



Central Australian Aboriginal Congress

ABORIGINAL CORPORATION | ICN 7823



BOARD COMMUNIQUÉ ISSUE 16, November 2015

Board Meeting Wrap

The following topics were discussed at the last Congress Board of Directors Meeting held **26 November 2015**:

- Congress Business Plan Report
- Congress 'Ice' submission
- Congress Building and Facility Review
- Congress Remote Health Service AGMs
- Funding for early childhood Abecedarian Educational Day Care centre
- Congress and NACCHO engagement
- AOD funding
- Congress input into the Indigenous Governance Panel
- Baroness Jenny Tonge visit to Congress
- Alice Springs 'Ice' forum
- Governance developments
- Human Resources developments
- Congress participation in research
- Congress clinics developments

The next Board Meeting will be held **Thursday 25 February 2016**.

2014/15 Business Plan Report

All National and Northern Territory Aboriginal Health Key Performance Indicators (NTAHKPIs), and all program and services reporting acquittals were submitted on time for the 2014/15 financial year.

Congress' overall episodes of care provided by town services, as reported for the NT KPIs has continued to increase this reporting period with over 130,000 episodes recorded.

Noteworthy improvements to KPIs for town services for this reporting period include the following:

- The two (2) year PAP smear coverage rate has increased from 38% to 41%, since the last reporting period for NTKPIs, and remains at 39% for National KPIs (same as last period) for Congress town services.
- The average waiting time for walk-ins at the Main Clinic was 40.5 minutes, with only 13.3% of all patients waiting more than one hour. For patients with bookings, the average waiting time was 12 minutes with 2.3% waiting over one hour. An appointment system is being implemented for other Congress clinics.
- The proportion of Low Birth Weight babies has remained well below prior levels at 10%, with 89% of babies born to Aboriginal mothers being normal birth weight.
- Overall immunisation coverage has improved to 98% but timeliness needs to improve further.
- Anaemia in children remains a significant issue, with the rate remaining at 18% as it has been for the past nine (9) reporting period.
- Adult health checks remain stable for men at 40%, with a slight increase recorded for women.
- The Child Health Check rate has again risen to 51% which is a continuing upward trend.

For remote services, standout KPIs for this reporting period included the following:

- The proportion of Low Birth Weight babies at Ltyentye Apurte has improved over the last four (4) periods from 14% down to 0% in the current period.
- Overall childhood immunisation coverage and timeliness of immunisation at Ltyentye Apurte is 100%.
- Childhood anaemia rates at Ltyentye Apurte, have significantly improved, with a current rate of 13% compared to 20% in the previous reporting period. Anaemia in children remains a significant issue.
- Childhood immunisation coverage at Mutitjulu is at 100% compared to 67% in the previous period.
- Anaemia in children at Mutitjulu is 5% improved from 40% in the previous reporting period.
- The Child Health Check rate at Mutitjulu is 46% from 12% since 2012.
- The proportion of Low Birth Weight babies at Amoonguna and Utju is 0%.
- Childhood immunisation rates at Utju are 100%.
- Anaemia in children at Utju fell from 18% to 8%.
- Anaemia in children at Amoonguna is 16% reduced from 33% and 26% recorded in previous periods.
- Low birth weights remain at 0% for Wallace Rockhole.
- Low birth weights at Hermannsburg remain stable at 6% for this reporting period down from a high of 20% in 2010.

More information can be found in the 2014/15 Annual Report available on the Congress website at www.caac.org.au/media-publications/annual-reports/.

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Congress 'Ice' Submission

The board endorsed a Congress submission for lodgement with the Parliamentary Joint Committee on Law Enforcement Inquiry into Crystal Methamphetamine.

The submission aims to demonstrate that methamphetamine (including ice) use by Aboriginal people in the Northern Territory needs to be recognised as a health issue, as opposed to a law enforcement issue, in order to encourage 'ice' users and their families to seek treatment, and so as to prevent further substance misuse problems.

The Congress submission states that there is currently no reliable data on 'ice' use by Aboriginal people in the Northern Territory and that available figures are highly influenced by a number of factors including increased awareness of 'ice', more clinicians detecting the use of 'ice' as a problem, and increased policing of methamphetamine related offences. In spite of this, there is considerable concern and anecdotal evidence in the community that ICE is a problem.

The submission argues that biological foundations and social determinants of addiction are the same regardless of choice of drug and as such, treatment and primary prevention for all addiction requires a common approach.

Congress' submission explains that ICE users are likely to have multiple, complex social and emotional wellbeing and mental health needs, often requiring access to a number of different service providers. Further to this ICE dependant people may have significant cognitive impairment and diminished capacity to make decisions in their own best interests and those of their families and communities.

Based on these facts, the Congress submission proposes five key strategies to reduce demand for methamphetamines. These are:

1. Tackling disadvantage and inequality. The harmful use of drugs such as Ice cannot be addressed in isolation from broader efforts to tackle disadvantage in Aboriginal and Torres Strait Islander communities, and inequality between those communities and mainstream Australia.
2. Tackling racism. There is a strong association between the experience of racism and poor mental health and drug use.
3. Investing in Early childhood development. Sustained investment in evidence-based early childhood programs are a 'best buy' in terms of breaking the intergenerational cycle of harmful drug and other substance use in the long-term.
4. Investing in culture as a protective factor. Culture and spirituality are important in supporting resilience, positive social and emotional wellbeing, and living a life free of addiction to alcohol and other drugs.
5. Ensuring that there are well resourced treatment services for ICE, alcohol and other drugs that integrate medical care, focused psychological therapy and social and cultural support and case management as part of primary health care and inside residential treatment facilities.

The submission also makes suggestions for appropriate law enforcement.

The full submission can be viewed on the Congress website at www.caac.org.au/media-publications/publications-downloads/.

The Ingkintja Review

The board endorsed the final report of the independent review conducted by Price Waterhouse Cooper Indigenous Consulting which contained 35 recommendations.

Progress reports will be provided to the male health subcommittee with the first being within 3 months of commencing the implementation of the review report. The 35 recommendations covered 9 themes that included:

- Service Model
- Male Health Program Governance
- Staff Skills and Structure
- Client Engagement
- Location Name and Facilities
- Data Collection
- Medicare Revenue
- Partnerships
- Cannot be named due to cultural reasons

Building and Facility Review

The third iteration of the internal building and facility review has been carried out to identify opportunities to achieve cost effective and improved client service delivery. Options that were approved by the board included:

- The preparation of a proposal to the Northern Territory Government for the gifting of a site on Bloomfield Street for a new Greenfield clinic. The proposed use for the site would be a purpose built clinic with the option to include other core services linked to the clinic, such as Social and Emotional Wellbeing (SEWB);
- Pursuing the concept of satellite clinics at Diarama and Sadadeen to improve ease of access to clinical services. The quality of service provided in smaller clinics is a key motivator for this model as it leads to better continuity of care and improved chronic disease care for a defined, smaller population. The board has approved a budget for the concept to be pursued; and,
- Pursuing an application for a pharmacy licence, with the aim of improving pharmacy services while at the same time raising non-grant funded revenue to improve the financial viability of Congress.

Factors to be considered in this process include relevant government approvals, affordability considering cost of fit outs and building leases, branding, profitability, staffing levels and client accessibility etc.

The Board has approved the commencement of formal negotiations in order to confirm the extent and cost of works required across viable options.

Further updates will be provided as progress is made.

Remote Health Service AGMs

All remote health services apart from WAHAC due to sorry business have now successfully completed their Annual General Meetings.

There is a welcome level of improvement across all services, particularly in regards to childhood anaemia rates (see Page 1).

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Funding for an early childhood Abecedarian Educational Day Care Centre

There has been substantial progress on the quest to achieve funding for an Abecedarian Early Childhood Day Care Centre in Alice Springs in accordance with a board approved strategic document; An Integrated Model for Child and Family Services and submission for a centre based approach, developed in 2013.

Progress includes:

- Recurrent funding from NT Health subject to cabinet approval;
- Department of Education, commitment to support the development of an Abecedarian Educational Day Care centre; and,
- PM&C has indicated a willingness to fund an evaluation of the proposed centre, to be carried out by Melbourne University in partnership with Congress' research team.

A submission is also in development to access Forrest Review Early Childhood Integration funding.

AOD funding

Congress is still seeking to secure sufficient funding for its Alcohol and Other Drug treatment service.

Congress has secured approximately \$1.42m from Prime Minister and Cabinet (PM&C) and a further \$730k from the NT Department of Health (NT DoH), however, there remains a shortfall of \$450k for this financial year, expected to increase by \$500k in 2016/17.

A detailed submission has been written and sent to both PM&C and NT DoH and Congress remains hopeful that the funding shortfall will be addressed.

Congress and NACCHO engagement

Congress CEO, Donna Ah Chee and AMSANT CEO, John Paterson have been nominated to the NACCHO Board of Directors.

The Stolen Generations Service

Congress had an important meeting with key members of the Central Australian Stolen Generations and Families Aboriginal Corporation.

There was a discussion on a concept for a new service model that would be centred on a healing centre approach.

It was agreed that any new service cannot be based on a medical model but needs to include strong elements of cultural healing.

CASG&FAC then felt comfortable enough to hold their board meeting using the Congress board room.

Correction to October Board Communique Stolen Generation service update:

An updated version of the October Board Communique was uploaded to the Congress website on 7 December 2015. The new version replaces the version sent to members in October.

The previous version incorrectly referred to the Northern Territory Stolen Generation Aboriginal Corporation (NTSGAC) as the provider of the Stolen Generations service in Alice Springs.

The former provider of the Stolen Generations service in Central Australia is known as Central Australian Stolen Generations & Families Aboriginal Corporations and not the Northern Territory Stolen Generation Aboriginal Corporation (NTSGAC) which was incorrect.

Northern Territory Stolen Generation Aboriginal Corporation (NTSGAC) is ISO accredited and is currently engaged in a three year funding agreement with PMC to provide a service it has delivered since 1998.

Congress apologises to Northern Territory Stolen Generation Aboriginal Corporation for any confusion or inconvenience this has caused.

Healthy Lifestyle Tobacco Action program tender

A tender was prepared and submitted to reinstate funding for the former Healthy Lifestyle and Tacking Indigenous Smoking Program.

The revised guidelines have narrowed the focus to smoking cessation however, within this there remains a focus on broad health promotion for smokers.

The proposal includes funding for seven (7) Tobacco Action Worker positions to be based at town and remote clinics and three (3) health promotion positions.

Congress' Dr John Boffa was also asked to be an independent reviewer for tenders from other jurisdictions.

Successful tenders will be notified in the coming weeks.

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Congress input into Indigenous Governance Panel

Congress Director Donna McMasters participated on a Q&A panel discussing the role of Independent Directors in Indigenous Governance on Tuesday 27 October.

Donna provided input into discussion regarding the roles and responsibilities, challenges and opportunities of the involvement of Independent Directors on boards of Indigenous Corporations and businesses.

Donna's presentation on Congress' experience and success generated great interest from the floor.

Baroness Jenny Tonge visit to Congress

Congress' Alukura Women's Health Service hosted a visit by UK politician, Dr Jenny Tonge of the UK All Party Parliamentary Group on Population, Development and Reproductive Health on 28 October.

The Baroness was provided an overview of the history of Alukura and Congress as well as the community controlled primary health care service model by Congress CEO, Donna Ah Chee and Alukura Manager, Tahnia Edwards, and a summary of key health issues faced by Aboriginal women and their families, as well as information about Alukura's Family Partnership Program service model and outcomes by Congress staff.

Baroness Tonge thanked everyone who made her welcome and said her visit was informative and congratulated Alukura on the work done for Aboriginal people.

Alice Springs ICE Forum

On Wednesday 4 November, Congress Chief Medical Officer Public Health, John Boffa and Health Services General Manager, Tracey Brand presented at the ICE and Central Australia: From Research to Practice Forum, hosted by Central Australian Youth Link Up Service (CAYLUS).

Tracey addressed the forum on Congress' treatment options and access points for Aboriginal clients requiring medical and therapeutic interventions, highlighting the success of the monthly ICE community meetings delivered by Congress and DASA.

Dr Boffa addressed the forum on national and local data and the need for a comprehensive response to both treatment and the social determinants of the current situation.

Media Coverage

Congress' new partnership with the Alice Springs Town Council and Department of the Chief Minister delivering vital after hours youth services for at risk young people in Alice Springs has been reported on by local, territory and national media.

Following concentrated advocacy efforts, the resumption of late night youth services and partial reinstatement of the after-hours youth service model is a welcome outcome.

In other news, Congress Aboriginal Health Practitioner, Amanda Swan was also recognised for her outstanding contribution to health and her receipt of the 2015 Northern Territory Aboriginal and Torres Strait Islander Health Practitioner Excellence Award by local media.

Governance

At its last subcommittee meeting, the Governance Subcommittee provided an update on preparation for the 2015 AGM.

AGM information and ballot packages were confirmed to be posted to all Congress members, which occurred on Friday 30 October.

The subcommittee meeting confirmed that Congress' Auditor, RSM Bird Cameron, Mr Mark Anders, would manage the ballot count for the three vacant member director positions under the supervision of Company Secretary, Roseanne Healy.

Congress Governance Subcommittee has decided that all board subcommittee memberships will be refreshed, and all subcommittee Terms of Reference reviewed in 2016.

An audit of staff representation on external boards and committees will be carried out, and a representation policy will be developed by the CEO to ensure staff and director representation on all external boards and committees is at the right level and aligned with Congress' values and policy positions.

Human Resources

The Board supported recommendations contained in a HR discussion paper on Congress' use of the term Aboriginal Identified Positions for the pursuit of the targets contained in the strategic plan which are 60 per cent and 40 per cent Aboriginalisation for all the workforce and managers respectively.

The board noted an update on the Workforce Engagement and Development Plan including the plan to conduct a staff engagement survey. The Board acknowledged this to be an important piece of work to seek feedback from staff. The HR Subcommittee will continue to provide the board with updates on arrangements relating to the survey.

Board also noted the restructure of the Finance Section and other HR reporting matters.

The updated Code of Conduct was endorsed by the board and is now in place. The new code of conduct ensures alignment of the code with Congress values as outlined in the Congress Strategic Plan 2015-2018.

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Research

The Board endorsed five (5) new projects recommended by the Research Subcommittee including:

- Memorandum of Understanding between the University of Melbourne and Congress - a three year mutually beneficial relationship to collaborate on research, development and evaluation projects;
- Foetal Alcohol Spectrum Disorders (FASD) Prevention & Health Promotion Project;
- Injury Harm prevention; continuation of a longitudinal study data set of influences of alcohol, family safety and other key public policy measures on injury in Central Australia (NDR1 2012);
- Status of Aboriginal people gambling in Alice Springs; and
- Tackling and reducing heart failure among Aboriginal people in Central Australia concept proposal.

The next Research Subcommittee meeting will consider three (3) new applications being developed for NH&MRC funding including the Early Childhood cohort study, the Culturally Safe Hospitals project and tackling and reducing cardiac failure.

Clinics

Business Services General Manager, Eric Brown presented the Congress Building and Facility Review to the subcommittee.

The review proposed sites for two (2) Satellite Clinics and redevelopment of a purpose built clinic on a potential green-field site. The Clinics subcommittee recommendation to accept the Congress Building and Facility Review were adopted by the full board (see also page 1).

Extension to the pharmacy is completed and the Automated Sachet Packer (ASP) has arrived with staff currently undergoing training. The Congress Chairman visited the pharmacy and was briefed on the functionality of the ASP by the Pharmacy Manager. The dispensing of medications will move from Websters to sachets over the coming month with education provided to clients and providers at the time of collection.

Average waits at the main clinic for this quarter are just under 10 minutes for pre-booked appointments and 47 minutes for walk in appointments. Monday and Tuesday's remain the busiest for the Main Clinic. Alukura average waits are 14 minutes for pre-booked appointments and walk in appointments 26 min. It is expected that wait time data for Ingkintja and the dental service will be included in the next report.

With two long term GPs taking Long Service Leave next year; an experienced long term GP taking extended leave in the New Year and the need for dedicated GPs in our clinics, recruitment measures will be employed to attract a full time Male Health GP for the Ingkintja Clinic, Youth GP for the Headspace clinic and regular GPs for our main clinic.

An offer has been made for a second dentist. Subject to the successful induction of a second dentist, it is anticipated the bush service will be functional by Easter 2016.

Modifications will be made to the main clinic reception to better accommodate our wheelchair bound clients and improve the presentation and aesthetics of the reception area.

Five of the 23 recommendations under the SEWB review have been implemented under the SEWB review Implementation Plan (IP). In view of the large body of work required to enable implementation of a number of the remaining recommendations, a part time dedicated officer will be allocated to the SEWB review to work with key experts to ensure full implementation is achieved.

The subcommittee has invited Gwen Gillen, a consumer of Congress health services, to join the subcommittee, and for expanded subcommittee membership to be considered by the new board in February 2016.



The Congress Board of Directors would like to wish all Congress clients, members and supporters, a Merry Christmas and Happy New Year. See you in 2016!