
- Better development of Aboriginal Health Practitioners.
- Stronger allied health staffing.
- Mental health workforce targets.
- Workforce plans for maternity, renal, emergency, child health and chronic disease.
- Public reporting on progress.

Flexible rostering and safer workloads –
The NT currently relies heavily on agency medical staff to fill shifts and keep our health system running. While this is a short-term solution for operational sustainability, agency staff incur higher hourly rates and is disruptive to team continuity and continuity of care. Consideration could be given to a new rostering model that better meets the needs of health staff across hospitals, rural and remote health services. Flexible rostering should not mean unsafe staffing. It should mean better planning, better retention and safer care.

A new flexible rostering model could include:
- More family-friendly rostering.
- Fatigue management.
- Better relief pools.
- Options for part-time and flexible work.
- Job-sharing.
- Predictable rosters.
- Stronger support for staff returning from leave.
- Safer on-call arrangements.
- Better management of remote solo-worker risks.
- Consultation with unions and staff before changes are made.

Staff safety and wellbeing –
Health workers make an incredibly valuable contribution to our community and deserve to be safe at work. A workforce that is unsafe, unsupported or burnt out cannot provide the care Territorians deserve.

Reforms to better protect the health and welfare of our health workforce could include:
- Greater reporting and response mechanisms with mandatory follow-ups.
- Safer clinic and staff accommodation design.
- “Never-alone” policies for high-risk work.
- Fatigue management plans.
- New orientation models for remote health staff.
- Critical incident debriefs.
- Culturally safe support for Aboriginal staff.

3.0 HEALTH SERVICES

Primary and Preventive Care, Ambulance and Emergency Response, Mental Health and Wellbeing, Aboriginal Health and ACCHOs.

The challenge

The Northern Territory Government needs to be clear about the level of health service every Territorian should be able to expect where they live.

Services will differ between communities, but clear standards should define what is available locally, through outreach, regionally, in our major centres and as a last resort, interstate.

The health system also remains confusing for some Territorians. Some communities can access the healthcare they need with visiting specialists, while others wait too long. Some patients get good care after leaving the hospital, but others miss out. Some Territorians need to travel, and others find the patient help system hard to navigate.

Due to extreme pressures, the current health system is treating sickness through hospitalisations and emergency care rather than focussing on prevention and early intervention. Less than 5%[4] of the health budget goes to prevention, even though the NT has some of Australia's highest rates of long-term diseases.

Shortages of doctors, pharmacists, and other health workers, especially in rural and remote areas, means many Territorians have to travel long distances to access care or use emergency rooms for regular care.

Ambulance services also remain under pressure, and paramedics face more violence at work.

ACCHS deliver culturally safe, high-quality care and serve around half of Aboriginal Territorians, yet continue to face insecure funding and ageing infrastructure. Preventable conditions, including RHD and kidney disease, remain at high levels.

[4] https://parliament.nt.gov.au/__data/assets/pdf_file/0019/1623340/AQON-5-24.pdf

3.1 – A whole-of-government approach

Look to legislate Health in All Policies principles for Territory Government, requiring Cabinet submissions for major policy decisions to include a Health Impact Statement.

Look to establish a Territory Social Determinants of Health Task Force reporting to the Health Minister, with Aboriginal majority representation. Align Health, Housing, Education, Justice, and Community Services portfolios around the shared drivers of health outcomes recognising that every dollar a government invests in housing, schooling, or community safety is also a health investment.

Who this helps –

Every Territorian whose health is shaped by factors outside the health system; the Territory health budget currently absorbing the cost of decisions made elsewhere in government; frontline services currently addressing the symptoms of upstream failure.

3.2 – A Territory preventative health plan and target

Look to increase preventive health expenditure to at least 5% of the total Territory Health budget within eight years.

Develop a 10-year Territory Preventive Health Plan covering childhood immunisation; skin and strep infection control; nutrition and food security; physical activity and sport; substance use prevention; and early childhood developmental health.

Establish Territory Community Health Promotion Officers in the highest-burden communities.

Who this helps –

Every Territorian, particularly children and families in remote communities where preventable disease burden is highest; the Territory health budget bearing the costs of preventable illness; frontline hospital staff.

3.3 – Scabies and skin infection elimination program

Establish a Territory Scabies and Skin Infection Elimination Program, that includes:

- Community-wide mass treatment programs in remote communities;
- Dedicated community skin health workers;
- School-based skin health checks aligned to Rheumatic Heart Disease screening;
- Community-level housing, hygiene and water infrastructure investment coordinated with Remote Housing Program.

Skin infections (particularly Group A Streptococcus) are the direct precursor to Acute Rheumatic Fever preventing them prevents RHD downstream.

Who this helps –

Children in remote communities; the same children whose untreated skin infections lead to Acute Rheumatic Fever and lifelong rheumatic heart disease; families carrying the chronic burden of preventable disease.

3.4 – Territory health hubs

Look to establish three Health Hubs over four years in either a major regional centre (e.g. Katherine) or larger remote community (e.g. Yuendumu) whereby surrounding smaller communities can access services.

Each Hub to provide: visiting specialist clinics (cardiology, nephrology, ophthalmology, paediatrics) on weekly or fortnightly rotation using a hub-and-spoke model with Darwin and Alice Springs; renal dialysis capacity to end the weekly travel to Darwin for Katherine and Tennant Creek dialysis patients; antenatal and postnatal care including midwife-led care for low-risk pregnancies; allied health most days per week; Aboriginal Health Worker-led chronic disease management.

Each Hub co-located with the regional ACCHS where possible.

Who this helps –

Regional and remote Territorians currently travelling to Darwin or Alice Springs for non-emergency specialist care; renal patients currently travelling 3x weekly for dialysis; women in regional NT currently without local birthing options. Overall improving access to care closer to home, reducing travel pressures on families, and strengthen the overall system.

3.5 – Territory virtual emergency department and hospital in the home

Consider establishing a Territory Virtual Health Service: a dedicated Darwin-based telehealth hub staffed 24/7 by emergency physicians, providing real-time video consultation support to remote clinic nurses; a Territory Hospital in the Home program for clinically stable patients discharged from RDH and Alice Springs Hospital, with visiting nursing teams and daily telehealth check-ins; partnership with NBN Co and mobile carriers to prioritise remote community connectivity upgrades (telehealth requires reliable internet); and Aboriginal Health Worker integration on all remote telehealth consultations.

Who this helps –

Remote patients currently requiring costly retrievals; clinically stable patients currently occupying acute hospital beds; remote clinic nurses seeking real-time specialist backup; communities with inadequate telehealth connectivity.

3.6 – Strengthen Aboriginal Community-Controlled Health Services across the Territory

Consider an increase in Territory Government funding for ACCHS and providing long-term funding certainty through multi-year service agreements.

Look to establish a Territory ACCHS Sector Development Program specifically for workforce training, infrastructure upgrades, and governance strengthening.

Legislate that all Territory Health programs targeting Aboriginal communities develop a co-design and partnership protocol with the relevant ACCHS before program delivery.

Advocate to the Commonwealth for a Territory-specific ACCHS funding allocation under the national primary health care agreement. Establish a joint Territory Government – ACCHS sector Health Council with formal decision-making role in health system planning.

Who this helps –

ACCHS serving Aboriginal Territorians; Aboriginal Territorians currently receiving care; the ACCHS workforce; Territory health outcomes.

3.7 – Fix hospital flow

Look to resource additional inpatient beds at RDH (general medical, mental health, aged care step-down) and additional beds at Alice Springs Hospital (general medical, mental health). Establish dedicated Territory Discharge Planning Teams at both hospitals with social workers, community health coordinators, and ACCHS liaison officers embedded in ward teams.

Look to resource step-down rehabilitation beds in Darwin and in Alice Springs. Introduce a public Territory Hospital Flow Dashboard reporting daily ED wait times, access block hours, ambulance ramping minutes, and length of stay at RDH and Alice Springs Hospital.
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Who this helps –

Emergency department patients currently waiting hours to be seen; ambulances ramped outside RDH; hospital staff working in the crisis; patients who should be in aged care or rehabilitation units but are stranded in acute beds.

3.8 – Bring Ambulance Services back under Territory Health

Transition ambulance services in the Territory back under Territory Health utilising previous reviews as the basis for a new operational structure.

Provide direct funding line-of-sight, integrated asset planning, unified workforce management, and direct accountability to the Health Minister. Protect and honour existing workforce agreements and conditions. Engage paramedics, unions, and current providers in the extensive consultation surrounding potential transition and explore all options that allows for current providers to remain operating within the NT.

Who this helps –

Territorians using the emergency response system; paramedics currently working in an under-resourced system; Territory health workforce who may need a more integrated emergency response to plan the rest of the system; the Health Minister who must be accountable for ambulance performance.

3.9 – Territory Aboriginal health compact

Look to establish a formal Territory Aboriginal Health Planning Compact between the Territory Government, Land Councils, ACCHS, and relevant Peak Bodies. The Compact to set joint priorities, agreed outcomes, and accountability mechanisms with Aboriginal partners having formal decision-making (not just consultative) roles.

Integrate with Closing the Gap target reporting and provide binding Territory Government commitments to the Aboriginal health agenda that cannot be unwound by future governments without the consent of Aboriginal partners.

Who this helps –

Aboriginal Territorians whose health outcomes depend on decisions made by non-Aboriginal governments; Land Councils, and ACCHS without formal health planning authority; future Aboriginal health initiatives needing protection from political cycle.

3.10 – Universal Fetal Alcohol Spectrum Disorder and development screening

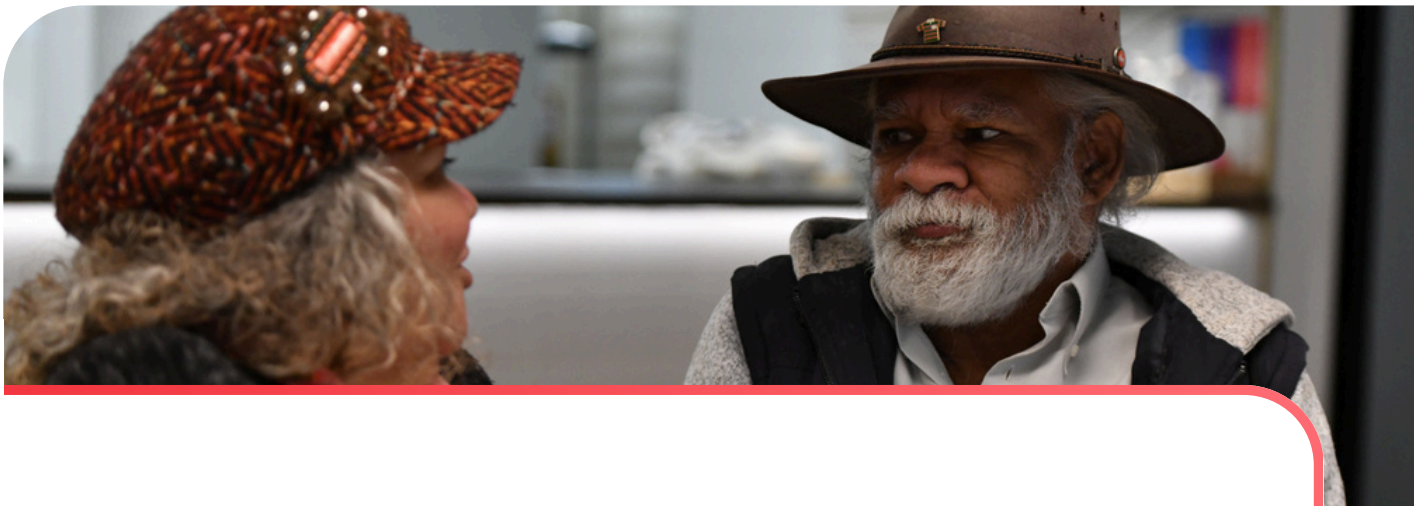
Negotiate with the Commonwealth to provide fully subsidised diagnostic referrals for young people who may have FASD or other cognitive and neurological conditions requiring early intervention.

Implement universal early childhood developmental screening from birth to age 5, aligned with the Aboriginal Early Years Strategy and Families as First Teachers. Look to establish coordinated specialist assessment capacity in Darwin, Alice Springs and regional centres.

Integrate with Territory Health inclusive education supports and the Territory's child protection system.

Who this helps –

Territory children with undiagnosed cognitive, behavioural and neurological conditions; families currently waiting years for assessment; children currently entering youth justice because their needs were never identified; schools currently supporting children without the clinical context they need.



Other reforms for consideration

A Territory Health Service Guarantee –

Consider a Territory Health Service Guarantee that sets minimum level of service Territorians should expect depending on where they live for remote clinics, regional hospital and major hospitals.

Care closer to home –

Consider pathways that reduce unnecessary travel by expanding services closer to home where safe and practical. Care closer to home is not only about convenience. It keeps families together, reduces stress, supports cultural obligations, reduces travel costs and can improve health outcomes.

This could include:

- More regular specialist outreach
- Regional allied health hubs
- Better telehealth with proper local support
- More renal services closer to community
- Mobile diagnostic services
- Visiting dental, hearing and eye health teams
- Stronger chronic disease programs
- More local rehabilitation
- More local mental health support
- Better maternity outreach
- Stronger child development services.

Strengthen allied health services –

Allied health is essential, not optional. A stronger allied health system would help people stay well, recover earlier, avoid hospital admissions and live more independently.

Consideration could be given to better incorporating allied health into hospital care, remote care, disability support, aged care, child development, chronic disease management and rehabilitation.

Mental health, alcohol and other drugs services –

Consider how mental health, social and emotional wellbeing, alcohol and other drug services need to be better integrated into the health system.

This could include:

- More community-based mental health care
- More step-up and step-down services
- Culturally safe social and emotional wellbeing services
- Better child and adolescent mental health support
- More alcohol and other drug treatment options
- More support for families
- Better links between hospitals, police, housing, child protection and community services
- Specialist mental health beds and safe spaces where needed.

Guiding questions

1. What would make the biggest difference to health care in your community or region?
2. What are your top three health reforms or policy ideas that the Territory Labor Opposition should consider?
3. What do you consider are the highest priority health infrastructure issues that need to be addressed?
4. What do you consider are the highest priority health workforce issues that need to be addressed?
5. What do you consider are the highest priority health service issues that need to be addressed?
6. What are the biggest infrastructure challenges facing the NT health system over the next 10, 20 and 30 years?
7. How can we improve access to healthcare closer to home for people living in regional and remote communities?
8. What are the biggest challenges attracting, training and retaining health workers in the NT?
9. What reforms would make the Territory a more attractive place for health professionals to build long-term careers?
10. What health services should every Territorian be able to access close to home, regardless of where they live?
11. What are the biggest gaps in health services in your community, and how should they be addressed?
12. How can we improve access to primary care, mental health, ambulance services, allied health and specialist care across the Territory?
13. How can we better support Aboriginal-led, culturally safe health care and improve health outcomes for Aboriginal Territorians?
14. How should the Territory Labor Opposition determine which health infrastructure, workforce and service reforms should be prioritised first?
15. Is there anything else Territory Labor Opposition should consider as part of its long-term plan to reform the Northern Territory health system?

Conclusion

The NT health system needs long-term reform.

This means:

1. Investing in hospitals, remote clinics, staff housing, digital systems and equipment.

2. Growing, valuing and retaining our health workforce.

3. Ensuring Territorians can access more care closer to home by listening to communities and health workers who know where the system is failing and what needs to change.

A stronger health system will not be built by short-term fixes alone. It will require planning, investment, transparency and genuine partnership.

The Territory Labor Opposition welcomes your input on this paper that will help to inform policy development towards a stronger, fairer, safer health system.

The goal should be simple:

A health system that is fair, culturally safe, properly staffed, properly funded, and able to deliver care for every Territorian – no matter where they live.

You can provide your feedback by emailing your submission to **Opposition.Leader@nt.gov.au**, or visiting **www.selenauibo.com/dp-health**