The board noted the Business Plan Report.

The Business Plan Report compares activities for the preceding 6 months to 30 June 2017 against the five Strategic Objectives outlined in the Congress Strategic Plan 2015–18.

The following key performance indicators across the clinics were of note:

- The numbers of care plans have increased in town clinics.
- Sadadeen and Larapinta clinics are continuing improved performance with managing chronic disease, evidencing the success of the new model of care.
- Smoking continues to be a significant problem. Work has commenced to develop a variety of advertisements on TV, radio and billboards around town to target people and assist with quitting.
- Tobacco workers have started proactive strategies aimed at following-up with people who have had health checks and have communicated a desire to quit.
- The data shows that each client of Congress has (on average) 15–16 episodes of care each year. At Utju, however, each client has 35 episodes of care each year.
- Wait times continue to be better at Sadadeen and Larapinta again demonstrating the success of the new model of care.

The practice guidelines for Congress’ SEWB section are now complete and the cultural framework is in the final stages of completion.

- The Aboriginal Youth Advisory Group met for the first time. The Board identified that Ms Nicolette Dunn- Director (Youth representative) should be included in this group and invited to future meetings.
- The number of Aboriginal employees at Congress has increased from 49% to 51%.
- Congress’ social media strategy has been activated. Congress now has both a Facebook and a twitter account.

The board noted the report of the Finance, Risk & Audit Subcommittee.

Business Services update

The Business Services update included reporting on the solvency ratio, which sits at 1.77:1 indicating that Congress continues to remain solvent and in a strong position to meet its liabilities when they are due.

Additionally, the number of people employed at Congress continues to grow, with a draft report indicating this number to be up to 406 employees as at September.

Gap Road Child Care and Early Childhood Learning Centres

We are proud to announce that Congress has achieved Approved Provider and Approved Service status for both the Ampe Kenhe Apmere Childcare Centre and Arrwekle akyte-iryeteke apmere Early Childhood Learning Centre. It is anticipated that we will receive notice of Child Care Benefit approval in the near future. Congress will provide families with the necessary support and assistance to register for the benefit.

The Board also noted that there remain a few vacant positions available for children to attend the Childcare Centre, which should be able to be filled with the attraction of subsidised childcare.

The next Central Australian Aboriginal Congress Board meeting is on 29 November 2017 and the AGM is on 30 November 2017.
2017 Audited Financial Statements approved

The directors approved the 2017 Financial Statements.

Of particular note was Congress’ demonstrated success in implementing a strong risk management system. Congress is compliant, solvent and considered low risk. Results reported were steady, however a key positive highlighted by the auditor was the increase in Medicare and Practice Incentive Program (PIP) revenue.

Northside Clinic site approved

The board approved the site of the new Northside clinic at 1 Hearne Place, currently occupied by the Penny Farthing Bike Shop. Planning for this, including lodgement of a development consent application, has commenced. Subject to approvals and availability of contractors, it is anticipated that the clinic will be operational before mid-2018.

The draft plans for the Northside Clinic were also considered by the board. These provide for access by an ambulance at the rear of the property.

Based on the model of the successful Sadadeen and Larapinta clinics, the Northside clinic will service an Aboriginal population of just under 2000 people, including those from five nearby town camps including Charles Creek, Hoppy’s, Basso’s Farm, Mt Nancy and Warlpiri camp. This is in line with the board’s strategic direction of increasing community access to primary health care. It will increase continuity of care for clients who will be treated closer to where they live by health workers who will really get to know them and their families on a first name basis.

Research Subcommittee report

The board noted the report of the research subcommittee, and resolved to support the following projects:

1. What Matters: Indigenous Quality of Life and Wellbeing Index Project – Phase 1 Qualitative Exploration, Sydney School of Public Health, University of Sydney. This is subject to the condition that future use of data be restricted to the project only, and that there is to be no mention of participant incentives in the participant information sheet and during the consent process.

2. Research on Medicare Enrolment for Consumers, Department of Health. This is subject to further gaining information about the use of clients’ photographs in the project, that there be no cross-institutional use of data and that this data is to be used only for Medicare review purposes.

3. Measuring the impact of Aboriginal Community Controlled Primary Healthcare services on avoidable hospitalisations of Aboriginal people living in Central Australia, Central Australian Aboriginal Congress.

Governance Subcommittee Report

Congress Governance Charter

The board approved amendments to the Congress Governance Charter, providing clarifications and additions to the charter in the following areas:

• Appointment of Independent Directors
• Company Secretary position at Congress

2017 Director Nomination Applications

The board endorsed the nominations of Mr Ricky Mentha and Mr Graham Dowling for this year’s member director vacancy. As there were two nominations with only one vacant position, a vote by the members will be required. Voting materials are being distributed to members with this October edition of the Board Communiqué.

Company Secretary Resignation

Ms Stephanie Campbell – Company Secretary advised the Board of her decision to resign effective from 10 November 2017. The Congress Board of Directors thanks Stephanie for her service and wishes her luck in the future.

Clinics Subcommittee report

The board noted the report of the Clinics Subcommittee.

The board approved proposed changes Gap Road Clinics, meaning that, from 20 November, Gap Road Clinic will close at 5pm Monday to Friday.

Between 6pm to 9pm Monday to Friday appointments are available at the Alice Springs After Hours GP Service located at Alice Springs Hospital. Medications can still be collected from Gap Road clinic until 6pm on those days, and until 5pm at Sadadeen and Larapinta clinics.
CEO Report

The following items were presented to the Board at the October meeting:

**Congress Alukura 30 Year Celebration**
**27 September**

After months of planning, the Alukura 30 Year Anniversary celebration attracted over 300 women. Congress director, Sheralee Taylor, was in attendance. The celebrations were MC’d by Congress’ own Catherine Satour.

The day was very special and started with a traditional dance ceremony. Pat Ansell-Dodds provided the Welcome to Country as the traditional custodian of the land of the gathering, followed by an opening address by Congress CEO, Donna Ah Chee, which celebrated the history and success of Alukura over the last 30 years. Original Congress board members, Eileen Hoosan and Pat Ansell-Dodds shared stories of their lobbying efforts to secure funds and the early days of the service. Original Congress staff member, Helen Liddle shared her story of the powerful lobbying effort and presentation at a WHO conference being held in Adelaide at the time that influenced the government to initially fund Alukura.

All Alukura staff were acknowledged and thanked for their commitment and dedication, and the women enjoyed a rich program of cultural dance and song, as well as delicious food and a beautifully decorated cake.

**Congress Meets with Ministers Hunt and Wyatt**

Congress met with Minister Hunt at Parliament House on 7 September. Congress Director, Sheralee Taylor, was in attendance and provided the Minister with an overview of Congress’s governance reform and structure.

The meeting was very productive and we were able to give Minister Hunt a broad overview of Aboriginal health including key data on the health transition. Congress promoted the evidence base for the effectiveness of Aboriginal community controlled health services. The Minister invited Congress’ input as to how he can...
better spend the current Indigenous Health Division budget and expressed his enthusiasm to visit Congress in the not too distant future.

**Visit by the Chief Medical Officer**

The Commonwealth Chief Medical Officer, Professor Brendan Murphy, visited Congress on 14 and 15 September. The main purpose of his visit was to gain a deeper understanding of Aboriginal health and especially sexual health as he has been asked to give advice to the Australian Health Ministers Advisory Council (AHMAC) and Council of Australian Governments (COAG) in relation to a Commonwealth response to the syphilis epidemic that is only affecting young Aboriginal people in the Northern Australia (NT).

Another reason Prof. Murphy wanted to come to Congress is that the Alice Springs region has the spread of syphilis much more under control than other regions of the NT and he wanted to assess what it is that we are doing right.

**The Australian National Advisory Council on Alcohol and Drugs (ANACAD)**

ANACAD is currently overseeing the development of new national alcohol strategy for 2017–2027. There is a real consensus building around the need to include price based mechanisms in the strategy including a possible floor price. At a recent meeting, members approved the outcomes of the Aboriginal and Torres Strait Islander Expert Discussion Group on alcohol and other drug (AOD) harm which produced the statement: Evidence must drive planning, resource allocation, accountability in AOD policy and service delivery, and identified key priorities that will help to shape the new national alcohol strategy. One of the key priorities was that Aboriginal Community Controlled Health Services (ACCCHS) are best placed to provide comprehensive AOD services to Aboriginal people.

**SNAICC Conference 12 – 14 September**

SNAICC is the national Aboriginal controlled peak body representing the interests of Aboriginal and Torres Strait Islander children. Congress presented two papers at the conference. One was on the Integrated Model for Child and Family Services as part of comprehensive primary health care and the other was on the Pre-School Readiness Program. The keynote speakers focused very much on the international problem amongst Indigenous peoples with the removal of children into Out of Home Care by child protection departments. One solution put forward was the need to make sure that there is a legislative requirement for government departments to abide by the Aboriginal Child Placement principle as well as utilise Family Group Conferencing to ensure that the extended kinship network has been properly explored before any Indigenous children are given to non-Indigenous foster parents.

**AMSANT Board and General Meeting Alice Springs 23 and 24 August**

The AMSANT Board and General Meetings were held in Alice Springs with great representation from our remote health boards and Congress director, Joseph Hayes. Congress Deputy Chairperson, Graham Dowling, was also in attendance in his capacity of AMSANT Central Australia General Manager.

**National ATSI Health Implementation Plan Advisory Group (IPAG) meeting 19 September Canberra**

The National Aboriginal and Torres Strait Islander Health Implementation Plan Advisory Group was established for government to work in partnership with the Aboriginal and Torres Strait Islander health leaders to review, assess and guide action under the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023. Congress CEO, Donna Ah Chee, was appointed to this group earlier, and reports the following discussions from the latest meeting:

- A review of the progress to date in the implementation of the National Aboriginal and Torres Strait Islander Health Plan.
  - The development of the new plan on the social and cultural determinants of health.
  - The key data needs to be able to monitor implementation.
  - The proposed “refresh” of the 10 year Closing the Gap plan through COAG.

The Australian National Audit Office review of the Indigenous Australians Health Program (IHP) which is the name of the IHD program that funds Aboriginal community controlled health services.

**The Northern Territory Council of Social Service (NTCOSS) Conference Darwin**

The NTCOSS annual conference was held in Darwin in September. This conference was very much focused on issues currently before the Royal Commission. This included the need for a new approach to child protection and youth justice, as well as the need for strengthened early childhood and family support services.

The Aboriginal and Torres Strait Islander Social Justice Commissioner, June Oscar, spoke at the meeting and reminded everyone of the key role that alcohol abuse plays in child neglect and youth justice issues. Mick Gooda was a guest speaker. The conference also heard from Prof. Vincent Schiraldi from Harvard University in the USA. Prof. Schiraldi was the architect of the “Missouri Solution,” a program in which young people were moved out of prison into small scale, secure care rehabilitation centres with amazing results. This model could achieve considerable results if implemented in the NT, although would require significant investment to be successful.