

CAPE AND TORRES HEALTH COMMISSIONING

www.cathc.org.au

Strategic Plan

2025 - 2030



Secretariat@cathc.org.au

We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional and Cultural Custodians of the lands and waters on which we live and work to improve healthcare for the entire population with the CaTHC region. In particular, we respectfully acknowledge the Traditional Owners and Custodians of Country through the Torres Strait, Northern Peninsula and Cape York regions and recognise their continuing connection to the lands, waters, winds, cultures and community.

We pay our respects to the people, the cultures and the Elders past and present.

The Board and Executive of CaTHC are pleased to present this first Strategic Plan for community-led commissioning in the Cape York, Northern Peninsula Area and Torres Strait regions.



Chairperson Aileen Addo



Deputy Chairperson Flora Warrior



Director Patricia Yusia



Director Ned David



Director Bruce Gibson



Director Falen Passi

Vast & beautiful land and sea

The CaTHC region spans a vast and beautiful geographical area, covering approximately 130,238 square kilometres in the Far North of Queensland. Stretching across Cape York, the Northern Peninsula Area and the Torres Strait Islands, the region is home to ancient rainforests, rugged ranges, sweeping savannahs and pristine coastlines with vibrant marine ecosystems.

The region encompasses 13 Local Government Areas, and is home to an estimated 26,000 people, including more than 17,000 Aboriginal and Torres Strait Islander peoples. Ten of the 13 LGAs have Aboriginal and Torres Strait Islander populations greater than 80%. The majority of people (81.6%) live in areas classified as Very Remote Australia, while the remaining 18.4% reside in Remote Australia.

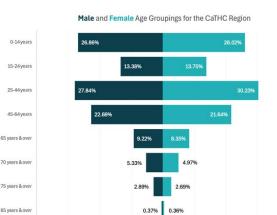
The region is a place of deep cultural significance where Aboriginal and Torres Strait Islander peoples have lived for tens of thousands of years, maintaining their connections to Country, culture and kin.

LGA	Estimate of Aboriginal & Torres Strait Islander population	Estimate of Total population	Proportion of population identifying as Aboriginal & Torres Strait Islander
Aurukun	1,047	1,154	90.73%
Cook	1,285	4,761	26.99%
Hopevale	940	1,026	91.62%
Kowanyama	1,019	1,147	88.84%
Lockhart River	567	673	84.25%
Mapoon	401	465	86.24%
Napranum	867	924	93.83%
NPA	2,609	2,908	89.72%
Pormpuraaw	522	644	81.06%
Torres	2,661	3,502	75.99%
Torres Strait Island	4,118	4,286	96.08%
Weipa	1,026	4,251	24.14%
Wujal Wujal	271	293	92.49%
CaTHC region	17,333	26,034	66.58%
Queensland	273,119	5,460,420	5.00%
Australia	983,709	26,648,878	3.69%

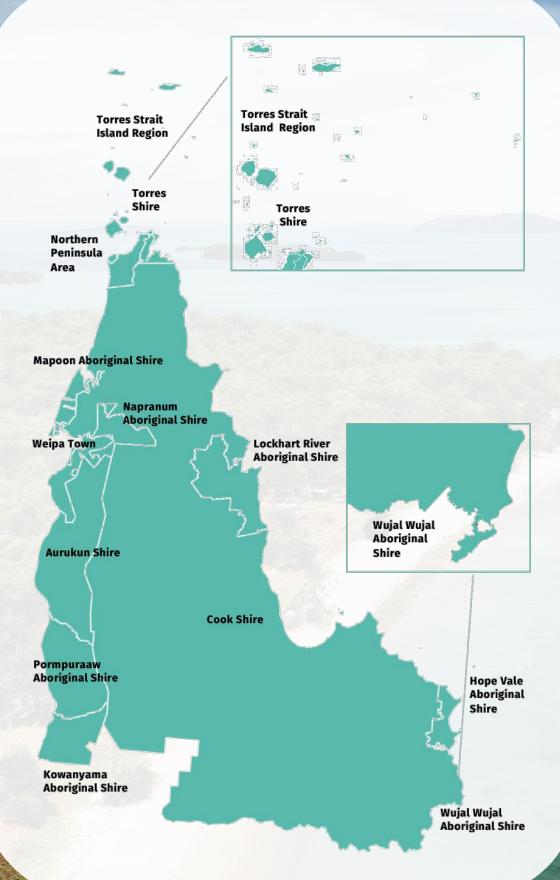
The population in the region is very young compared with the rest of Queensland, with more than one quarter of the population aged 0-14 years, and 70% of the population under 44 years. The median age is 29 years. The priviledge of ageing well is not experienced by many, with the median age at death just 62 years, close to 20 years earlier than the rest of Queensland.

The region presents complex health, social, political, economic, and environmental challenges for its residents. Its vast geography – coupled with challenging weather conditions, poor housing, inadequate infrastructure and limited economic opportunities – creates significant barriers to accessing health services. These challenges affect people needing to access services, their families, communities, health funders, policymakers, and service providers alike.

Despite these challenges, the communities of the CaTHC region are strong, resilient, and deeply



connected to their land, culture, and traditions. There is a profound sense of pride in our rich histories and a collective determination to drive meaningful change. Community members welcome the opportunity to improve our own health and wellbeing and are eager to work collaboratively toward solutions that reflect the strengths, values and aspirations of the people of these beautiful lands and waters.



Aerial view of coastline and river systems, Cape York.



Our vision is to have **healthy**, **self-reliant communities in Cape York, the Northern Peninsula Area and Torres Strait Islands**.

> Our mission is to **plan and fund local health services, based** on community aspirations and provider capabilities.

Our goals are to:

- Achieve measurable improvements in health outcome indicators of importance to the Indigenous and non-Indigenous populations of Cape York, NPA and the Torres Strait Islands;
- 2. Stimulate greater participation in **self-care**, illness prevention and disease management;
- Establish world-class place-based planning, led by community members and involving all local health service providers in the 33 communities of the Cape, NPA and Torres regions;
- Ensure sufficient resources are equitably available across Cape York, NPA and Torres Strait communities, taking into consideration changing demographics and environmental impacts;
- 5. Exemplify community-control, trustworthiness, accountability and efficiency in every aspect of our operations;
- 6. Attract **investment beyond government health funding** to address social determinants identified through community-led planning; and
- 7. Grow a **fit-for-purpose local workforce** to promote a more sustainable health care system for the future.



Our five-year Plan

Conception | 2021 – May 2024

In 2021, following ongoing pleas from communities for more local control over the health services that are funded in the Torres and Cape regions, a group was created to bring community leaders together with representatives from State and Commonwealth governments, to explore options to improve health outcomes of local communities. This group formed the inaugural Torres and Cape Healthcare Commissioning (TORCH) Project Steering Committee.

In 2021-2023 the TORCH Project Steering Committee started to work with community leaders across the Torres Strait, Northern Peninsula Area and Cape regions to plan how TORCH could work.

In May 2024, local community leaders established an independent, community-controlled regional commissioning organisation – now known as Cape and Torres Health Commissioning or CaTHC.

Establishment | May 2024 – Apr 2025

With a Board of Directors elected, and the inaugural CEO in place, CaTHC has established its core functions as a community controlled commissioner of health services. Critical corporate services are in place and working towards building community capacity to effectively contribute to placebased planning processes.

Place-based Planning| 2026 – 2027

The local champions in each community will help to guide and support development of community-led, place-based plans that outline the health needs and aspirations of each community. Service providers will be fully integrated into all planning discussions.

Community Capacity | Apr 2025 – 2026

During 2025/2026, CaTHC will work with local communities in

the region - building their capacity to participate meaningfully

in local health services planning. A key focus of this work will be

face-to-face visits with all 33 distinct communities across the Cape York, Northern Peninsula Area and Torres Strait regions. CaTHC will engage local champions in each community to support this work. They will design and embed processes to build capacity for self determination.

Service providers will submit proposals in response to the community-led, place-based plans.

Communities will preference the services and activities they believe will serve them best.

The community-led, place-based plans, together with the community-approved provider activities, will inform a Unified Health Services Investment Plan (UHSIP)

Partnered Commissioning | 2027 Onward

Queensland Health (QH) and Australian Government Department of Health and Aged Care (DoHAC) to continue to hold funds and issue contracts to providers, but to commence the process of aligning those contracts to the **UHSIP**; The contracts will stipulate the services and activities that will address the

needs and aspirations identified in the 33 community-led place-based plans – will collectively combine to the UHSIP.

CaTHC will monitor and measure the impact of these services, in accordance with outcome measures and processes determined by local communities.

By 2030, a decision to be made regarding whether there is further value to be gained from full devolution of funds and novation of providers' contracts to CaTHC or whether continued refinement of partnered commissioning is a better way forward.

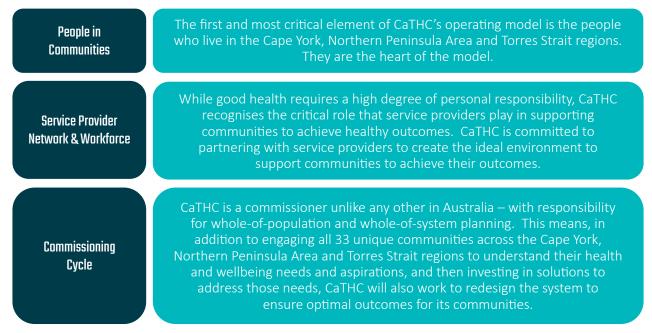
When Governments align their funding to a locally-produced, community-led Unified Health Services Jovestment Plan, then arguably, the original goal of CaTHC may be sufficiently achieved to enable local self-determination without building duplicative or additional contract management and procurement infrastructure. This way, maximum resources can be dedicated to community capacity building and community-based service delivery – rather than building additional administrative functions within CaTHC.

Our Operating Model



CaTHC has committed to a clear and effective operating model which will guide our work.

The model has three core components:



Partnered Commissioning

