



Central Australian Aboriginal Congress

ABORIGINAL CORPORATION | ICN 7823



BOARD COMMUNIQUÉ

ISSUE 14, June 2015

Board Meeting Wrap

The following topics were discussed at the last Congress Board of Directors Meeting held **18 June 2015**:

- Congress Membership Drive and Engagement
- Alice Springs Alcohol Management Plan
- Empowered Communities Project
- Congress Business Plan 2015-2016
- Assets Management and Compliance Register
- Congress Childcare Assessment
- After Hours Youth Service
- Funding for Congress Programs
- Subcontracting the Ntaria and Wallace Rockhole Health Services
- ICE Community Consultation
- Male Health Subcommittee Update
- Acquisition of Dental Bus
- Main Clinic Service Chronic Disease Management Review
- Royal Commission into Institutional Responses to Child Abuse
- Remote Health Services Advisory Group Meeting
- Workforce Engagement and Development Plan
- Developments across Congress Clinics

The next Board Meeting will be held **Thursday 13 August 2015**.

Congress Membership Drive and Engagement

In recognition of the importance of the role of the Congress membership in the effective governance of the corporation, Congress has developed a strategy to increase the Congress membership.

This plan is guided by feedback provided by corporation members, community members and staff during stakeholder consultations which occurred during the development of the Strategic Plan in 2014, and at the Annual General Meeting in November 2014.

The plan addresses the various communication barriers including technology constraints, language barriers, literacy limitations and socio-economic circumstances faced by prospective members, by employing a diverse range of platforms for engaging with the target audience to ensure effective reach of key messages.

Prospective members are being encouraged by advising them that through being a member they have the opportunity to:

- Have a say
- Get to Vote
- Ensure your voice will be heard and;
- Shape services and programs out bush and in town

This plan suggests targets for increasing the membership based on a snapshot of the population of Aboriginal people living within the communities in which Congress provides health services.

Further to this, Congress has developed a separate plan to increase engagement with existing members by creating a framework to support a renewed interest in Congress and its work as well as the role of the membership, as playing a vital role in efforts to achieve improved health outcomes for Aboriginal people in Central Australia and beyond.

The implementation of both plans will be supported and enhanced through the establishment of a new Aboriginal identified position and recruitment will commence in the near future.

Alice Springs Alcohol Management Plan

The Alice Springs Alcohol Reference Panel (ARP) has submitted its Alice Springs Alcohol Management Plan (AMP) draft to relevant NT Government departments for review before submission to the Minister for final approval.

The AMP is based on principles of harm minimisation and acknowledges that alcohol is a drug that everyone has to live with, whether they are consumers or not, but that those who do consume alcohol they need to do so in a safe way.

The plan is a compromise considering the diversity of stakeholders on the ARP, which includes representatives from the Liquor Industry. In spite of this, the Temporary Beat Location (TBL) strategy has become the cornerstone of proposed supply reduction measures due to broad support for TBLs in the broader community.

The plan is clear that TBLs should not be removed until they are replaced by photo ID screening at point of sale achieving the same approach as TBLs; however, it is clear that this is the preferred option. The all-inclusive photo ID screening at point of sale system would enable a ban on take-away alcohol for people living on alcohol prohibited land, as well as a total alcohol ban on offenders.

The Congress board has indicated its support for applying the same TBL standards across remote Central Australia, including Ti Tree, Aileron and Tilmouth Well, and has asked Congress representative on the panel, Dr John Boffa, to provide this feedback to the ARP which was done at the recent meeting.

The plan also considers related issues pertaining to early childhood, the provision of youth services, alcohol treatment and community education.

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The plan advocates for significant commitment to data capture, monitoring alcohol consumption and harm as well as evaluation, and the role of the ARP in this process.

At this stage, the plan does not include reference to a floor price on alcohol. Congress will continue to advocate for recognition of the role of price in regulating alcohol sales and consumption.

The AMP is comprised of a wide range of sector and organisation representative including Lhere Artepe, AOD services, the Chamber of Commerce, Tourism Industry, Women's Shelter, Liquor Licensees, Supermarkets (Woolworth's local and National Office) and the Alice Springs Liquor Accord. The meetings are chaired by Damien Ryan representing the Alice Springs Town Council.

Following the Ministers review, the AMP will be subject to a four week public consultation period.

Empowered Communities Project

In August 2014, Congress, CLC, Tangentyere and other Aboriginal organisations in Alice Springs, were invited to participate in a workshop led by NPY Women's Council to consider strategies for empowering Aboriginal people and their communities to play a key role in decision making about programs, services and community development issues, to inform the Empowered Communities (EC) project.

As a result of planning, the initial priorities to form the basis of the project agenda are concerned with addressing the broader social determinants of health which have not been well addressed by previous administrative arrangements in Aboriginal Affairs.

The EC model gives preference to Aboriginal community controlled organisations as an expression of self-determination and a form of "direct democracy" rather than to the notion that an electoral process is needed to create structures for self-determination, as was supported by the former ATSIC Regional Councils model.

The Congress board supports Congress' continued participation in the planning stages of the project in order to contribute its experience to influence the direction and final proposal for the EC agenda without agreeing to formally "opt in" yet.

To view a copy of the report visit empoweredcommunities.org.au.

Congress Business Plan 2015-16

Following the completion of the Strategic Plan for 2015 – 2018, Congress has reworked its business plan to report against the five strategic objectives and corresponding strategic actions in the Strategic Plan.

Additional Performance Indicators (PIs) have now been included so that there is a PI against all activities in the plan.

The Business Plan will be reported on, on a six monthly basis, and can be accessed via the Congress website at www.caac.org.au.

General Manager Business Services

Recruitment to the General Manager Business Services position is currently underway, to reflect the broader nature of the role the name has been changed from 'Finance' to 'Business Services' while retaining the same requirement for high level finance qualifications and experience.

It is anticipated that a successful outcome of the recruitment process will be announced at the next Board Meeting.

Assets Management and Compliance Register

Congress is currently updating its assets and compliance registers.

The assets register will be set up in the new *Riskman* program and will be fully electronic. This will be completed in the near future.

A compliance register will also be established in *Riskman* and will then include automated electronic reminders to appropriate managers when there is a need to action funding contracts, reports etc.

Congress Childcare Assessment

An assessment has been undertaken of the Congress Childcare in order to identify current levels of risk in response to staffing challenges, in order to provide risk mitigation recommendations and assess the residual risk after the implementation of mitigation strategies.

A risk mitigation plan has been agreed to and is currently being documented and implemented. There will be a need to provide additional resources to the Childcare Centre during a short term shortage as part of this plan through the use of casual, relief staff.

The plan presents an opportunity to obtain accreditation and access CCB funding in addition to the current grant funding, once staffing levels have normalised.



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Congress Program Funding Futures

Safe and Sober Support Program

The NT DoH have given a verbal commitment to provide funding for Congress' Safe and Sober Support program, from the Alice Springs After Care funds, and we are awaiting a decision from PM&C to allow the allocation of four positions from the Remote NT AOD program.

There has been a delay in securing contracts for these funds due to processes around the new electronic Grants Management System with the NT DoH as well as PM&C processes however Congress expects that these commitments will be honoured. In addition to this, further recurrent funding will be provided from the IAS funding round.

While the expected funding is less than the previous funding level obtained during the time that the funds were "quarantined" for Alice Springs under the former Alice Springs Transformation Plan, Congress is confident it can provide an effective service if the funding is adequate for the required minimum staffing.

At this stage there remains a shortfall, however, with support from Senator Nigel Scullion, Congress has re-submitted to IAS funding in an effort to attract a further \$500 000 per year over three years. This submission is currently being assessed and following the board meeting has been approved for 12 months only.

The Alice Springs After Hours General Practice Service

At this stage the Primary Health Network has not been able to secure any funding for next year even though there has been a continuation of some grant funding in the national After Hours program as well as additional funds into a new After Hours Practice Incentive Program.

Congress is preparing for the possibility that it may need to fully subsidize the cost of this service for the first three months of the new financial year, to allow more time to secure ongoing funding. Since the board meeting Congress has received a three month extension of funding from the HNNT (previously NTML) so there is no need to try to subsidise the service.

The Tobacco Action and Healthy Lifestyle Program

Congress has been advised that funding for this health promotion program will be extended for the first six months of the new financial year to allow time for Congress and other current providers, to submit a direct tender for the continuation of the current service.

Congress is seeking an exemption from a freeze on the program, to allow it to recruit staff to the program for this period of time while awaiting the outcome of the tender process, following a loss of former program staff due to funding uncertainty.

After Hours Youth Service

Negotiations for the new after-hours youth service to be delivered in partnership by Congress and the Alice Springs Town Council (ASTC), funded by the NT government, are in their final stages.

At this stage it has been decided that the foot patrol should run continually through the CBD, and that it should be supported by transport.

ASTC rangers will be paired with Congress youth workers at all times in order to build trust with young people.

Plans for the youth drop-in centre are still in discussion.

Subcontracting the Ntaria and Wallace Rockhole Health Services

As part of an overall concerted effort to improve service delivery in the Ntaria and Wallace Rockhole areas, Congress has negotiated with, and obtained approval from the Commonwealth Government to subcontract the Ntaria and Wallace Rockhole clinical services to the NT Department of Health (DoH) through the Central Australian Health Service, local hospital network.

All parties have agreed to an ongoing commitment to support the development of Aboriginal community control in this region while recognising the need for a single provider to be established now in the interests of client safety and improved service provision.

If the negotiations are successful, this arrangement is expected to be in place for a 12 month period from July 1 2015, with allowance for a transition period. It will be reviewed by the three parties after nine months to determine the arrangement for 2016/17.

Congress will continue to deliver a revised New Directions Maternal and Child Health Program, AOD Program, Regional Eye Health and Trachoma Program, the Allied health service and Healthy Lifestyle and Tobacco Cessation Program to the community, based in Alice Springs, but working closely with the clinic.

Update: Since the board meeting there have been a number of meetings with the WAHAC board and ongoing discussion between WAHAC and Congress and it has been agreed by all parties that the Ntaria and Wallace Rockhole clinics transfer to community control in partnership with Congress.

This will be done in an arrangement where Congress becomes the single service provider under the strategic direction of the WAHAC board. This means that the proposal that was discussed at the board meeting to subcontract the service to the NT DoH is no longer going ahead.

This is a welcome development as the goal was always to achieve a single service provider and the community have now made it very clear that they want this to be done through a community controlled service and not the NT DoH.

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ICE Community Consultation

Congress attended a community forum on ICE use, held by Assistant Minister for Health, the Hon Fiona Nash, as part of a series of forums around Australia.

The key messages promoted by Congress and other providers present included:

- There is a need to focus on strengthening existing AOD treatment services to ensure access to medical care, psychological treatment and social and cultural support, and not on creating a separate, stand-alone service system for ICE users. This is based on the rationale that addiction, regardless of drug, works through similar biological, psychological and socio-cultural mechanisms, and therefore, the service model is the same for all addictions.
- At this stage there is no reliable data to suggest whether ICE use is prevalent in the community or whether it is an isolated problem. As such, it was agreed that data capture is an area for improvement.
- Alcohol abuse is much more prevalent than ICE use, as a problem in town, with evidence provided by Emergency Services reporting one call per week for ICE related issues compared to multiple calls per day for issues related to alcohol use.
- There is a need to better educate the community and health professionals about ICE, especially in relation to the signs that someone is using the drug.
- Early Childhood is key to primary prevention of all forms of addiction and there needs to be more programs in this critical period including Abecedarian Educational Day care.

Other findings from the forum included reports from the Alice Springs Hospital indicating that of the small number of clients seen for ICE addiction, there has been the same number of Aboriginal and non-Aboriginal clients present. Given the reality that there are twice as many non-Aboriginal people living in Alice Springs this suggests a much higher usage rate amongst the non-Aboriginal population of Alice Springs.

It was also reported that most clients professing to 'ICE' use, had experienced addiction to cannabis in the first instance.

Main Clinic Service Chronic Disease Management Review

A planning process has commenced to redesign the way in which the Congress Main Clinic service manages patients with chronic diseases, with the aim to improve health outcomes for chronic disease patients.

As part of evaluation processes, the Urban Institute of Indigenous Health from Brisbane has shared a model adopted across ten Aboriginal health services in South East Queensland, as a viable model for Congress.

Congress has established a working group which will hold regular meetings to further develop a reformed service model. A proposal will be presented to the board following further research and detailed planning.

Male Health Subcommittee Update

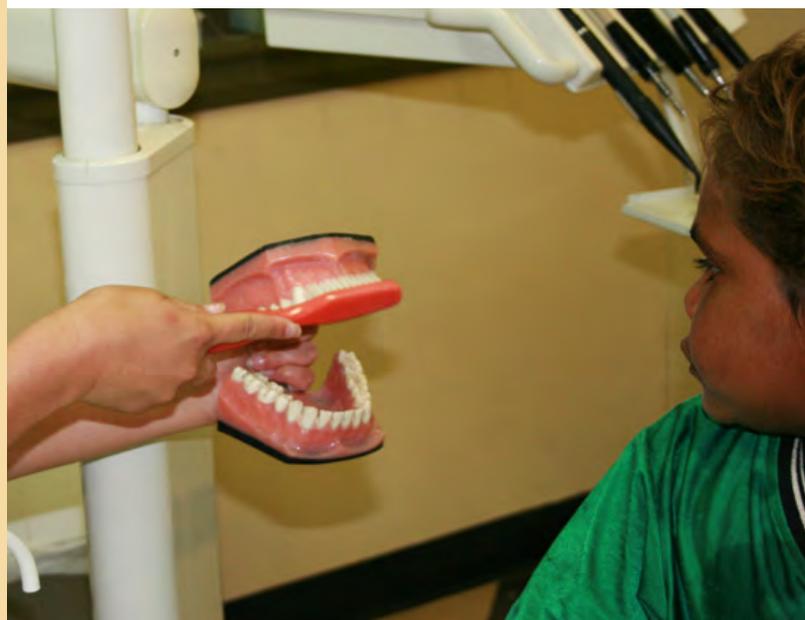
The first meeting of the male health subcommittee was held just prior to the board meeting.

The meeting finalised the draft Terms of Reference for the group, for final review by the board.

Acquisition of Dental Bus

Congress has now acquired a fully equipped mobile dental bus with X-Ray facilities and is in the process of recruiting a second dentist.

These developments will enable provision of a comprehensive dental service at each remote Congress location.



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The Royal Commission into Institutional Responses to Child Abuse

Congress has been summoned to appear before the Royal Commission in Sydney to give evidence in a special public hearing to capture expert opinion from specially selected organisations from around Australia.

This has provided Congress with an opportunity to discuss key issues regarding primary and secondary prevention, including Early Childhood and Family Support Services as well as issues with Child Protection services and out of home care arrangements.

Evidence given will be informed by the workshop with the Directors on the evaluation of the Intensive Family Support Service which will occur the day prior to the board meeting. Given the level of this invitation the CEO will attend the hearing supported by the Chief Medical Officer Public Health.

Remote Health Services Advisory Group Meeting

Directors from Congress Regional Health Services Boards attended a two day Remote Health Service Advisory Group meeting in Alice Springs in June to discuss issues pertaining to the governance of remote clinics.

The meeting was found to be a productive meeting, with several conclusions drawn for follow up, including the following:

1. There is a need to use local Aboriginal people in cultural awareness training for GP registrars.
2. There is a need to include Titjikala and Finke in the regionalisation process.
3. There is a need to prioritise permanent locum nurses rather than RAHC or other short term locum nurses.
4. There is a need to ascertain why AHPs are leaving including exit interviews.
5. There is a need to provide governance training for boards.
6. Congress will continue to oppose competitive tendering, as posing a threat to community controlled organisations.

Other major outcomes of the meeting included a proposed model for the future governance of Congress which would allow for the continuation of all of the existing boards, including Alice Springs but would add the creation of one new board for all the services, which would include delegates from the existing boards. This model requires further work.

Furthermore, it was agreed that Congress should implement a single management structure for all remote services under an integrated Health Services Division, and evaluate the outcomes using the existing clinic performance indicators and other measures at 12 months at an RHSD Advisory group meeting.

HR Subcommittee Report

The HR Subcommittee has considered a proposed plan to address Aboriginal employment, staff engagement and workforce development.

The Workforce Engagement and Development Plan was developed through consultation with relevant staff and management and includes perspectives from the Aboriginal Staff Advisory Committee and the HR Subcommittee.

Measures and actions are linked to achieving the objectives of the Congress strategic plan 2015-2018, Congress Enterprise Agreement 2014-2017 and are summarised as:

- Increase number of Aboriginal staff at all levels of Congress in remote and town.
- Ensure that all staff and managers are skilled now and for the future.
- Develop all staff professionally with a focus on Aboriginal staff
- Find out why people join, stay and leave Congress and match recruitment, development and retention strategies to this.

Following the board meeting, the plan was presented to a full staff meeting on Friday 10 July.

The plan will be reported on twice yearly through the measures in the Congress Business Plan 2015/2016.



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Clinics Subcommittee Report

Following significant input from the Clinics Subcommittee, draft plans for the main clinic have received further modifications in order to finalise plans and submit to a Quantity Surveyor for costing.

A proposed restructure of Alukura is in process. The restructure will have three sections; Maternity Services, Women's Health and Family Partnership Program. Upon resolution of an MoU with the Alice Springs Hospital, Maternity Services will be renamed Midwifery Group Practice and this service model will recommence.

Eight potential tenderers were invited to tender for the Inqintja Male Health Service Review.

Redevelopment of the Dental Clinic is underway. Our Dental service is temporarily operating at Flynn Drive.

The Pharmacy is continuing to meet a reasonable 48 hour timeframe in Webster packs.

The average wait time at the main clinic for this quarter was eight minutes for pre-booked appointments and 48 minutes for walk in appointments.

The SEWB review committee met on 14 May and discussed a revised section structure to embed the three streams of care service model. Recommendations of the review have been implemented, with significant progress made.

Posters outlining Congress's client privacy statement are displayed in all Clinics and social support program waiting areas.



END